

COMPLETE LISTING OF HW 2010 PRIORITIES AND OBJECTIVES WITH AVAILABLE DATA ON PROGRESS TOWARD OBJECTIVES

June 5, 2008

Notes:

1. Where available, data are presented for the 2010 baseline (1999 or 2000), the mid-term (2004 unless otherwise noted) and most recent (2006 unless otherwise noted).

Mid-term footnotes:

⁻²2002

⁻¹2003

¹2005

Most recent footnotes:

⁻¹2005

2. A summary of the data available on racial/ethnic disparities is presented where available and is summarized as follows:

Yes (group A, group B):	Data are available and indicators are less favorable for groups A and B
No:	Data for at least some racial/ethnic groups are available but there is no apparent disparity, i.e., the indicators are similar for all groups for which data are available
Blank cell:	No data available for this indicator by racial/ethnic group.

Source: Tracking the State Health Plan 2010 -- State-Level Data available online at <http://dhfs.wisconsin.gov/statehealthplan/track2010/index.asp>

	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
Access to Primary and Preventive Health Services: 2010 Objectives					
1. Increase the Percentage of the Population with Health Insurance By 2010, increase to 92 percent the proportion of the population with health insurance for all of the year.	88%	89%	89%	None	Yes (AA, Hispanic)
2. System Infrastructure Capacity for Prevention					
a. By 2010, increase the Public Health System infrastructure capacity (data systems, service delivery, and workforce) to assure population access to clinical and community preventive health services.					
b. Increase provider screening for chronic diseases and other health risks including alcohol and drug abuse.					
<i>Percent of women aged 18+ with Pap smear in past three years</i>	87%	86%	86%	None	No
<i>Percent of women aged 40+ who received a mammogram in past two years</i>	75%	75%	78%	Improved	No
<i>Percent of adults aged 18+ with cholesterol screening in past five years</i>	72%	75% ³	73%	None	Yes (Hispanic)
<i>Percent of adults aged 50+ who ever had a blood stool test</i>	50%	47%	44%	Worse	Yes (AA)
c. Increase provider exposure to U.S. Preventive Services Guidelines (evidence-based practice guidelines) for preventive care.					
3. Reducing Barriers to Access By 2010, reduce by 10 percent the proportion of the population that reports difficulties, delays, or the inability to receive ongoing primary and preventive health care (e.g., check-ups and management of acute or chronic illnesses).					
<i>Percent of population who needed medical care during the past 12 months but did not receive it</i>	3%	2%	2%	Improved	No
4. Access to Oral Health Services					
By 2010, increase by 10 percent the proportion of each of the following populations who receive ongoing preventive and restorative oral health care: Medicaid/BadgerCare, uninsured, and underinsured populations.					
a. By 2010, 33 percent or more of Wisconsin's Medicaid and BadgerCare enrollees will have received oral health services (preventive and/or restorative) from a dental provider in the past year.					
<i>Percent of Medicaid/BadgerCare fee-for-service recipients who received any dental service during the past year</i>	23%	26%	25%	Improved	
<i>Percent of Medicaid/BadgerCare HMO enrollees with dental coverage who received any dental service during the year</i>	23% ²	22%	19%	Worse	
b. By 2010, 46 percent or more of Wisconsin's residents who were uninsured throughout the previous year will have received oral health services from a dental provider in the past year.	36%	36%	35%	None	No
c. By 2010, 70 percent or more of Wisconsin's residents who were uninsured for part of the previous year will have received oral health services from a dental provider in the past year.	58%	50%	56%	None	No

