

Healthy People 2020 Summary of Objectives

Heart Disease and Stroke

Number	Objective Short Title
HDS-1	Cardiovascular health
HDS-2	Coronary heart disease deaths
HDS-3	Stroke deaths
HDS-4	Blood pressure screening
HDS-5	Hypertension
HDS-6	Blood cholesterol screening
HDS-7	High total blood cholesterol levels
HDS-8	Mean total blood cholesterol levels
HDS-9	Prehypertension lifestyle guidelines
HDS-10	Hypertension lifestyle guidelines
HDS-11	Hypertension medication compliance
HDS-12	High blood pressure control
HDS-13	Advice on elevated LDL cholesterol treatment
HDS-14	Compliance with elevated LDL cholesterol treatment
HDS-15	Aspirin use for primary cardiovascular disease prevention
HDS-16	Awareness of and response to early warning symptoms of heart attack
HDS-17	Awareness of and response to early warning symptoms of stroke
HDS-18	Bystander and emergency medical services response to cardiac arrest
HDS-19	Timely artery-opening therapy
HDS-20	Adults with heart disease or stroke who meet recommended low-density lipoprotein cholesterol levels
HDS-21	Aspirin or antiplatelet therapy for secondary cardiovascular disease prevention
HDS-22	Referral to cardiac rehabilitation program at discharge
HDS-23	Referral to stroke rehabilitation program at discharge
HDS-24	Heart failure hospitalizations

Topic Area: Heart Disease and Stroke

HDS–1: (Developmental) Increase overall cardiovascular health in the U.S. population.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–2: Reduce coronary heart disease deaths.

Target: 100.8 deaths per 100,000 population.

Baseline: 126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

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

HDS–3: Reduce stroke deaths.

Target: 33.8 deaths per 100,000 population.

Baseline: 42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

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

HDS–4: Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.

Target: 92.6 percent.

Baseline: 90.6 percent of adults aged 18 years and older had their blood pressure measured within the preceding 2 years and could state their blood pressure level in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–5: Reduce the proportion of persons in the population with hypertension.

HDS–5.1 Reduce the proportion of adults with hypertension.

Target: 26.9 percent.

Baseline: 29.9 percent of adults aged 18 years and older had high blood pressure/hypertension in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–5.2 Reduce the proportion of children and adolescents with hypertension.

Target: 3.2 percent.

Baseline: 3.5 percent of children and adolescents aged 8 to 17 years had high blood pressure/hypertension in 2005–08.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Target: 82.1 percent.

Baseline: 74.6 percent of adults aged 18 years and older had their blood cholesterol checked within the preceding 5 years in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–7: Reduce the proportion of adults with high total blood cholesterol levels.

Target: 13.5 percent.

Baseline: 15.0 percent of adults aged 20 years and older had total blood cholesterol levels of 240 mg/dL or greater in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–8: Reduce the mean total blood cholesterol levels among adults.

Target: 177.9 mg/dl (mean).

Baseline: 197.7 mg/dl was the mean total blood cholesterol level for adults aged 20 years and older in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9: (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines.

HDS–9.1 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for body mass index (BMI).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.2 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for saturated fat consumption.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.3 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for sodium intake.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.4 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for physical activity.

standard population).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–9.5 (Developmental) Increase the proportion of adults with prehypertension who meet the recommended guidelines for moderate alcohol consumption.

2000 standard population).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10: (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines.

HDS–10.1 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for body mass index (BMI).

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.2 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for saturated fat consumption.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.3 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for sodium intake.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.4 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for physical activity.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–10.5 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines for moderate alcohol consumption.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–11: Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.

Target: 69.5 percent.

Baseline: 63.2 percent of adults aged 18 years and older with high blood pressure/hypertension were taking the prescribed medications to lower their blood pressure in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–12: Increase the proportion of adults with hypertension whose blood pressure is under control.

Target: 61.2 percent.

Baseline: 43.7 percent of adults aged 18 years and older with high blood pressure/hypertension had it under control in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13: (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol lowering management including lifestyle changes and, if indicated, medication.

HDS–13.1 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding a cholesterol-lowering diet.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13.2 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering physical activity.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13.3 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering weight control.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–13.4 (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering prescribed drug therapy.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14: (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication.

HDS–14.1 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering diet.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14.2 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering physical activity.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14.3 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering weight control.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–14.4 (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed cholesterol-lowering drug therapy.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–15: (Developmental) Increase aspirin use as recommended among adults with no history of cardiovascular disease.

