

CHAPTER 21

On April 7, 2017, text describing objective HDS-2 and HDS-3 maps was corrected. Data reported for HDS-9.2 were also corrected due to a programming error. Corrected data and text are highlighted in yellow and can be found on pages 21–2, 21–3, and 21–19.

Heart Disease and Stroke (HDS)

Lead Agencies

Centers for Disease Control and Prevention
National Institutes of Health

Contents

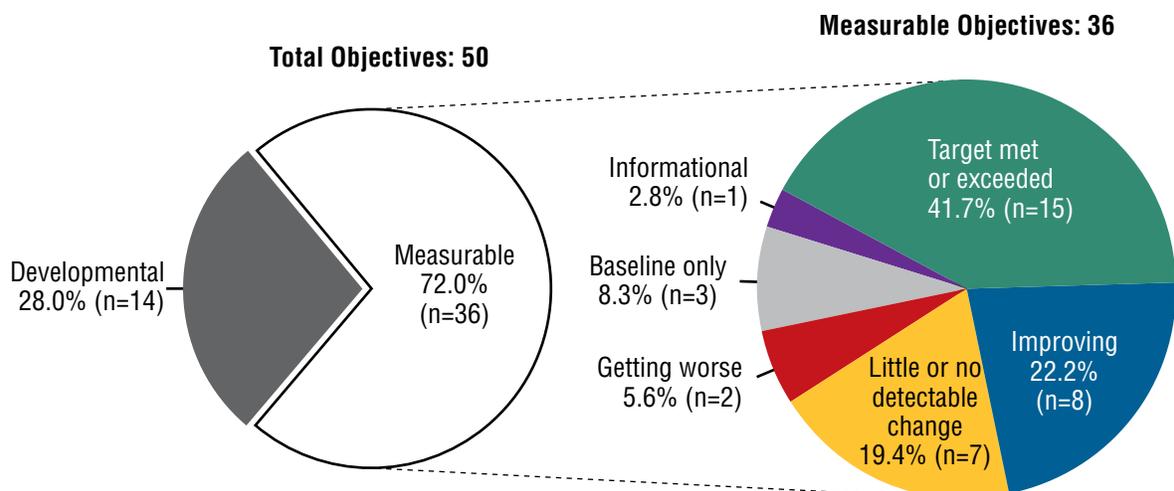
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Goal: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease.

This chapter includes objectives that monitor coronary heart disease and stroke mortality, heart failure hospitalizations, risk factors for heart disease and stroke, knowledge of heart attack and stroke symptoms and response, and treatment options. The **Reader's Guide** provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹ In this chapter, cardiovascular events are defined as heart attacks, hospitalizations for heart failure, and strokes.

Status of Objectives

Figure 21–1. Midcourse Status of the Heart Disease and Stroke Objectives



Of the 50 objectives in the Heart Disease and Stroke Topic Area, 14 objectives were developmental,² and 36 objectives were measurable³ (Figure 21–1, Table 21–1). The midcourse status of the measurable objectives was as follows (Table 21–2):

- 15 objectives had met or exceeded their 2020 targets,⁴
- 8 objectives were improving,⁵
- 7 objectives demonstrated little or no detectable change,⁶
- 2 objectives were getting worse,⁷
- 3 objectives had baseline data only,⁸ and
- 1 objective was informational.⁹

Selected Findings

Heart Disease and Stroke Mortality

- The age-adjusted rate of **coronary heart disease deaths** (HDS-2) declined from 129.2 per 100,000 population in 2007 to 102.6 in 2013, exceeding the 2020 target (Table 21–2).
 - » In **2011–2013**, age-adjusted coronary heart disease death rates (HDS-2) varied by county. There were **1,315** counties (out of 3,131 total with reliable data) that met or exceeded the national target (Map 21–1).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted rate of coronary heart disease deaths (Table 21–3, HDS-2).

- The age-adjusted rate of **stroke deaths** (HDS-3) declined from 43.5 per 100,000 population in 2007 to 36.2 in 2013, moving toward the 2020 target (Table 21–2).
 - » In 2011–2013, age-adjusted stroke death rates (HDS-3) varied by county. There were 731 counties (out of 3,118 total with reliable data) that met or exceeded the national target (Map 21–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted rate of stroke deaths (Table 21–3, HDS-3).

Identification and Control of Heart Disease and Stroke Risk Factors

Screening and Prevalence

- The age-adjusted proportion of **adults aged 18 and over who had their blood pressure measured in the past 2 years and knew their blood pressure level** (HDS-4) increased from 90.6% in 2008 to 91.8% in 2014, moving toward the 2020 target (Table 21–2).
 - » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, family income, and disability status in the age-adjusted proportion of adults who had their blood pressure measured in the past 2 years and knew their blood pressure level (Table 21–3, HDS-4). The disparity by geographic location was not statistically significant.
- The age-adjusted proportion of **adults aged 18 and over with hypertension** (HDS-5.1) demonstrated little or no detectable change from 2005–2008 to 2009–2012 (29.9% and 29.0%, respectively) (Table 21–2).
 - » In 2013, the proportion of adults 18 years and over with self-reported high blood pressure varied by state (Map 21-3).¹⁰
 - » In 2009–2012, there were statistically significant disparities by sex, race and ethnicity, education, family income, and disability status in the age-adjusted proportion of adults with hypertension (Table 21–3, HDS-5.1).
- The proportion of **children and adolescents aged 8–17 with hypertension** (HDS-5.2) decreased from 3.5% in 2005–2008 to 2.4% in 2009–2012, exceeding the 2020 target (Table 21–2).
 - » In 2009–2012, the disparities by sex, race and ethnicity, and family income in the proportion of children and adolescents aged 8–17 with hypertension (HDS-5.2) were not statistically significant (Table 21–3).

- The age-adjusted proportion of **adults aged 18 and over who had received a blood cholesterol screening in the past 5 years** (HDS-6) increased from 74.6% in 2008 to 85.5% in 2014, exceeding the 2020 target (Table 21–2).
 - » In 2014, there were statistically significant disparities by sex, education, family income, disability status, and geographic location in the age-adjusted proportion of adults who had received a blood cholesterol screening in the past 5 years (Table 21–3, HDS-6). The disparity by race and ethnicity was not statistically significant.
- The age-adjusted proportion of **adults aged 20 and over with high blood cholesterol levels** (HDS-7) decreased from 15.0% in 2005–2008 to 12.9% in 2009–2012, exceeding the 2020 target (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by sex and race and ethnicity in the age-adjusted proportion of adults aged 20 and over with high blood cholesterol levels (Table 21–3, HDS-7). The disparities by education, family income, and disability status were not statistically significant.
- The age-adjusted **mean total blood cholesterol level among adults aged 20 and over** (HDS-8) decreased from 197.7 mg/dL in 2005–2008 to 195.3 mg/dL in 2009–2012, moving toward the 2020 target (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by sex, race and ethnicity, and disability status in the age-adjusted mean total blood cholesterol level among adults aged 20 and over (Table 21–3, HDS-8). The disparities by education and family income were not statistically significant.

Control of Heart Disease and Stroke Risk Factors

- The age-adjusted proportion of **adults aged 18 and over with prehypertension who met the recommended guidelines for body mass index (BMI)** (HDS-9.1) demonstrated little or no detectable change from 2005–2008 to 2009–2012 (28.7% and 27.4%, respectively) (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by race and ethnicity and education in the age-adjusted proportion of adults with prehypertension who met the recommended guidelines for BMI (Table 21–3, HDS-9.1). The disparities by sex, family income, and disability status were not statistically significant.