Adequate and Appropriate Nutrition: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Infrastructure					
By 2010, Wisconsin will have a public health nutrition infrastructure to assure that local official health departments have qualified and culturally competent public health nutritionists.					
2. Breastfeeding and Healthy Eating					
a. By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.					
<i>Percent of adults age 18+ who ate 5+ servings of fruits and vegetables per day</i>	22%	23%	22% ⁻¹	None	No
<i>Percent of high school students who ate 5+ servings of fruits and vegetables per day</i>	28%	28%	28% ⁻¹	None	No
<i>Percent of high school students who ate 3+ dairy servings per day</i>	46%	46%	46% ⁻¹	None	Yes (AA, Asian, Hisp)
b. By 2010, increase the proportion of mothers who breastfeed their infants.					
<i>Percent of new mothers who breastfed in the birth hospital</i>	68%	68%	63.6%	Worse	
<i>Percent of new mothers who breastfed when baby was six months old</i>	28%	36%			
<i>Percent of infants in WIC who were ever breastfed</i>	51.%	59.3%	62.6%	Improved	Yes (AA, Asian)
<i>Percent of infants in WIC who were breastfed at six months of age</i>	22%	25%	22%	None	Yes (AA, Asian)
<i>Percent of infants in WIC who were breastfed at 12 months of age</i>	15%	16%	13%	Worse	Yes (AA, Asian)
3. Adequate, Safe, and Appropriate Food					
By 2010, increase the number and proportion of Wisconsin households that have access to adequate, safe, and appropriate foods at all times.					
<i>Percent of households that were "food insecure"</i>	8.4%	9.0%	8.9%	None	Yes (AA)
<i>Percent of households that were "food insecure with hunger"</i>	2.9%	2.8%	2.7%	None	

Alcohol and Other Substance Use and Addiction: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Stigma Reduction Through Increased Knowledge and Understanding					
a. By 2010, 55 % or more of Wisconsin's general public will demonstrate a basic understanding of the scientific knowledge about alcohol and other drug use, addiction, addiction treatment, recovery, and alcohol or drug use during pregnancy.					
b. By 2010, 55 % or more of Wisconsin's general public will demonstrate positive, non-prejudicial attitudes toward persons with or recovering from alcohol and other drug use disorders.					
2. Evidence-Based Prevention Practices for Youth By 2010, reduce alcohol and other drug abuse among 12-17-year-old youth using evidence-based practices.					
a. Reduce the percentage of youth who report binge drinking in the past 30 days.	34% ₁	31% ¹	32%	None	Yes (AI)
b. Reduce the percentage of youth who report using marijuana in the past 30 days.	22% ₁	16% ¹	20%	None	Yes (AA)
c. Reduce the percentage of youth who report using tobacco in past 30 days.	38% ₁	23% ¹	20%	None	Yes (AI)
d. Reduce the percentage of youth who report first use of alcohol prior to age 13.	30% ₁	24% ¹	24%	Improved	Yes (AI)
e. Reduce the percentage of youth who report first use of marijuana prior to age 13.	11% ₁	7% ²	8%	Improved	Yes (AI)
f. By 2010, reduce the number of youth under the age of 18 arrested for operating while intoxicated to 641.					
g. By 2010, reduce the number of youth under the age of 18 arrested for liquor law violations to 11,647.					
3. Improving Screening By 2010, 80% or more of providers of health and medical services and managed care plans under Medicaid, BadgerCare, the Health Insurance Risk Sharing Plan (HIRSP), the Community Options Program (COP-W), the Community Integration Program (CIP II), Family Care, SSI managed care, other Medicaid waiver programs, and state employee group health plans, by contract, will provide screening and referral for alcohol and other drug use in order to increase the identification and provision of specialized services for persons with alcohol and drug use-related problems.					
4. Closing the Treatment Gap By 2010, annual state/federal aids and grants and Medicaid admissions for alcohol and other drug use disorder treatment will increase by 10% or more over the 5-year average of admissions between 2001 and 2005 in order to increase access to treatment and close the gap between those receiving treatment and those needing treatment.					
5. Meeting the Needs of Other Family Members when an Individual has a Substance Use Disorder By 2010, 60% or more of the families served under the women's treatment, juvenile court intake, Nexus, and coordinated services team programs will achieve improved family functioning which will be evidence of an increase in screening and provision of appropriate services to family members of persons with a substance use disorder.					

