12

Heart Disease and Stroke

Heart Disease

12-1 Coronary heart disease (CHD) death:
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- 12-2 Knowledge of symptoms of heart attack and importance of calling 911
- 12-3 Artery-opening therapy
- 12-4 Bystander response to cardiac arrest
- 12-5 Out-of-hospital emergency care
- 12-6 Heart failure hospitalizations
- 12-6a 65 to 74 years
- 12-6b 75 to 84 years
- 12-6c 85 years and older

Stroke

- 12-7 Stroke deaths
- 12-8 Knowledge of early warning symptoms of stroke

Blood Pressure

- 12-9 High blood pressure
- 12-10 High blood pressure control
- 12-11 Action to help control blood pressure
- 12-12 Blood pressure monitoring

Cholesterol

- 12-13 Mean total blood cholesterol levels
- 12-14 High blood cholesterol levels
- 12-15 Blood cholesterol screening
- 12-16 LDL-cholesterol level in CHD patients

Heart Disease

12-1. Reduce coronary heart disease deaths.

National Data Source National Vital Statistics System (NVSS), CDC,

NCHS.

State Data Source National Vital Statistics System (NVSS), CDC,

NCHS.

Healthy People 2000

Objective

15.1 (Heart Disease and Stroke) (also, 1.1, 2.1, 3.1), age adjusted to the 2000 standard population.

Measure Rate per 100,000 population (age adjusted—see

Comments).

Baseline 208 (1998).

Numerator Number of coronary heart disease-related deaths

(ICD-9 codes 402, 410-414, 429.2).

Denominator Number of persons.

Population Targeted U.S. resident population.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity Annual.

Comments Data are age adjusted to the 2000 standard

population. Age-adjusted rates are weighted sums

of age-specific rates. For information on age

adjustment, see Part A, section 5.

This objective differs from Healthy People 2000 objective 15.1, which adjusted the death rates using the 1940 standard population. See Appendix C for

comparison data.

See Part C for a description of NVSS and Appendix

A for focus area contact information.

* * *

12-2. (Developmental) 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 911.

Comments

An operational definition could not be specified at

the time of publication.

A proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

Proposed questions to be used to obtain the national data are scheduled to be included in the 2001 NHIS.

2001 141110.

See Appendix A for focus area contact information.

***** * *

12-3. (Developmental) Increase the proportion of eligible patients with heart attacks who receive artery-opening therapy within an hour of symptom onset.

Comments

An operational definition could not be specified at the

time of publication.

A proposed national data source is the National Registry of Myocardial Infarction, National Acute

Myocardial Infarction Project, HCFA.

See Appendix A for focus area contact information.

***** * *

12-4. (Developmental) Increase the proportion of adults aged 20 years and older who call 911 and administer cardiopulmonary resuscitation (CPR) when they witness an out-of-hospital cardiac arrest.

Comments

An operational definition could not be specified at

the time of publication.

A proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

Proposed questions to be used to obtain the national data are scheduled to be included in the 2001 NHIS.

See Appendix A for focus area contact information.

***** * *

12-5. (Developmental) Increase the proportion of eligible persons with witnessed out-of-hospital cardiac arrest who receive their first therapeutic electrical shock within 6 minutes after collapse recognition.

Comments An operational definition could not be specified at

the time of publication.

A proposed national data source is the Medical Expenditure Panel Survey (MEPS), AHRQ (formerly

AHCPR).

See Appendix A for focus area contact information.

* * *

12-6. Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis.

12-6a. Adults aged 65 to 74 years.

National Data Source National Hospital Discharge Survey (NHDS), CDC,

NCHS.

State Data Source State hospital discharge data systems.

Healthy People 2000

Objective

Not applicable.

Measure Rate per 1,000 population.

Baseline 13.2 (1997).

Numerator Number of discharges among adults aged 65 to 74

years with a principal diagnosis of congestive heart

failure (ICD-9-CM code 428.0).

Denominator Number of adults aged 65 to 74 years.

Population Targeted U.S. civilian population.

Questions Used To Obtain the National

Not applicable.

Data

Expected Periodicity Annual.

Comments Principal diagnosis is the diagnosis chiefly

responsible for admission of the person to the

hospital.