- From 2005–2008 to 2009–2012, the age-adjusted proportion of **adults aged 18 and over with prehypertension who met the recommended guidelines for saturated fat consumption** (HDS-9.2) increased from 31.4% to 37.3%, exceeding the 2020 target (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by race and ethnicity and education in the age-adjusted proportion of adults with prehypertension who met the recommended guidelines for saturated fat consumption (Table 21–3, HDS-9.2). The disparities by sex, family income, and disability status were not statistically significant.
 - The age-adjusted proportion of **adults aged 18 and over with prehypertension who met the recommended guidelines for physical activity** (HDS-9.4) was 37.4% in 2007–2010. Data were not available beyond the baseline, so progress toward the 2020 target could not be assessed (Table 21–2).
 - » In 2007–2010, there were statistically significant disparities by sex, race and ethnicity, education, family income, and disability status in the age-adjusted proportion of adults with prehypertension who met the recommended guidelines for physical activity (Table 21–3, HDS-9.4).
 - From 2005–2008 to 2009–2012, the age-adjusted proportion of **adults aged 18 and over with hypertension who met the recommended guidelines for BMI** (HDS-10.1) decreased from 18.0% in 2005–2008 to 14.4% in 2009–2012, moving away from the baseline and 2020 target (Table 21–2).
 - » In 2009–2012, disparities by sex, race and ethnicity, education, family income, and disability status in the age-adjusted proportion of adults with hypertension who met the recommended guidelines for BMI (HDS-10.1) were not statistically significant (Table 21–3).
 - From 2005–2008 to 2009–2012, the age-adjusted proportion of **adults aged 18 and over with hypertension who met the recommended guidelines for saturated fat consumption** (HDS-10.2) increased from 30.5% to 38.8%, exceeding the 2020 target (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by race and ethnicity, education, and family income in the age-adjusted proportion of adults with hypertension who met the recommended guidelines for saturated fat consumption (Table 21–3, HDS-10.2).
 - The age-adjusted proportion of **adults aged 18 and over with hypertension who met the recommended guidelines for sodium intake** (HDS-10.3) was 0.66% in 2009–2012 (Table 21–2). Data were not available beyond the baseline, so progress toward the 2020 target could not be assessed.
 - » In 2009–2012, there was a statistically significant disparity by race and ethnicity in the age-adjusted proportion of adults with hypertension who met the recommended guidelines for sodium intake (Table 21–3, HDS-10.3). The disparities by education, family income, and disability status were not statistically significant.
 - The age-adjusted proportion of **adults aged 18 and over with hypertension who met the recommended guidelines for physical activity** (HDS-10.4) was 28.0% in 2007–2010. Data were not available beyond the baseline, so progress toward the 2020 target could not be assessed (Table 21–2).
 - » In 2007–2010, there were statistically significant disparities by sex, education, family income, and disability status in the age-adjusted proportion of adults with hypertension who met the recommended guidelines for physical activity (Table 21–3, HDS-10.4). The disparity by race and ethnicity was not statistically significant.
 - From 2005–2008 to 2009–2012, the age-adjusted proportion of **adults aged 18 and over with hypertension who were taking medication to lower their blood pressure** (HDS-11) increased from 63.2% to 68.5%; and the age-adjusted proportion of **adults aged 18 and over with hypertension whose blood pressure was under control** (HDS-12) increased from 43.7% to 48.9%, moving toward their respective 2020 targets (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by sex and disability status in the age-adjusted proportion of adults with hypertension who were taking medication to control their blood pressure (Table 21–3, HDS-11). The disparities by race and ethnicity, education, and family income were not statistically significant.
 - » In 2009–2012, there were statistically significant disparities by sex, race and ethnicity, and disability status in the age-adjusted proportion of adults with hypertension whose blood pressure was under control (Table 21–3, HDS-12). The disparities by education and family income were not statistically significant.
- The disparities by sex and disability status were not statistically significant.

- The proportion of **physician office visits by women aged 55–79 with no history of cardiovascular disease that included a prescription of aspirin or other antiplatelet medication** (HDS-15.1) demonstrated little or no detectable change from 2006–2007 to 2009–2010 (17.9% and 18.3%, respectively) (Table 21–2).
 - » In 2009–2010, disparities by race and ethnicity and geographic location in the proportion of physician office visits by women aged 55–79 with no history of cardiovascular disease that included a prescription of aspirin or other antiplatelet medication (HDS-15.1) were not statistically significant (Table 21–3).
- The proportion of **physician office visits by men aged 45–79 with no history of cardiovascular disease that included a prescription of aspirin or other antiplatelet medication** (HDS-15.2) increased from 15.8% in 2006–2007 to 20.3% in 2009–2010, exceeding the 2020 target (Table 21–2).
 - » In 2009–2010, disparities by race and ethnicity and geographic location in the proportion of physician office visits by men aged 45–79 with no history of cardiovascular disease that included a prescription of aspirin or other antiplatelet medication (HDS-15.2) were not statistically significant (Table 21–3).
- The proportion of **physician office visits by adults aged 18 and over with hypertension whose blood pressure was under control** (HDS-25) increased from 58.1% in 2006–2007 to 62.9% in 2009–2010, moving toward the 2020 target (Table 21–2).
 - » In 2009–2010, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the proportion of physician office visits by adults with hypertension whose blood pressure was under control (Table 21–3, HDS-25).
- » In 2014, there were statistically significant disparities by sex, education, family income, and geographic location in the age-adjusted proportion of adults aged 20 and over who were aware of the early warning signs of a heart attack and the importance of seeking emergency care by calling 9–1–1 (Table 21–3, HDS-16.1). The disparities by race and ethnicity and disability status were not statistically significant.
- » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, family income, and geographic location in the age-adjusted proportion of adults aged 20 and over who were aware of the early warning signs and symptoms of a heart attack (Table 21–3, HDS-16.2). The disparity by disability status was not statistically significant.
- The age-adjusted proportion of **adults aged 20 and over who were aware of the importance of calling 9–1–1 for a heart attack** (HDS-16.3) increased from 91.8% in 2008 to 93.3% in 2014, moving toward the 2020 target (Table 21–2).
 - » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, family income, and disability status in the age-adjusted proportion of adults aged 20 and over who were aware of the importance of calling 9–1–1 for a heart attack (Table 21–3, HDS-16.3). The disparity by geographic location was not statistically significant.
- Between 2009 and 2014, the age-adjusted proportion of **adults aged 20 and over who were aware of the early warning signs of a stroke and the importance of seeking emergency care by calling 9–1–1** (HDS-17.1) increased from 51.3% to 66.1%; the age-adjusted proportion of **adults aged 20 and over who were aware of the early warning signs and symptoms of a stroke** (HDS-17.2) increased from 53.9% to 68.2%; and the age-adjusted proportion of **adults aged 20 and over who were aware of the importance of seeking emergency care for a stroke by calling 9–1–1** (HDS-17.3) increased from 92.7% to 95.3%, exceeding their respective 2020 targets (Table 21–2).
 - » In 2014, there were statistically significant disparities by sex, education, family income, disability status, and geographic location in the age-adjusted proportion of adults aged 20 and over who were aware of the early warning signs of a stroke and the importance of seeking emergency care by calling 9–1–1 (Table 21–3, HDS-17.1). The disparity by race and ethnicity was not statistically significant.

Early Identification and Treatment of Heart Attack and Stroke

Awareness of Heart Attack and Stroke Symptoms

- Between 2008 and 2014, the age-adjusted proportion of **adults aged 20 and over who were aware of the early warning signs of a heart attack and the importance of seeking emergency care by calling 9–1–1** (HDS-16.1) increased from 37.2% to 47.1%, while the age-adjusted proportion of **adults aged 20 and over who were aware of the early warning signs and symptoms of a heart attack** (HDS-16.2) increased from 39.6% to 49.7%, with both objectives exceeding their respective 2020 targets (Table 21–2).

- » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, family income, disability status, and geographic location in the age-adjusted proportion of adults aged 20 and over who were aware of the early warning signs and symptoms of a stroke (Table 21–3, HDS-17.2).
- » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, family income, disability status, and geographic location in the age-adjusted proportion of adults aged 20 and over who were aware of the importance of seeking emergency care for a stroke by calling 9–1–1 (Table 21–3, HDS-17.3).

Prompt Treatment of Heart Attack and Stroke

- The proportion of **heart attack patients receiving fibrinolytic therapy within 30 minutes of hospital arrival** (HDS-19.1) decreased from 70.0% in 2009 to 54.3% in 2014, moving away from the baseline and 2020 target (Table 21–2).¹¹
 - » In 2014, the disparities by sex and race and ethnicity in the proportion of heart attack patients receiving fibrinolytic therapy within 30 minutes of hospital arrival (HDS-19.1) were not statistically significant (Table 21–3).
- Between 2009 and 2014, the proportion of **heart attack patients receiving percutaneous intervention within 90 minutes of hospital arrival** (HDS-19.2) increased from 90.4% to 95.9%, moving toward the 2020 target (Table 21–2).
 - » In 2014, there was a statistically significant disparity by sex in the proportion of heart attack patients receiving percutaneous intervention within 90 minutes of hospital arrival (Table 21–3, HDS-19.2). The disparity by race and ethnicity was not statistically significant.
- The proportion of **stroke patients receiving acute reperfusion therapy within 3 hours of symptom onset** (HDS-19.3) increased from 74.1% in 2009 to 88.5% in 2014, exceeding the 2020 target (Table 21–2).
 - » In 2014, the disparities by sex and race and ethnicity in the proportion of stroke patients receiving acute reperfusion therapy within 3 hours of symptom onset (HDS-19.3) were not statistically significant (Table 21–3).
- The age-adjusted proportion of **adults aged 20 and over with coronary heart disease who had their low-density lipoprotein (LDL) cholesterol at or below recommended levels** (HDS-20.1) demonstrated little or no detectable change from 2005–2008 to 2009–2012 (52.3% and 50.5%, respectively) (Table 21–2).
 - » In 2009–2012, the disparities by sex, education, family income, and disability status in the age-adjusted proportion of adults aged 20 and over with coronary heart disease who had LDL cholesterol at or below recommended levels (HDS-20.1) were not statistically significant (Table 21–3).
- The age-adjusted proportion of **adults aged 20 and over who have had a stroke and who had their LDL cholesterol at or below recommended levels** (HDS-20.2) demonstrated little or no detectable change from 2005–2008 to 2009–2012 (33.4% and 49.2%, respectively) (Table 21–2).
 - » In 2009–2012, there were statistically significant disparities by sex and race and ethnicity in the age-adjusted proportion of adults aged 20 and over who have had a stroke and who had LDL cholesterol at or below recommended levels (Table 21–3, HDS-20.2). The disparities by education, family income, and disability status were not statistically significant.

Prevention of Repeat Cardiovascular Events

- The proportion of **physician office visits by adults aged 18 and over with a history of cardiovascular disease that included a prescription for aspirin or other antiplatelet medication to prevent recurrent cardiovascular events** (HDS-21) increased from 46.0% in 2006–2007 to 53.9% in 2009–2010, exceeding the 2020 target (Table 21–2).
 - » In 2009–2010, there was a statistically significant disparity by sex in the proportion of office visits by adults with a history of cardiovascular disease that included a prescription for aspirin or other antiplatelet medication to prevent recurrent cardiovascular events (Table 21–3, HDS-21). The disparities by race and ethnicity and geographic location were not statistically significant.

- The proportion of **stroke survivors assessed for and/or referred to rehabilitation services** (HDS-23) increased from 96.2% in 2009 to 98.0% in 2014. A target was not set for this objective (Table 21–2).
 - » In 2014, there were statistically significant disparities by sex and race and ethnicity in the proportion of stroke survivors assessed for and/or referred to rehabilitation services (Table 21–3, HDS-23).
- Between 2007 and 2010, the rate of **heart failure hospitalizations among persons aged 65–74** (HDS-24.1) declined from 10.4 to 8.7 per 1,000 population, exceeding the 2020 target (Table 21–2).
 - » In 2010, there were statistically significant disparities by sex and race and ethnicity in the rate of heart failure hospitalizations among persons aged 65–74 (Table 21–3, HDS-24.1).
- The rate of **heart failure hospitalizations among persons aged 75–84** (HDS-24.2) demonstrated little or no detectable change from 2007 to 2010 (23.4 and 21.6 per 1,000 population, respectively) (Table 21–2).
 - » In 2010, there was a statistically significant disparity by race and ethnicity in the rate of heart failure hospitalizations among persons aged 75–84 (Table 21–3, HDS-24.2). The disparity by sex was not statistically significant.
- The rate of **heart failure hospitalizations among persons aged 85 and over** (HDS-24.3) demonstrated little or no detectable change from 2007 to 2010 (38.7 and 43.7 per 1,000 population, respectively) (Table 21–2).
 - » In 2010, the disparities by sex and race and ethnicity in the rate of heart failure hospitalizations among persons aged 85 and over (HDS-24.3) were not statistically significant (Table 21–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the [HealthyPeople.gov](http://www.healthypeople.gov) website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>
Select an objective, then click on the “Data Details” icon.
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>
Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Acute Coronary Treatment and Intervention Outcomes Network Registry—Get With The Guidelines: <http://cvquality.acc.org/NCDR-Home/Registries.aspx>
- Get With The Guidelines—Stroke: http://www.heart.org/HEARTORG/HealthcareResearch/GetWithTheGuidelines/Get-With-The-Guidelines-Stroke_UCM_306098_SubHomePage.jsp
- National Ambulatory Medical Care Survey: <http://www.cdc.gov/nchs/ahcd.htm>
- National Health and Nutrition Examination Survey: <http://www.cdc.gov/nchs/nhanes.htm>
- National Health Interview Survey: <http://www.cdc.gov/nchs/nhis.htm>
- National Hospital Discharge Survey: <http://www.cdc.gov/nchs/nhds.htm>
- National Vital Statistics System—Mortality: <http://www.cdc.gov/nchs/deaths.htm>

Footnotes

¹The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

²**Developmental** objectives did not have a national baseline value.

³**Measurable** objectives had a national baseline value.

⁴**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁵**Improving**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁶**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁷**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁸**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

⁹**Informational**—A target was not set for this objective, so progress toward target attainment could not be assessed.

¹⁰The state data shown in the map are based on persons who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure from the Behavioral Risk Factor Surveillance System. The national data are based on measured systolic and diastolic blood pressure and self-reported blood pressure medication use from the National Health and Nutrition Examination Survey and are the basis for setting the national target. National and state data may not be directly comparable, and therefore the national target may not be applicable to the state data. Information about the Behavioral Risk Factor Surveillance System is available from: <http://www.cdc.gov/brfss/>.

¹¹The denominator for HDS-19.1 includes all heart attack patients, and does not exclude patients who receive percutaneous intervention instead of fibrinolytic therapy as treatment for their heart attack after hospital arrival. Therefore, this objective can be used to track the use of fibrinolytic therapy, but it does not provide information about whether patients received *any* guideline-recommended therapy.