Existing, Emerging, & Re-Emerging Communicable Diseases: 2010 Objectives	Baseline (1999 or 2000)	Mid-term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Statewide Communicable Disease Surveillance and Response					
Assure the timely detection of, and effective response to, communicable diseases.					
a. By 2010, at least 85% of communicable disease reports will be received by the local or state public health agency within the timeframe specified by HFS 145.04(3)(a) and HFS 145.04(3)(b).					
b. By 2010, 100% of local health departments will have documented capacity to respond to outbreaks of communicable disease as defined in HFS 140.					
2. Vaccine Preventable Diseases and Immunization					
Increase to at least 90% the percentage of children and adults who are fully immunized with vaccines recommended for routine use by the Advisory Committee on Immunization Practices (ACIP).					
a. By 2010, at least 90% of Wisconsin residents under two years of age will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.	74.2%	82.9%	86.8%	Improved	
b. By 2010, at least 97% of Wisconsin school-age residents will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.	N.A.	98.0%	96.2%	None	
c. By 2010, at least 90% of Wisconsin residents 65 years of age and older and individuals with chronic health conditions will be fully immunized in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations.					
<i>Percent of adults aged 65+ who received a flu shot in past 12 months</i>	70%	74%	72%	None	
<i>Percent of adults aged 65+ who ever received a pneumonia shot</i>	65%	70%	72%	None	
<i>Percent of adults with diabetes who received a flu shot in past 12 months</i>	61%	66%	69%	Improved	
<i>Percent of adults with diabetes who ever received a pneumonia shot</i>	55%	56%	64%	Improved	
3. Foodborne and Waterborne Disease Control					
Reduce disease caused by reportable foodborne and waterborne pathogens.					
a. By 2010, the incidence of E. coli O157:H7 infection will be 3 per 100,000 population or less	6.8	2.5	3.4	Improved	
b. By 2010, the incidence of salmonellosis will be 8 per 100,000 population or less.	14.3	18.2	16.2	Worse	
c. By 2010, the incidence of shigellosis will be 4 per 100,000 population or less.	6.2	6.1	4.3	Improved	
d. By 2010, the incidence of campylobacteriosis will be 11 per 100,000 population or less.	22.5	23.9	21.6	None	
e. By 2010, the incidence of hepatitis A will be 1 per 100,000 population or less.	2.0	2.3	0.8	Improved	

Existing, Emerging, & Re-Emerging Communicable Diseases: 2010 Objectives (continued)	Baseline (1999 or 2000)	Mid-term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
<i>4. Antibiotic and Antimicrobial Resistance</i>					
Ensure that the use of antibiotics and antimicrobials is appropriate.					
a. By 2010, at least 95% of medical antibiotic usage in Wisconsin will be appropriate according to generally accepted medical standards of practice.					
b. By 2010, at least 90% of poultry and livestock producers in Wisconsin will adhere to generally accepted standards for antibiotic feed supplementation.					

Environmental and Occupational Health Hazards: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
<i>1. Microbial or Chemical Contamination</i>					
By 2010, decrease the incidence of illness resulting from microbial or chemical contamination of food and drinking water.					
a. By 2010, reduce CDC risk factor violations for food and water by 25 percent, based on a 2004 baseline.					
b. By 2010, the incidence of E. coli 0157:H7 infection will be 3 per 100,000 population.	6.8	2.5	3.4	Improved	
c. By 2010, the incidence of Salmonellosis will be 8 per 100,000 population.	14.3	18.2	16.2	Worse	
d. By 2010, the incidence of Shigellosis will be 4 per 100,000 population.	6.2	6.1	4.3	Improved	
e. By 2010, the incidence of Campylobacteriosis will be 11 per 100,000 population.	22.5	23.9	21.6	None	
f. By 2010, the incidence of Hepatitis A will be 1 per 100,000 population.	2.0	2.3	0.8	Improved	
g. By 2010, increase the awareness of health threats from arsenic in private water supplies, mercury in sports fish, and methemoglobinemia, by 50 percent in each case, over a 2002 (or future) baseline.					
<i>2. Respiratory Diseases</i>					
By 2010, reduce the incidence of illness and death from respiratory diseases related to or aggravated by environmental and occupational exposures.					
a. By 2010, reduce the asthma hospitalization rate to 8.5 per 10,000 population from the 2000 baseline asthma hospitalization rate of 10.6 per 10,000.					
<i>Age-adjusted rate of asthma hospitalization (asthma as principal diagnosis) per 10,000 population</i>	10.9	9.8	9.2	Improved	Yes (AA)
<i>Age-adjusted rate of asthma hospitalization (asthma as any listed diagnosis) per 10,000 population</i>	52.6	60.4	75.1	Worse	Yes (AA)
b. Reduce public exposures to indoor radon in all buildings with radon concentrations >4 pCi/L in occupied spaces.					
c. By 2010, reduce occupational mesothelioma, illness and death by 30 percent below the 2000 baseline.					
<i>Age-adjusted rate of mesothelioma incidence (new cases per 100,000 population)</i>	1.5	1.5	1.5	None	No
<i>Age-adjusted rate of mesothelioma deaths (deaths per 100,000 population)</i>	1.0	1.1	1.3	Worse	No
d. By 2010, reduce occupational pneumoconiosis illness and death by 30 percent below the 2000 baseline.					
<i>Age-adjusted rate of pneumoconiosis hospitalization (pneumoconiosis as principal diagnosis) per 100,000 population</i>	0.2	0.3	0.1	None	
<i>Age-adjusted rate of pneumoconiosis hospitalization (pneumoconiosis as any listed diagnosis) per 100,000 population</i>	4.5	5.2	4.7	None	
<i>Age-adjusted rate of death from pneumoconiosis (as underlying or contributing cause) per 100,000 population</i>	0.4	0.6	0.5	None	