See Part C for a description of NHDS and Appendix

A for focus area contact information.

* * *

12-6b. Adults aged 75 to 84 years.

National Data Source National Hospital Discharge Survey (NHDS), CDC,

NCHS.

State Data Source State hospital discharge data systems.

Healthy People 2000

Objective

Not applicable.

Measure Rate per 1,000 population.

Baseline 26.7 (1997).

Numerator Number of discharges among adults aged 75 to 84

years with a principal diagnosis of congestive heart

failure (ICD-9-CM code 428.0).

Denominator Number of adults aged 75 to 84 years.

Population Targeted U.S. civilian population.

Questions Used To Obtain the National

Obtain the Nation

Data

Not applicable.

Expected Periodicity Annual.

Comments See Comments provided with objective 12-6a for

more information.

***** * *

12-6c. Adults aged 85 years and older.

National Data Source National Hospital Discharge Survey (NHDS), CDC,

NCHS.

State Data Source State hospital discharge data systems.

Healthy People 2000

Objective

Not applicable.

Measure Rate per 1,000 population.

Baseline 52.7 (1997).

Numerator Number of discharges among adults aged 85 years

and older with a principal diagnosis of congestive

heart failure (ICD-9-CM code 428.0).

Denominator Number of adults aged 85 years and older.

Population Targeted U.S. civilian population.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity Annual.

Comments See Comments provided with objective 12-6a for

more information.

* * *

Stroke

12-7. Reduce stroke deaths.

National Data Source National Vital Statistics System (NVSS), CDC,

NCHS.

State Data Source National Vital Statistics System (NVSS), CDC,

NCHS.

Healthy People 2000

Objective

15.2 (Heart Disease and Stroke) (also 2.22, 3.18), age adjusted to the 2000 standard population.

Measure Rate per 100,000 population (age adjusted—see

Comments).

Baseline 60 (1998).

Numerator Number of stroke deaths (ICD-9 codes 430-438).

Denominator Number of persons.

Population Targeted U.S. resident population.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity

Annual.

Comments

Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For information on age adjustment, see Part A, section 5.

This objective differs from Healthy People 2000 objective 15.2, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data

comparison data.

See Part C for a description of NVSS and Appendix

A for focus area contact information.



12-8. (Developmental) Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke.

Comments An operational definition could not be specified at

the time of publication.

A proposed national data source is the National Health Interview Survey (NHIS), CDC, NCHS.

Proposed questions to be used to obtain the national data are scheduled to be included in the

2001 NHIS.

See Appendix A for focus area contact information.

Blood Pressure

12-9. Reduce the proportion of adults with high blood pressure.

National Data Source National Health and Nutrition Examination Survey

(NHANES), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000

Objective

Not applicable.

Measure Percent (age adjusted—see Comments).

Baseline 28 (1988–94).

Numerator Number of adults aged 20 years and older with high

blood pressure.

Denominator Number of adults aged 20 years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Data

From the 1988–94 National Health and Nutrition

Examination Survey:

> Are you now taking prescribed medicine?

Expected Periodicity Annual, beginning with 1999 data.

Comments Adults are defined as having high blood pressure if

they either: (a) have a measurement of systolic blood pressure (SBP) > 140 mmHg or diastolic blood pressure (DBP) > 90 mmHg or (b) report they

are taking high blood pressure medicine.

Measurements were taken using a

sphygmomanometer according to the standardized

blood pressure measurement protocols

recommended by the American Heart Association.¹

A detailed description of the procedures for blood pressure measurement in the NHANES has been

published elsewhere.2,3

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For information on

age adjustment, see Part A, section 5.

See Part C for a description of NHANES and Appendix A for focus area contact information.



12-10. Increase the proportion of adults with high blood pressure whose blood pressure is under control.

National Data Source National Health and Nutrition Examination Survey

(NHANES), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000

Objective

15.4 (Heart Disease and Stroke) (also 2.26), age

adjusted to the 2000 standard population.

Measure Percent (age adjust—see Comments).

Baseline 18 (1988–94).