Suggested Citation

National Center for Health Statistics. Chapter 21: Heart Disease and Stroke. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 21–1. Heart Disease and Stroke Objectives

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
HDS-1	(Developmental) Increase overall cardiovascular health in the U.S. population	(Potential) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-2	Reduce coronary heart disease deaths	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	
HDS-3	Reduce stroke deaths	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	
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	National Health Interview Survey (NHIS), CDC/NCHS	
HDS-5.1	Reduce the proportion of adults with hypertension	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	
HDS-5.2	Reduce the proportion of children and adolescents with hypertension	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	National Health Interview Survey (NHIS), CDC/NCHS	
HDS-7	Reduce the proportion of adults with high total blood cholesterol levels	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	
HDS-8	Reduce the mean total blood cholesterol levels among adults	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	
HDS-9.1	Increase the proportion of adults with prehypertension who meet the recommended guidelines for body mass index (BMI)	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	
HDS-9.2	Increase the proportion of adults with prehypertension who meet the recommended guidelines for saturated fat consumption	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) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable

Table 21-1. Heart Disease and Stroke Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.	 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.	 A state or county level map for this objective is available at the end of the chapter.
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Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
HDS-9.4	Increase the proportion of adults with prehypertension who meet the recommended guidelines for physical activity	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	(Potential) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-10.1	Increase the proportion of adults with hypertension who meet the recommended guidelines for body mass index (BMI)	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 
HDS-10.2	Increase the proportion of adults with hypertension who meet the recommended guidelines for saturated fat consumption	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 
HDS-10.3	Increase the proportion of adults with hypertension who meet the recommended guidelines for sodium intake	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 
HDS-10.4	Increase the proportion of adults with hypertension who meet the recommended guidelines for physical activity	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) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-11	Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 
HDS-12	Increase the proportion of adults with hypertension whose blood pressure is under control	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	 
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) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable

Table 21–1. Heart Disease and Stroke Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
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) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
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) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
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) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-14.1	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who adhere to the prescribed cholesterol-lowering diet	(Potential) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-14.2	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who adhere to the prescribed cholesterol-lowering physical activity	(Potential) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-14.3	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who adhere to the prescribed cholesterol-lowering weight control	(Potential) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-14.4	(Developmental) Increase the proportion of adults with elevated LDL cholesterol who adhere to the prescribed cholesterol-lowering drug therapy	(Potential) National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	Not Applicable
HDS-15.1	Increase aspirin use as recommended among women aged 55 to 79 years with no history of cardiovascular disease	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS	 
HDS-15.2	Increase aspirin use as recommended among men aged 45 to 79 years with no history of cardiovascular disease	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS	 

Table 21–1. Heart Disease and Stroke Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.	 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.	 A state or county level map for this objective is available at the end of the chapter.
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Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
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	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	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	National Health Interview Survey (NHIS), CDC/NCHS	 
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	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	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	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	To be determined	Not Applicable
HDS-19.1	Increase the proportion of eligible patients with heart attacks who receive fibrinolytic therapy within 30 minutes of hospital arrival	Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)	 
HDS-19.2	Increase the proportion of eligible patients with heart attacks who receive percutaneous intervention (PCI) within 90 minutes of hospital arrival	Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)	 

Table 21–1. Heart Disease and Stroke Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
HDS-19.3	Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptom onset	Get With the Guidelines–Stroke (GWTG–Stroke), American Heart Association and American Stroke Association (AHA and ASA)	
HDS-20.1	Increase the proportion of adults with coronary heart disease who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	
HDS-20.2	Increase the proportion of adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS	
HDS-21	Increase the proportion of adults with a history of cardiovascular disease who are using aspirin or antiplatelet therapy to prevent recurrent cardiovascular events	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS	
HDS-22	(Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge	(Potential) Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)	Not Applicable
HDS-23	Increase the proportion of adult stroke survivors who are assessed for and/or referred to rehabilitation services.	Get With the Guidelines–Stroke (GWTG–Stroke), American Heart Association and American Stroke Association (AHA and ASA)	
HDS-24.1	Reduce hospitalizations of adults aged 65 to 74 years with heart failure as the principal diagnosis	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census	
HDS-24.2	Reduce hospitalizations of adults aged 75 to 84 years with heart failure as the principal diagnosis	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census	
HDS-24.3	Reduce hospitalizations of adults aged 85 years and older with heart failure as the principal diagnosis	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census	
HDS-25	Increase the proportion of patients with hypertension in clinical health systems whose blood pressure is under control	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS	

Table 21–2. Midcourse Progress for Measurable¹ Heart Disease and Stroke Objectives

LEGEND

	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
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	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
	² HDS-2 Coronary heart disease deaths (age-adjusted, per 100,000 population)	129.2 (2007)	102.6 (2013)	103.4	103.1%		Yes
	⁴ HDS-3 Stroke deaths (age-adjusted, per 100,000 population)	43.5 (2007)	36.2 (2013)	34.8	83.9%		Yes
	⁴ HDS-4 Adults who had their blood pressure measured in past 2 years and know their blood pressure level (age-adjusted, percent, 18+ years)	90.6% (2008)	91.8% (2014)	92.6%	60.0%		Yes
	⁶ HDS-5.1 Adults with hypertension (age-adjusted, percent, 18+ years)	29.9% (2005–2008)	29.0% (2009–2012)	26.9%	30.0%		No
	² HDS-5.2 Children and adolescents with hypertension (percent, 8–17 years)	3.5% (2005–2008)	2.4% (2009–2012)	3.2%	366.7%		No
	² HDS-6 Adults having blood cholesterol screening in past 5 years (age-adjusted, percent, 18+ years)	74.6% (2008)	85.5% (2014)	82.1%	145.3%		Yes
	² HDS-7 Adults with high blood cholesterol levels (age-adjusted, percent, 20+ years)	15.0% (2005–2008)	12.9% (2009–2012)	13.5%	140.0%		Yes
	⁴ HDS-8 Mean total blood cholesterol levels (age-adjusted, mg/dL, 20+ years)	197.7 (2005–2008)	195.3 (2009–2012)	177.9	12.1%		Yes
	⁸ HDS-9.1 Adults with prehypertension who meet the recommended guidelines for BMI (age-adjusted, percent, 18+ years)	28.7% (2005–2008)	27.4% (2009–2012)	33.0%		4.5%	No
	² HDS-9.2 Adults with prehypertension who meet the recommended guidelines for saturated fat consumption (age-adjusted, percent, 18+ years)	31.4% (2005–2008)	37.3% (2009–2012)	35.7%	137.2%		Yes
	¹³ HDS-9.4 Adults with prehypertension who meet the recommended guidelines for physical activity (age-adjusted, percent, 18+ years)	37.4% (2007–2010)		42.1%			
	¹¹ HDS-10.1 Adults with hypertension who meet the recommended guidelines for BMI (age-adjusted, percent, 18+ years)	18.0% (2005–2008)	14.4% (2009–2012)	21.6%		20.0%	Yes
	² HDS-10.2 Adults with hypertension who meet the recommended guidelines for saturated fat consumption (age-adjusted, percent, 18+ years)	30.5% (2005–2008)	38.8% (2009–2012)	35.7%	159.6%		Yes
	¹³ HDS-10.3 Adults with hypertension who meet the recommended guidelines for sodium intake (age-adjusted, percent, 18+ years)	0.66% (2009–2012)		1.19%			

Table 21–2. Midcourse Progress for Measurable¹ Heart Disease and Stroke Objectives—Continued