Environmental and Occupational Health Hazards: 2010 Objectives (continued)	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
3. Occupational Injury, Illness, and Death					
By December 31, 2010, the incidence of occupational injury, illness, and death will be reduced by 30 percent.					
a. Reduce the age-adjusted occupational death rate for all industries, state and local government included.	1.9	1.7	1.7	Improved	
b. Reduce the incidence rate of occupational injury and illness for all industries, state and local government included.	9.0	6.4 ¹	5.8	Improved	
4. Chemical and Biological Contaminants in the Home					
By December 31, 2010, reduce by 50 percent the incidence of illness and death related to chemical and biological contaminants in the home.					
<i>Number of deaths due to unintentional carbon monoxide poisoning</i>	18	10	11	Improved	Yes (AA)
<i>Percent of adults exposed to tobacco smoke at home in the past 30 days</i>	28%	N.A.	18%	Improved	Yes (AA)
<i>Percent of middle/high school students who report they live with a smoker</i>	44%	41%	41%	Improved	Yes (AA, AI)
a. By 2010, rehabilitate 120,000 dwellings in Wisconsin with lead hazards present and occupied by children under six years old.					
<i>Percent of all children under age six tested for lead who had a positive test</i>	7.5%	3.9%	2.6%	Improved	Yes (AA, Hispanic)
b. By 2010, 100 % of Wisconsin children enrolled in Medicaid will receive age-appropriate blood lead tests.					
<i>Percent of Medicaid/BadgerCare recipients under age six who received a blood lead test in past year</i>	26.7%	28.9%	28.5%	Improved	
<i>Percent of tested Medicaid/BadgerCare recipients under age six who had a positive test</i>	11.1%	5.3%	3.5%	Improved	
5. Environmental Health Indicators for Air, Land, and Water					
By 2010, enhance the quality of life in Wisconsin through improvements in environmental health indicators for air, land, and water.					

High Risk Sexual Behavior: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Adolescent Sexual Activity					
By 2010, 30% or less of Wisconsin high school youth will report ever having had sexual intercourse.	42% ¹	40% ¹	45%	None	Yes (AA, AI)
2. Unintended Pregnancy in Wisconsin					
By 2010, 30% or less of pregnancies to Wisconsin residents will be unintended.	34.5%	N.A.			
3. Sexually Transmitted Disease, including HIV Infection It is a public health goal to reduce the incidence of sexually transmitted disease (STD), including human immunodeficiency virus (HIV) infection, by promoting responsible sexual behavior throughout the life span, strengthening community capacity, and increasing access to high-quality prevention services.					
a. By the year 2010 the incidence of primary and secondary syphilis in Wisconsin will be 0.2 cases per 100,000 population.	2.2	1.5	???		
b. By the year 2010 the incidence of genital Chlamydia trachomatis infection in Wisconsin will be 138 cases per 100,000 population.	304.2	350.2	361.6	Worse	Yes (AA)
c. By the year 2010 the incidence of Neisseria gonorrhoeae infection in Wisconsin will be 63 cases per 100,000 population.	130.2	92.0	123.9	None	Yes (AA)
d. By the year 2010 the incidence of human immunodeficiency virus (HIV) infection in Wisconsin will be 2.5 cases per 100,000 population.	7.3	7.0 ¹	7.3	None	Yes (AA)