Numerator Number of adults aged 18 years and older who

> have been told by a doctor or other health professional to take prescribed blood pressure medicine and are now taking it and whose systolic blood pressure is less than 140 mmHg and diastolic

blood pressure is less than 90 mmHg.

Denominator Number of adults with high blood pressure aged 18

years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Data

From the 1988–94 National Health and Nutrition

Examination Survey:

> Because of your high blood pressure/hypertension, have you ever been told by a doctor or other health professional to take prescribed medicine?

> Are you now taking prescribed medicine?

Expected Periodicity Annual beginning with 1999 data.

Comments See Comments provided with objective 12-9.

12-11. Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, or reducing sodium intake) to help control their blood pressure.

National Data Source National Health Interview Survey (NHIS), CDC,

NCHS.

State Data Source Behavioral Risk Factor Surveillance System

(BRFSS), CDC, NCCDPHP.

Healthy People 2000

Objective

Adapted from 15.5 (Heart Disease and Stroke).

Measure Percent (age adjusted—see Comments).

Baseline 82 (1998).

Numerator Number of adults aged 18 years and older with high

blood pressure who are dieting, reducing salt or sodium intake, exercising, reducing alcohol consumption or taking high blood pressure

medications.

Denominator Number of adults with high blood pressure aged 18

years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data From the 1998 National Health Interview Survey:

[NUMERATOR:]

Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?

[If yes:]

- o Are you NOW following this advice?
- Has a doctor or other health professional EVER advised you to cut down on salt or sodium in your diet to help lower your blood pressure?

[If yes:]

- o Are you NOW following this advice?
- Has a doctor or other health professional EVER advised you to reduce alcohol consumption to help lower your blood pressure?

[If yes:]

- Are you NOW following this advice?
- Has a doctor or other health professional EVER advised you to exercise to help lower your blood pressure?

[If yes:]

- o Are you NOW following this advice?
- Was any medication EVER prescribed by a doctor to help lower your blood pressure?

[If yes:]

o Are you NOW following this advice?

[DENOMINATOR:]

Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

[If yes:]

o Was this only during pregnancy?

Expected Periodicity

Periodic.

Comments

People with high blood pressure are defined as those who are told on two or more occasions by a physician or other health professional that they had high blood pressure. Pregnancy-related high blood pressure is excluded.

Adults are classified as taking action to control their blood pressure if they are now following advice on <u>any</u> of the actions listed above: diet/change eating habits, cut down on salt intake, reduce alcohol consumption, exercise, or take medication.

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For information on age adjustment, see Part A, section 5.

This objective is adapted from Healthy People 2000 objective 15.5, which tracked the proportion of people with high blood pressure who were taking medication, dieting to lose weight, cutting down on salt, and exercising to help control their blood pressure. This measure tracks the proportion of adults with high blood pressure who are reducing alcohol consumption, in addition to the other actions, to help control their blood pressure; the measure is age adjusted to the 2000 standard population.

In Healthy People 2000, a person with high blood pressure was defined as "...EVER been told by a doctor or other health professional that you had hypertension, also called high blood pressure" while in Healthy People 2010, a person is defined as "...told on two or more DIFFERENT visits that you had high blood pressure."

See Part C for a description of NHIS and BRFSS, and Appendix A for focus area contact information.



12-12. Increase 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.

National Data Source National Health Interview Survey (NHIS), CDC,

NCHS.

State Data Source Not identified.

Healthy People 2000

Objective

15.13 (Heart Disease and Stroke), age adjusted to

the 2000 standard population.

Measure Percent (age adjusted—see Comments).

Baseline 90 (1998).

Numerator Number of adults aged 18 years and older who had

their blood pressure measured within the preceding

2 years and can state level.

Denominator Number of adults aged 18 years and older.

Population Targeted

U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data

From the 1998 National Health Interview Survey:

About how long has it been since you had your blood pressure checked by a doctor or health professional?

0) Never	
(Number)	Days
,	Weeks
	Months
	Years

- At that time, did the doctor or health professional say your blood pressure was high, low, or normal?
 - 1) Not told
 - 2) High
 - 3) Low
 - 4) Normal
 - 5) Borderline
 - 6) Other Specify _____

Expected Periodicity

Periodic.