LEGEND

 Target met or exceeded ^{2,3}	 Improving ^{4,5}	 Little or no detectable change ^{6–10}	 Getting worse ^{11,12}	 Baseline only ¹³	 Informational ¹⁴
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	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
 ¹³	HDS-10.4 Adults with hypertension who meet the recommended guidelines for physical activity (age-adjusted, percent, 18+ years)	28.0% (2007–2010)		33.7%			
 ⁴	HDS-11 Adults with hypertension taking medication to lower their blood pressure (age-adjusted, percent, 18+ years)	63.2% (2005–2008)	68.5% (2009–2012)	69.5%	84.1%		Yes
 ⁴	HDS-12 Adults with hypertension whose blood pressure is under control (age-adjusted, percent, 18+ years)	43.7% (2005–2008)	48.9% (2009–2012)	61.2%	29.7%		Yes
 ⁶	HDS-15.1 Physician office visits by women with no history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication (percent, 55–79 years)	17.9% (2006–2007)	18.3% (2009–2010)	24.8%	5.8%		No
 ²	HDS-15.2 Physician office visits by men with no history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication (percent, 45–79 years)	15.8% (2006–2007)	20.3% (2009–2010)	19.3%	128.6%		Yes
 ²	HDS-16.1 Adults who are aware of heart attack symptoms and the importance of calling 9–1–1 (age-adjusted, percent, 20+ years)	37.2% (2008)	47.1% (2014)	40.9%	267.6%		Yes
 ²	HDS-16.2 Adults who are aware of heart attack symptoms (age-adjusted, percent, 20+ years)	39.6% (2008)	49.7% (2014)	43.6%	252.5%		Yes
 ⁴	HDS-16.3 Adults who are aware of the importance of calling 9–1–1 for a heart attack (age-adjusted, percent, 20+ years)	91.8% (2008)	93.3% (2014)	93.8%	75.0%		Yes
 ²	HDS-17.1 Adults who are aware of stroke symptoms and the importance of calling 9–1–1 (age-adjusted, percent, 20+ years)	51.3% (2009)	66.1% (2014)	56.4%	290.2%		Yes
 ²	HDS-17.2 Adults who are aware of stroke symptoms (age-adjusted, percent, 20+ years)	53.9% (2009)	68.2% (2014)	59.3%	264.8%		Yes
 ²	HDS-17.3 Adults who are aware of the importance of calling 9–1–1 for a stroke (age-adjusted, percent, 20+ years)	92.7% (2009)	95.3% (2014)	94.7%	130.0%		Yes
 ¹¹	HDS-19.1 Heart attack patients receiving fibrinolytic therapy within 30 minutes of hospital arrival (percent)	70.0% (2009)	54.3% (2014)	77.0%		22.4%	Yes
 ⁴	HDS-19.2 Heart attack patients receiving percutaneous intervention within 90 minutes of hospital arrival (percent)	90.4% (2009)	95.9% (2014)	99.4%	61.1%		Yes

Table 21–2. Midcourse Progress for Measurable¹ Heart Disease and Stroke Objectives—Continued

LEGEND

	Target met or exceeded ^{2,3}		Improving ^{4,5}		Little or no detectable change ^{6–10}		Getting worse ^{11,12}		Baseline only ¹³		Informational ¹⁴
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	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
	² HDS-19.3 Stroke patients receiving acute reperfusion therapy within 3 hours of symptom onset (percent)	74.1% (2009)	88.5% (2014)	81.5%	194.6%		Yes
	⁸ HDS-20.1 Adults with coronary heart disease who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels (age-adjusted, percent, 20+ years)	52.3% (2005–2008)	50.5% (2009–2012)	67.5%		3.4%	No
	⁶ HDS-20.2 Adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels (age-adjusted, percent, 20+ years)	33.4% (2005–2008)	49.2% (2009–2012)	56.1%	69.6%		No
	² HDS-21 Physician office visits by adults with a history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication to prevent recurrent cardiovascular events (percent, 18+ years)	46.0% (2006–2007)	53.9% (2009–2010)	52.1%	129.5%		Yes
	¹⁴ HDS-23 Stroke survivors assessed for and/or referred to rehabilitation services (percent)	96.2% (2009)	98.0% (2014)				
	² HDS-24.1 Heart failure hospitalizations (per 1,000 population, 65–74 years)	10.4 (2007)	8.7 (2010)	9.4	170.0%		No
	⁶ HDS-24.2 Heart failure hospitalizations (per 1,000 population, 75–84 years)	23.4 (2007)	21.6 (2010)	21.1	78.3%		No
	⁸ HDS-24.3 Heart failure hospitalizations (per 1,000 population, 85+ years)	38.7 (2007)	43.7 (2010)	34.8		12.9%	No
	⁴ HDS-25 Physician office visits by adults with hypertension whose blood pressure is controlled (percent, 18+ years)	58.1% (2006–2007)	62.9% (2009–2010)	63.9%	82.8%		Yes

Table 21–2. Midcourse Progress for Measurable¹ Heart Disease and Stroke Objectives—Continued

NOTES	DATA SOURCES
See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.	HDS-2 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
	HDS-3 National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
	HDS-4 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-5.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-5.2 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-6 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-7 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-8 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-9.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-9.2 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-9.4 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-10.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-10.2 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-10.3 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-10.4 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-11 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-12 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-15.1 National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
	HDS-15.2 National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
	HDS-16.1 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-16.2 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-16.3 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-17.1 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-17.2 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-17.3 National Health Interview Survey (NHIS), CDC/NCHS
	HDS-19.1 Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)
	HDS-19.2 Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)
	HDS-19.3 Get With the Guidelines–Stroke (GWTG–Stroke), American Heart Association and American Stroke Association (AHA and ASA)
	HDS-20.1 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-20.2 National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
	HDS-21 National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
	HDS-23 Get With the Guidelines–Stroke (GWTG–Stroke), American Heart Association and American Stroke Association (AHA and ASA)
	HDS-24.1 National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
	HDS-24.2 National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
	HDS-24.3 National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
	HDS-25 National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The [Technical Notes](#) provide more information on the measures of progress.

FOOTNOTES

¹**Measurable** objectives had a national baseline value.

Target met or exceeded:

²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\text{Midcourse value} - \text{Baseline value}|}{\text{Baseline value}} \times 100$$

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

Table 21–3. Midcourse Health Disparities¹ for Population-based Heart Disease and Stroke Objectives

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point  Group with the most favorable (least adverse) rate  Group with the least favorable (most adverse) rate  Data are available, but this group did not have the highest or lowest rate.  Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																														
	Sex		Race and Ethnicity						Education ⁴					Family Income ⁵				Disability		Location											
	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²	
HDS-2 Coronary heart disease deaths (age-adjusted, per 100,000 population) (2013)			1.844*		 a	 a					1.597*																			1.173*	
HDS-3 Stroke deaths (age-adjusted, per 100,000 population) (2013)			1.043*		 a	 a					1.467*																			1.184*	
HDS-4 Adults who had their blood pressure measured in past 2 years and know their blood pressure level (age-adjusted, percent, 18+ years) (2014)			1.051*								1.049*							1.055*							1.061*			1.019*			1.003
HDS-5.1 Adults with hypertension (age-adjusted, percent, 18+ years) (2009–2012)			1.063*								1.280*			 b		 c		1.275*				 d	 e	1.183*	 f	 g	 h	1.376*			1.376*
HDS-5.2 Children and adolescents with hypertension (percent, 8–17 years) (2009–2012)			1.062								1.306							1.379						1.379						1.379	
HDS-6 Adults having blood cholesterol screening in past 5 years (age-adjusted, percent, 18+ years) (2014)			1.043*								1.049							1.079*							1.092*			1.029*			1.070*
HDS-7 Adults with high blood cholesterol levels (age-adjusted, percent, 20+ years) (2009–2012)			1.204*								1.374*			 b		 c		1.153				 d	 e	1.091	 g	 h	1.052			1.052	
HDS-8 Mean total blood cholesterol levels (age-adjusted, mg/dL, 20+ years) (2009–2012)			1.028*								1.031*			 b		 c		1.007				 d	 e	1.009	 g	 h	1.016*			1.016*	