HDS– 15.1 (Developmental) Increase aspirin use as recommended among women aged 55 to 79 years with no history of cardiovascular disease.

Potential data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

HDS– 15.2 (Developmental) Increase aspirin use as recommended among men aged 45 to 79 years with no history of cardiovascular disease.

Potential data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

HDS–16: Increase the proportion of adults aged 20 years and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.

HDS–16.1 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Target: 40.9 percent.

Baseline: 37.2 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–16.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack.

Target: 43.6 percent.

Baseline: 39.6 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a heart attack in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–16.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care for a heart attack by calling 9–1–1 or another emergency number.

Target: 93.8 percent.

Baseline: 91.8 percent of adults aged 20 years and older were aware of the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–17: (Developmental) Increase the proportion of adults aged 20 years and older who are aware of and respond to early warning symptoms and signs of a stroke.

HDS– 17.1 Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number.

Baseline: 51.3 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a stroke and the importance of accessing rapid emergency care by calling 9–1–1 or another emergency number in 2009 (age adjusted to the year 2000 standard population).

Target: 56.4 percent.

Target Setting Method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–17.2 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a stroke.

Baseline: 53.9 percent of adults aged 20 years and older were aware of the early warning symptoms and signs of a stroke in 2009 (age adjusted to the year 2000 standard population).

Target: 59.3 percent.

Target-Setting Method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–17.3 Increase the proportion of adults aged 20 years and older who are aware of the importance of accessing rapid emergency care for a stroke by calling 9–1–1 or another emergency number.

Baseline: 92.7 percent of adults aged 20 years and older were aware of the importance of accessing rapid emergency care for a stroke by calling 9–1–1 or another emergency number in 2009 (age adjusted to the year 2000 standard population).

Target: 94.7 percent.

Target-Setting Method: 2 percentage point improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

HDS–18: (Developmental) Increase the proportion of out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) were administered.

Potential data source: National Emergency Medical Services Information System (NEMSIS), National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).

HDS–19: Increase the proportion of eligible patients with heart attacks or strokes who receive timely artery-opening therapy as specified by current guidelines.

HDS–19.1 Increase the proportion of eligible patients with heart attacks who receive fibrinolytic therapy within 30 minutes of hospital arrival.

Target: 75.1 percent.

Baseline: 68.3 percent of eligible heart attack patients received fibrinolytics within 30 minutes of hospital arrival in 2009.

Target setting method: 10 percent improvement.

Data Source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines (ACTION Registry-GWTG), American College of Cardiology Foundation and American Heart Association.

HDS–19.2 Increase the proportion of eligible patients with heart attacks who receive percutaneous intervention (PCI) within 90 minutes of hospital arrival.

Target: 97.5 percent.

Baseline: 88.6 percent of eligible heart attack patients received percutaneous intervention within 90 minutes of hospital arrival in 2009.

Target setting method: 10 percent improvement.

Data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines (ACTION Registry—GWTG), American College of Cardiology Foundation and American Heart Association.

HDS–19.3 (Developmental) Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptom onset.

Potential data sources: Get with The Guidelines—Stroke Module (GWTG—Stroke), American Heart Association/American Stroke Association.

HDS–20: (Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels.

HDS– 20.1 (Developmental) Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS– 20.2 (Developmental) Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

HDS–21: (Developmental) Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events.

Potential data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

HDS–22: (Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.

Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines (ACTION Registry—GWTG), American College of Cardiology Foundation and American Heart Association.

HDS–23: (Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.

Potential data source: Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines Program—Stroke Module (GWTG—Stroke), American Heart Association/American Stroke Association.

HDS–24: Reduce hospitalizations of older adults with heart failure as the principal diagnosis.

HDS–24.1 Reduce hospitalizations of adults aged 65 to 74 years with heart failure as the principal diagnosis.

Target: 8.8 hospitalizations per 1,000 population.

Baseline: 9.8 hospitalizations for heart failure per 1,000 population aged 65 to 74 years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HDS–24.2 Reduce hospitalizations of adults aged 75 to 84 years with heart failure as the principal diagnosis.

Target: 20.2 hospitalizations per 1,000 population.

Baseline: 22.4 hospitalizations for heart failure per 1,000 population aged 75 to 84 years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.

HDS–24.3 Reduce hospitalizations of adults aged 85 years and older with heart failure as the principal diagnosis.

Target: 38.6 hospitalizations per 1,000 population.

Baseline: 42.9 hospitalizations for heart failure per 1,000 population aged 85 years and older occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Chronic Conditions Warehouse (CCW), CMS.