⁰ 2004 ¹ 2005 ² 2006

Intentional and Unintentional Injuries and Violence: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Prevention of Child Maltreatment By 2010, there will be a 10% reduction in the number of children who are abused and neglected in Wisconsin as reported by the Department of Health and Family Services and other appropriate governmental data sources.					
<i>Number of reports of child abuse or neglect</i>	38,010	40,473 ⁻²	42,451 ⁻²	Worse	NA
<i>Rate of child abuse/neglect reports per 1,000 children under age 18</i>	27.8	28.9			NA
<i>Number of child abuse/neglect reports that were substantiated</i>	10,144	7,994			NA
<i>Number of child abuse/neglect reports that were substantiated or found "likely"</i>	12,609	10,105	10,462 ⁻²	Improved	NA
<i>Number of deaths due to substantiated child abuse or neglect</i>	10	12	12 ¹	Worse	Yes
2. Motor Vehicle-Related Injuries and Death					
a. By 2010, the rate of motor vehicle crash-related deaths and incapacitating injuries will be 104 per 100,000 population.	139.3	120.4	109.4 ⁻¹	Improved	NA
b. By 2010, the rate of motor vehicle fatality and incapacitating injuries will be 9.4 per hundred million vehicle miles traveled.	13.1	11.1	10.2 ⁻¹	Improved	NA
c. By 2010, the age-adjusted overall motor vehicle death rate will be 14.0 per 100,000 population.	14.9	13.3	12.5	Improved	Yes (AI)
3. Fall-Related Injuries and Death					
a. By 2010, the age-adjusted rate of death from falls will be 9.0 per 100,000 population.	10.9	12.5	14.2	Worse	No
b. Between 2000 and 2010, reduce the age-adjusted rate of hospitalizations due to falls.	382.4	385.8	382.3	None	No
4. Trauma System Development By 2010, evaluate the effectiveness of the system by comparing mortality and morbidity data from 2001 and 2010 or the most recent year available.					
5. Injury Surveillance System By 2010, combine or coordinate existing data systems into a surveillance system.					

⁰ 2004 ¹ 2005 ² 2006

Mental Health & Mental Disorders: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
<i>1. Screening and Referral</i>					
By 2010, 80 percent of State-administered employee group health plans, Medicaid-funded programs, BadgerCare, and SSI managed care will, by contract, incorporate questions for mental health problems into their screening and referral processes.					
<i>2. Discrimination/Anti-Stigma</i>					
a. By 2010, an additional 15% of the general public will demonstrate an understanding that individuals with mental health disorders can recover through treatment to lead productive, healthy, and happy lives.					
b. By 2010, an additional 15% of the general public will demonstrate the belief that individuals with mental health disorders are capable of sustaining long-term productive employment.					
<i>3. Cultural Competence</i>					
By 2010, 87% of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment planning and delivery process.					
<i>4. Access to Care</i>					
a. By 2010, Wisconsin's public mental health clients who have access to "best practice" mental health treatments will increase by 10 percent.					
b. By 2010, Wisconsin's public mental health clients who have access to "evidence-based" mental health treatments will increase by 10%.					