Table 21–3. Midcourse Health Disparities¹ for Population-based Heart Disease and Stroke Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point  Group with the most favorable (least adverse) rate  Group with the least favorable (most adverse) rate  Data are available, but this group did not have the highest or lowest rate.  Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																													
	Sex		Race and Ethnicity						Education ⁴					Family Income ⁵					Disability		Location									
	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
HDS-9.1 Adults with prehypertension who meet the recommended guidelines for BMI (age-adjusted, percent, 18+ years) (2009–2012)			1.073								1.263*			 b		 c		1.412*					 d	 e	1.056	 f	 h	1.085		
HDS-9.2 Adults with prehypertension who meet the recommended guidelines for saturated fat consumption (age-adjusted, percent, 18+ years) (2009–2012)			1.070								1.453*			 b		 c		1.193*					 d	 e	1.147	 f	 h	1.002		
HDS-9.4 Adults with prehypertension who meet the recommended guidelines for physical activity (age-adjusted, percent, 18+ years) (2007–2010)			1.244*								1.299*			 b		 c		1.739*					 d	 e	1.665*	 f	 h	1.464*		
HDS-10.1 Adults with hypertension who meet the recommended guidelines for BMI (age-adjusted, percent, 18+ years) (2009–2012)			1.223								1.418			 b		 c		1.272				 d	 e	1.442	 f	 h	1.176			
HDS-10.2 Adults with hypertension who meet the recommended guidelines for saturated fat consumption (age-adjusted, percent, 18+ years) (2009–2012)			1.054								1.395*			 b		 c		1.135*					 d	 e	1.117*	 f	 h	1.032		
HDS-10.3 Adults with hypertension who meet the recommended guidelines for sodium intake (age-adjusted, percent, 18+ years) (2009–2012)											2.158*			 b				1.479					 d		1.318	 f	 h	1.540		
HDS-10.4 Adults with hypertension who meet the recommended guidelines for physical activity (age-adjusted, percent, 18+ years) (2007–2010)			1.830*								1.275			 b		 c		1.962*					 d	 e	2.240*	 f	 h	2.304*		
HDS-11 Adults with hypertension taking medication to lower their blood pressure (age-adjusted, percent, 18+ years) (2009–2012)			1.212*								1.093			 b		 c		1.070				 d	 e	1.087	 f	 h	1.226*			

Table 21–3. Midcourse Health Disparities¹ for Population-based Heart Disease and Stroke Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point  Group with the most favorable (least adverse) rate  Group with the least favorable (most adverse) rate  Data are available, but this group did not have the highest or lowest rate.  Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																										
	Sex		Race and Ethnicity							Education ⁴					Family Income ⁵					Disability		Location					
	Male	Female	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Poor	Near-poor	Middle	Near-high	High	Persons with disabilities	Persons without disabilities	Metropolitan	Nonmetropolitan			
HDS-12 Adults with hypertension whose blood pressure is under control (age-adjusted, percent, 18+ years) (2009–2012)			1.313*								1.309*						1.102								1.395*		
HDS-15.1 Physician office visits by women with no history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication (percent, 55–79 years) (2009–2010)										1.090																1.152	
HDS-15.2 Physician office visits by men with no history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication (percent, 45–79 years) (2009–2010)										1.410															1.120		
HDS-16.1 Adults who are aware of heart attack symptoms and the importance of calling 9–1–1 (age-adjusted, percent, 20+ years) (2014)			1.180*							1.306						1.181*					1.156*			1.053			1.158*
HDS-16.2 Adults who are aware of heart attack symptoms (age-adjusted, percent, 20+ years) (2014)			1.167*							1.285*						1.200*					1.161*			1.050			1.156*
HDS-16.3 Adults who are aware of the importance of calling 9–1–1 for a heart attack (age-adjusted, percent, 20+ years) (2014)			1.011*							1.070*						1.017*					1.020*			1.032*			1.010
HDS-17.1 Adults who are aware of stroke symptoms and the importance of calling 9–1–1 (age-adjusted, percent, 20+ years) (2014)			1.080*							1.153						1.093*					1.121*			1.145*			1.061*

Table 21–3. Midcourse Health Disparities¹ for Population-based Heart Disease and Stroke Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																													
	Sex		Race and Ethnicity							Education ⁴					Family Income ⁵					Disability		Location								
	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
HDS-17.2 Adults who are aware of stroke symptoms (age-adjusted, percent, 20+ years) (2014)			1.066*								1.142*							1.092*						1.115*			1.128*			1.047*
HDS-17.3 Adults who are aware of the importance of calling 9–1–1 for a stroke (age-adjusted, percent, 20+ years) (2014)			1.011*								1.048*							1.017*						1.016*			1.037*			1.016*
HDS-19.1 Heart attack patients receiving fibrinolytic therapy within 30 minutes of hospital arrival (percent) (2014)			1.050								1.506																			
HDS-19.2 Heart attack patients receiving percutaneous intervention within 90 minutes of hospital arrival (percent) (2014)			1.010*								1.028																			
HDS-19.3 Stroke patients receiving acute reperfusion therapy within 3 hours of symptom onset (percent) (2014)			1.005								1.035																			
HDS-20.1 Adults with coronary heart disease who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels (age-adjusted, percent, 20+ years) (2009–2012)			1.248															1.683						1.153			1.166			
HDS-20.2 Adults who have had a stroke who have their low-density lipoprotein (LDL) cholesterol at or below recommended levels (age-adjusted, percent, 20+ years) (2009–2012)			1.764*								1.767*							1.158						1.530			1.262			

Table 21–3. Midcourse Health Disparities¹ for Population-based Heart Disease and Stroke Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																														
	Sex		Race and Ethnicity						Education ⁴					Family Income ⁵				Disability		Location											
	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²	
HDS-21 Physician office visits by adults with a history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication to prevent recurrent cardiovascular events (percent, 18+ years) (2009–2010)			1.209*								1.191																				1.055
HDS-23 Stroke survivors assessed for and/or referred to rehabilitation services (percent) (2014)			1.001*								1.011*																				
HDS-24.1 Heart failure hospitalizations (per 1,000 population, 65–74 years) (2010)			1.474*								2.840*																				
HDS-24.2 Heart failure hospitalizations (per 1,000 population, 75–84 years) (2010)			1.340								1.977*																				
HDS-24.3 Heart failure hospitalizations (per 1,000 population, 85+ years) (2010)			1.213								1.439																				
HDS-25 Physician office visits by adults with hypertension whose blood pressure is controlled (percent, 18+ years) (2009–2010)			1.044*								1.091*																			1.045*	

Table 21–3. Midcourse Health Disparities¹ for Population-based Heart Disease and Stroke Objectives—Continued

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The **Technical Notes** provide more information on the measures of disparities.

FOOTNOTES

¹**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_a) was the highest rate, the **summary disparity ratio** was calculated as R_a/R_b , where R_b = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b .

⁴Unless otherwise footnoted, data do not include persons under age 25 years.

⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

^aData are for Asian or Pacific Islander persons.

^bData are for persons who completed some college or received an associate's degree.

^cData are for persons who graduated from college or above.

^dData are for persons whose family income was 400% to 499% of the poverty threshold.

^eData are for persons whose family income was 500% or more of the poverty threshold.

^fData do not include persons under age 20 years.

^gData are for persons with activity limitations.

^hData are for persons without activity limitations.

The rate for this population group has a small denominator and may be statistically unreliable; the summary disparity ratio should be interpreted with caution.