Comments

An adult was considered able to state their blood pressure level if they responded high, low, normal, or borderline (categories 2-5) to the second question above.

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For information on age adjustment, see Part A, section 5.

See Part C for a description of NHIS and Appendix A for focus area contact information.



Cholesterol

12-13. Reduce the mean total blood cholesterol levels among adults.

National Data Source National Health and Nutrition Examination Survey

(NHANES), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000

Objective

15.6 (Heart Disease and Stroke) (also 2.27), age

adjusted to the 2000 standard population).

Measure Mean (age adjusted—see Comments).

Baseline 206 (1988–94).

Numerator Sum of all cholesterol values for adults aged 20

years and older.

Denominator Number of cholesterol measurements for adults

aged 20 years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Data

Not applicable.

Expected Periodicity

Annual beginning with 1999 data.

Comments

Total cholesterol is a combination of high-density lipoproteins (HDL), low-density lipoproteins (LDL), and very-low density lipoproteins (VLDL).

Total blood cholesterol is measured enzymatically in a series of coupled reactions. A description of the laboratory procedures for the total cholesterol measurement in NHANES is published by NCHS.4,5

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For information on

age adjustment, see Part A, section 5.

See Part C for a description of NHANES and Appendix A for focus area contact information.

***** * *

12-14. Reduce the proportion of adults with high total blood cholesterol levels.

National Data Source National Health and Nutrition Examination Survey

(NHANES), CDC, NCHS.

State Data Source Not identified.

Healthy People 2000

Objective

15.7 (Heart Disease and Stroke) (also 2.25), age

adjusted to the 2000 standard population.

Measure Percent (age adjusted—see Comments).

Baseline 21 (1988–94).

Numerator Number of adults aged 20 years and older with total

blood cholesterol > 240 mg/dL.

Denominator Number of adults aged 20 years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data Not applicable.

Expected Periodicity

Annual, beginning with 1999 data.

Comments

Total cholesterol is a combination of HDL, LDL, and VLDL.

Total blood cholesterol is measured enzymatically in a series of coupled reactions. A description of the procedures for the total cholesterol measurement in

NHANES has been published by NCHS.4,5

Blood cholesterol levels less than 200 mg/dL are considered desirable. Levels of 240 mg/dL or above are considered high. Levels of 200-239 mg/dL are

considered borderline.

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For information on

age adjustment, see Part A, section 5.

See Part C for a description of NHANES and Appendix A for focus area contact information.

* * *

12-15. Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

National Data Source National Health Interview Survey (NHIS), CDC,

NCHS.

State Data Source Behavioral Risk Factor Surveillance System

(BRFSS), CDC, NCCDPHP.

Healthy People 2000

Objective

15.14 (Heart Disease and Stroke), age adjusted to

the 2000 standard population.

Measure Percent (age adjusted—see Comments).

Baseline 67 (1998).

Numerator Number of adults aged 18 years and older who

have had their cholesterol checked within 5 years.

Denominator Number of adults aged 18 years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National Data From the 1998 National Health Interview Survey:

- When was the last time that you had your blood cholesterol level checked by a doctor or health professional?
 - 0) Never
 - 1) A year ago or less
 - 2) More than 1 year but not more than 2 years
 - 3) More than 2 years but not more than 3 years
 - 4) More than 3 years but not more than 5 years
 - 5) Over 5 years

Expected Periodicity

Periodic.

Comments

An adult was considered as having had their blood cholesterol checked within the preceding 5 years if they responded to <u>any</u> of the categories in 1 through 4 of the question above.

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For information on age adjustment, see Part A, section 5.

See Part C for a description of NHIS and BRFSS and Appendix A for focus area contact information.



12-16. (Developmental) Increase the proportion of persons with coronary heart disease who have their LDL-cholesterol level treated to a goal of less than or equal to 100 mg/dL.

Comments

An operational definition could not be specified at the time of publication.

A proposed data source is the National Health and Nutrition Examination Survey (NHANES), CDC,

NCHS.

See Appendix A for focus area contact information.



References

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- 3. Frohlich, E.D.; Grim, C.; Labarthe, D.R.; et al. Recommendations for human blood pressure determination by sphygmomanometer. *Hypertension* 11:210A-222A, 1988.
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