Overweight, Obesity, and Lack of Physical Activity: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Leadership					
By 2010, an infrastructure will be in place that fosters the development, support, and sustainability of healthy lifestyles among Wisconsin residents.					
2. Physical Activity for Children and Adolescents Increase the proportion of Wisconsin adolescents who report they engaged in at least 30 minutes of moderate physical activity, on five or more of the previous seven days, from 27 percent to 37 percent.	26% ¹	28%	28% ⁻¹	Improved	Yes
3. Physical Activity for Adults: Increase the proportion of Wisconsin adults who reported they engaged in any physical activities during the past month from 78 percent to 88 percent.	78%	82%	81%	Improved	Yes
4. Overweight and Obesity					
a. Reduce the proportion of Wisconsin children who are overweight from 11.4 percent to 9.4 percent.	11.5%	13.3%	12.9%	Worse	Yes
b. Reduce the proportion of Wisconsin adolescents who are overweight from 10 percent to 8 percent.	10% ¹	10%	11%	Worse	Yes
c. Reduce the proportion of Wisconsin adults who are obese from 20 percent to 15 percent.	20%	23%	27%	Worse	Yes

¹ 2005

² 2006

³ 2007

Social and Economic Factors that Influence Health: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
<i>1. Improving Income Levels of Wisconsin Households</i>					
By 2010, at least 70 percent of Wisconsin households will have annual income at or above 300 percent of the federal poverty level.	48%	50%	49%	None	
<i>Percent of residents living in households with income at or above 300% of the federal poverty level</i>	49%	49%	49%	None	Yes (AA, Hispanics)
<i>2. Social Connectedness and Cultural Competence</i>					
Between 2000 and 2010, increase the level of a) social connectedness of individuals within communities and b) cultural competence in health care services settings.					
<i>3. Literacy and Educational Attainment</i>					
a. Between 2000 and 2010, attain a literacy rate in Wisconsin of 91 percent.					
b. Between 2000 and 2010, attain an overall high school graduation rate for Wisconsin students of 95 percent.	89.3%	91.8%	89.3%	None	Yes
c. Between 2000 and 2010, eliminate racial disparities in high school graduation rates for Wisconsin students.					Yes
<i>African Americans</i>	51.4%	62.9%	65.0%	Improved	
<i>American Indians</i>	73.8%	78.5%	74.6%	None	
<i>Asians</i>	88.0%	91.4%	89.3%	None	
<i>Hispanics</i>	69.3%	76.2%	76.2%	Improved	
<i>Whites</i>	93.7%	95.2%	92.9%	None	
<i>4. Child Care</i>					
a. By 2010, no Wisconsin family will pay more than 20 percent of their income for day-care expenses.					
b. By 2010, no more than 5 percent of families at or below 200 percent of the federal poverty level (FPL) will have out-of-pocket expenses for day care					

Tobacco Use and Exposure: 2010 Objectives	Baseline (1999 or 2000)	Mid- term* (2004)	Most Recent (2006)	Change since 2000	Racial/Ethnic Disparity
1. Youth Prevention					
a. Tobacco use among Wisconsin middle school youth will decrease from 16 percent in 2000 to 12 percent in 2010.					
<i>Percent of middle school students who use any form of tobacco</i>	16%	13%	9%	Improved	Yes (AA, AI, Hisp)
<i>Percent of middle school students who currently smoke cigarettes</i>	12%	8%	6%	Improved	Yes (AI, Hisp)
b. Tobacco use among Wisconsin high school youth will decrease from 39 percent in 2000 to 29 percent in 2010.					
<i>Percent of high school students who use any form of tobacco</i>	39%	28%	27%	Improved	No
<i>Percent of high school students who currently smoke cigarettes</i>	33%	21%	20%	Improved	No
2. Tobacco Cessation					
a. Current cigarette smoking among all adults (18+) will decrease from 24 percent in 2000 to 19 percent in 2010.	24%	22%	21%	Improved	Yes (AA, AI)
b. Current cigarette smoking among young adults (18-24) will decrease from 40 percent in 2000 to 32 percent in 2010.	40%	28%	29%	Improved	
3. Secondhand Smoke					
a. Adults who reported that they or someone else smoked in their home in the past 30 days will decrease from 28 percent in 2000 to 21 percent in 2010.	28%	N.A.	18% ⁻¹	Improved	
b. Adults who reported that smoking is allowed in some or all work areas as their place of work's official smoking policy will decrease from 26 percent in 2000 to 19 percent in 2010.	26%	16%	15%	Improved	
c. Youth who reported that they live with someone who smokes will decrease from 44 percent in 2000 to 33 percent in 2010.	44%	41%	41%	Improved	Yes (AA, AI, Hisp)