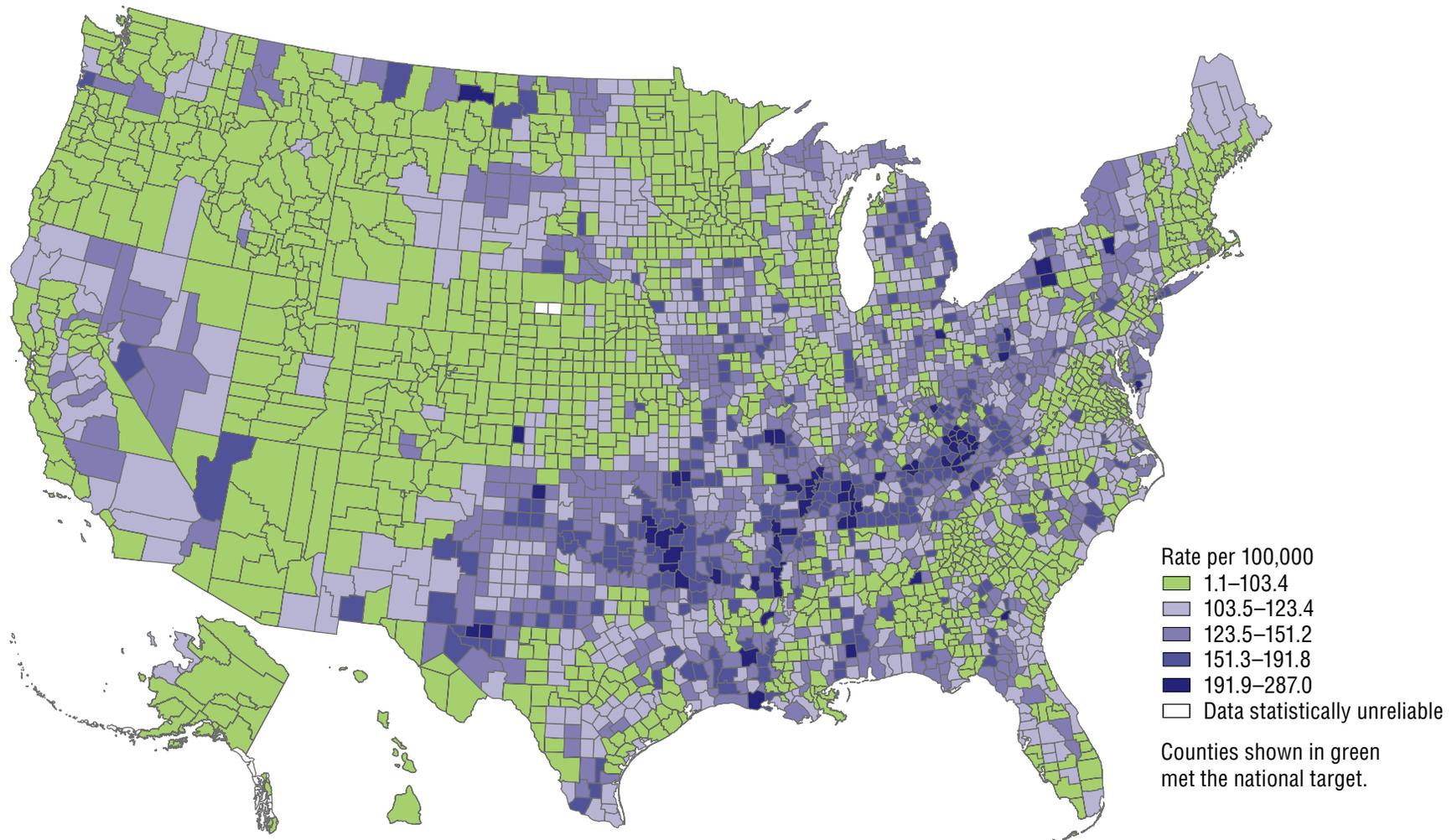
ⁱData include persons of Hispanic origin.

DATA SOURCES

HDS-2	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
HDS-3	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
HDS-4	National Health Interview Survey (NHIS), CDC/NCHS
HDS-5.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-5.2	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-6	National Health Interview Survey (NHIS), CDC/NCHS
HDS-7	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-8	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-9.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-9.2	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-9.4	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-10.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-10.2	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-10.3	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-10.4	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-11	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-12	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-15.1	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
HDS-15.2	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
HDS-16.1	National Health Interview Survey (NHIS), CDC/NCHS
HDS-16.2	National Health Interview Survey (NHIS), CDC/NCHS
HDS-16.3	National Health Interview Survey (NHIS), CDC/NCHS
HDS-17.1	National Health Interview Survey (NHIS), CDC/NCHS
HDS-17.2	National Health Interview Survey (NHIS), CDC/NCHS
HDS-17.3	National Health Interview Survey (NHIS), CDC/NCHS
HDS-19.1	Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)
HDS-19.2	Acute Coronary Treatment and Intervention Outcomes Network Registry–Get With the Guidelines (ACTION–GWTG), American College of Cardiology (ACC)
HDS-19.3	Get With the Guidelines–Stroke (GWTG–Stroke), American Heart Association and American Stroke Association (AHA and ASA)
HDS-20.1	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-20.2	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
HDS-21	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS
HDS-23	Get With the Guidelines–Stroke (GWTG–Stroke), American Heart Association and American Stroke Association (AHA and ASA)
HDS-24.1	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
HDS-24.2	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
HDS-24.3	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
HDS-25	National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS

Map 21–1. Coronary Heart Disease Deaths, by County: 2011–2013

Healthy People 2020 Objective HDS-2 • National Target = 103.4 per 100,000 population • National Rate = 105.7 per 100,000 population

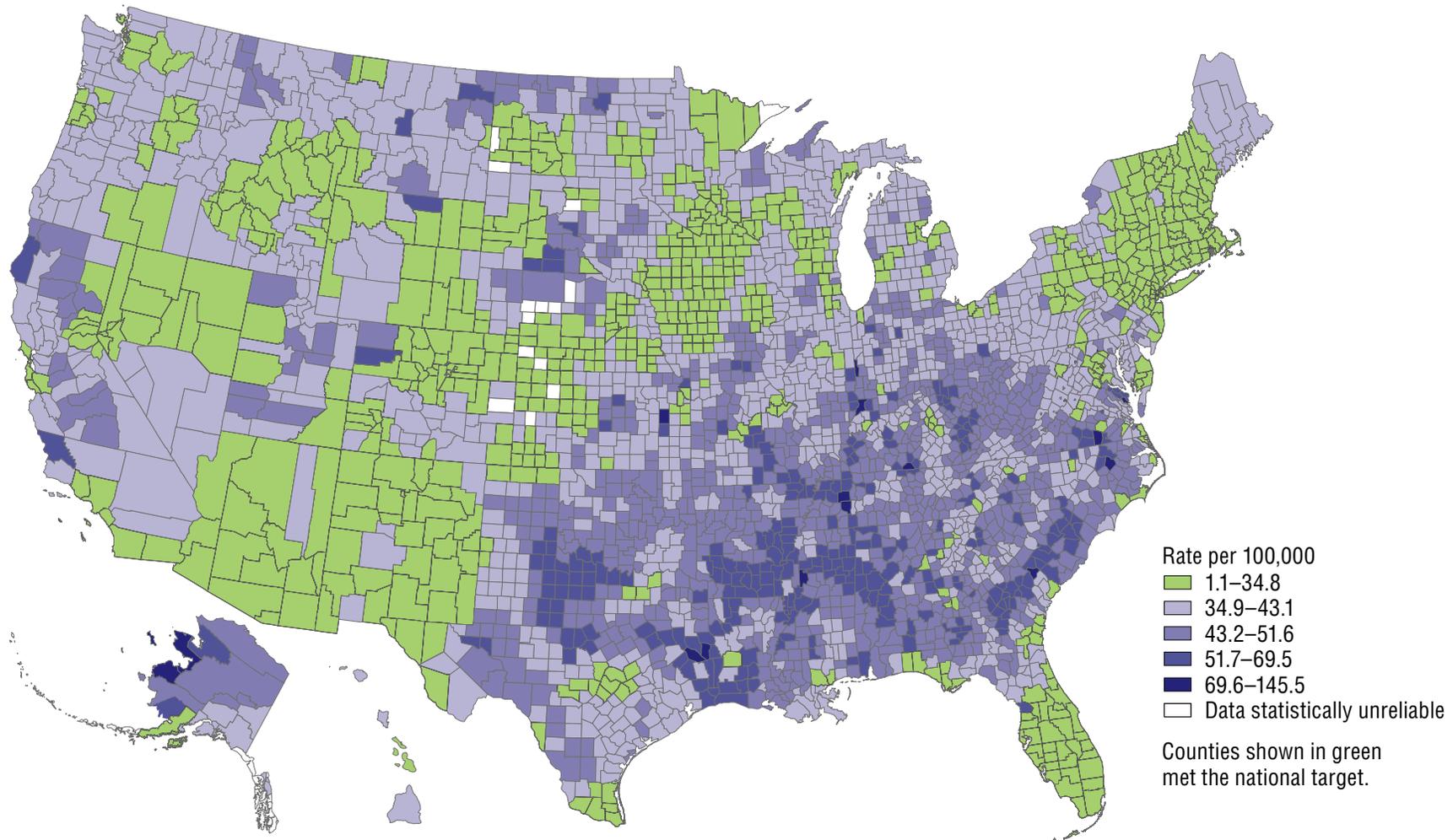


NOTES: Data are for ICD–10 codes I20–I25 reported as the underlying cause of death and are age-adjusted to the 2000 standard population. Rates are spatially smoothed to enhance the stability of rates in counties with small populations. For more information see: <http://nccd.cdc.gov/DHDSPAtlas/>. Data are displayed by a modified Jenks classification for U.S. counties which creates categories that minimize within-group variation and maximize between-group variation. The **Technical Notes** provide more information on the data and methods.

DATA SOURCES: National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Map 21–2. Stroke Deaths, by County: 2011–2013

Healthy People 2020 Objective HDS-3 • National Target = 34.8 per 100,000 population • National Rate = 37.0 per 100,000 population

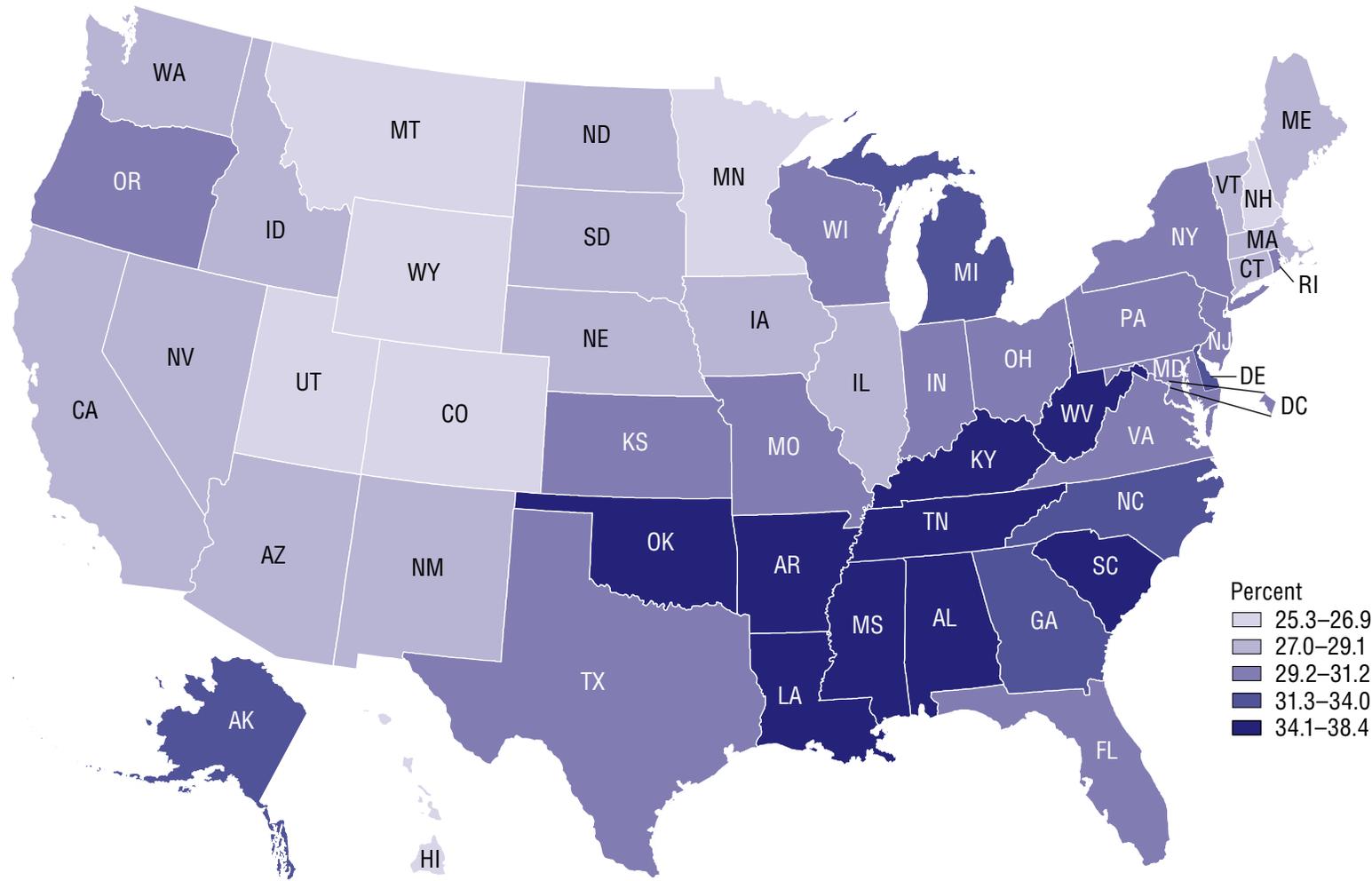


NOTES: Data are for ICD–10 codes I60–I69 reported as underlying cause of death and are age-adjusted to the 2000 standard population. Rates are spatially smoothed to enhance the stability of rates in counties with small populations. For more information see: <http://nccd.cdc.gov/DHDSAtlas/>. Data are displayed by a modified Jenks classification for U.S. counties which creates categories that minimize within-group variation and maximize between-group variation. The **Technical Notes** provide more information on the data and methods.

DATA SOURCES: National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Map 21–3. Adults (18+ years) With Self-reported Hypertension, by State: 2013

Healthy People 2020-Related Objective HDS-5.1 • Related State Data



NOTES: Data are for adults aged 18 years and over with hypertension and are age-adjusted to the 2000 standard population. National data for the objective are based on measured systolic and diastolic blood pressure and self-reported blood pressure medication use from the National Health and Nutrition Examination Survey (NHANES) and are the basis for setting the national target of 26.9%. State data from the Behavioral Risk Factor Surveillance System (BRFSS) are based on persons who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure. DATA from NHANES (29.0% in 2009–2012) may not be directly comparable to the all-states combined data from the BRFSS (30.3% in 2013), and therefore the national target may not be applicable to individual states. Rates are displayed by a Jenks classification for U.S. states, which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP