



Appendix

Objective Status: Arthritis, Osteoporosis, and Chronic Back Conditions

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental

Arthritis

- AOCBC-1 Mean level of joint pain among adults with arthritis
- AOCBC-2 Adults with activity limitations due to arthritis
- AOCBC-3.1 Adults with arthritis who have difficulty walking a quarter mile
- AOCBC-3.2 Adults with arthritis who have difficulty climbing 10 steps without resting
- AOCBC-3.3 Adults with arthritis who have difficulty stooping, bending, or kneeling
- AOCBC-3.4 Adults with arthritis who have difficulty grasping or handling small objects
- AOCBC-4 Personal care limitations in adults with arthritis
- AOCBC-5 Serious psychological distress in adults with arthritis
- AOCBC-6.1 Unemployment rate among adults with arthritis
- AOCBC-6.2 Adults with arthritis limited in their ability to work for pay
- AOCBC-7.1 Overweight/obese adults with arthritis counseled for weight reduction
- AOCBC-7.2 Adults with arthritis counseled for physical activity or exercise

- AOCBC-8 Adults with arthritis receiving arthritis education
- AOCBC-9 Adults with chronic joint symptoms seeing a health care provider for their symptoms

Osteoporosis

- AOCBC-10 Adults with osteoporosis
- AOCBC-11.1 Hip fracture hospitalizations among females
- AOCBC-11.2 Hip fracture hospitalizations among males

Chronic Back Conditions

- AOCBC-12 Adults with activity limitations due to chronic back conditions

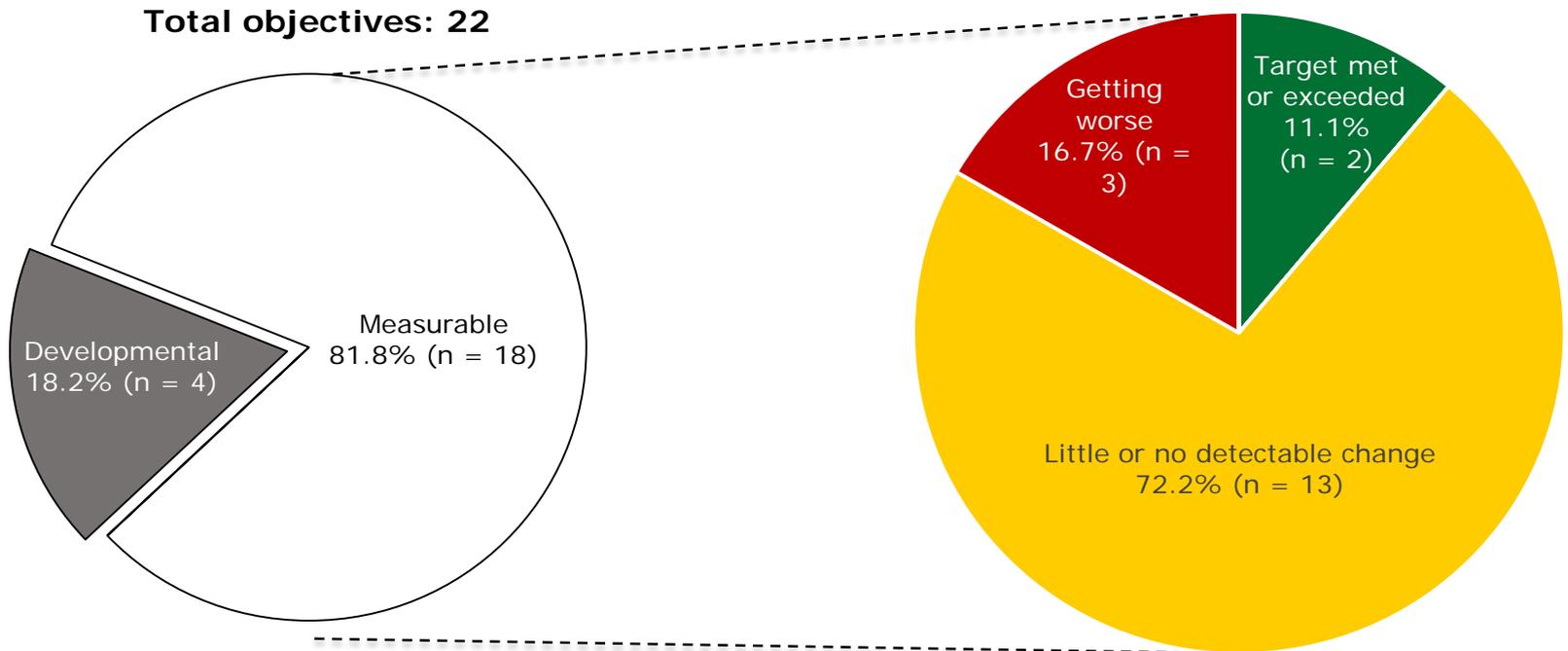
Chronic Pain

- AOCBC-13 Adults having high impact chronic pain
- AOCBC-14 Public awareness of high impact chronic pain
- AOCBC-15 Self-management of high impact chronic pain
- AOCBC-16 Impact of high impact chronic pain on family/significant others

Current HP2020 Objective Status: Arthritis, Osteoporosis, and Chronic Back Conditions

Measurable objectives: 18

Total objectives: 22





Objective Status: Heart Disease and Stroke

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

- HDS-1 Overall cardiovascular health
- HDS-2 Coronary heart disease deaths
- HDS-3 Stroke deaths
- HDS-4 Adults who had their blood pressure measured in past 2 years and know their blood pressure level
- HDS-5 Hypertension
 - HDS-5.1 Adults
 - HDS-5.2 Children and adolescents
- HDS-6 Adults having a blood cholesterol screening in past 5 years
- HDS-7 Adults with high blood cholesterol levels
- HDS-8 Mean total blood cholesterol levels, adults

HDS-9 Adults with prehypertension who meet the recommended guidelines for:

- HDS-9.1 BMI
- HDS-9.2 Saturated fat consumption
- HDS-9.3 Sodium intake
- HDS-9.4 Physical activity
- HDS-9.5 Alcohol consumption

HDS-10 Adults with hypertension who meet the recommended guidelines for:

- HDS-10.1 BMI
- HDS-10.2 Saturated fat consumption
- HDS-10.3 Sodium intake
- HDS-10.4 Physical activity
- HDS-10.5 Alcohol consumption

- HDS-11 Adults with hypertension taking medication to control blood pressure
- HDS-12 Adults with hypertension whose blood pressure is under control

HDS-13 Adults with elevated LDL cholesterol advised by a health care provider regarding cholesterol-lowering:

- HDS-13.1 Diet
- HDS-13.2 Physical activity
- HDS-13.3 Weight control
- HDS-13.4 Prescribed drug therapy

HDS-14 Adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering:

- HDS-14.1 Diet
- HDS-14.2 Physical activity
- HDS-14.3 Weight control
- HDS-14.4 Prescribed drug therapy



Objective Status: Heart Disease and Stroke

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental ● Informational

HDS-15 Physician office visits by adults with no history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication

- HDS-15.1 Women
- HDS-15.2 Men

- HDS-16.1 Adults who know heart attack symptoms and the importance of calling 9–1–1
- HDS-16.2 Adults who know heart attack symptoms
- HDS-16.3 Adults who know the importance of calling 9–1–1 for a heart attack
- HDS-17.1 Adults who know stroke symptoms and the importance of calling 9–1–1
- HDS-17.2 Adults who know stroke symptoms
- HDS-17.3 Adults who know the importance of calling 9–1–1 for a stroke
- HDS-18 Out-of-hospital cardiac arrests in which appropriate bystander and emergency medical services (EMS) are administered
- HDS-19.1 Heart attack patients receiving fibrinolytic therapy within 30 minutes of hospital arrival
- HDS-19.2 Heart attack patients receiving percutaneous intervention within 90 minutes of hospital arrival

● HDS-19.3 Stroke patients receiving acute reperfusion therapy within 3 hours of symptom onset

● HDS-20.1 Adults with coronary heart disease who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels

● HDS-20.2 Adults who have had a stroke who have their low-density lipoprotein (LDL)-cholesterol at or below recommended levels

● HDS-21 Office visits by adults with a history of cardiovascular disease that include prescription of aspirin or other antiplatelet medication to prevent recurrent cardiovascular events

● HDS-22 Heart attack survivors referred to a cardiac rehabilitation program at discharge

● HDS-23 Stroke survivors assessed for and/or referred to rehabilitation services

HDS-24 Heart failure hospitalizations

● HDS-24.1 Adults 65–74 years

● HDS-24.2 Adults 75–84 years

● HDS-24.3 Adults 85+ years

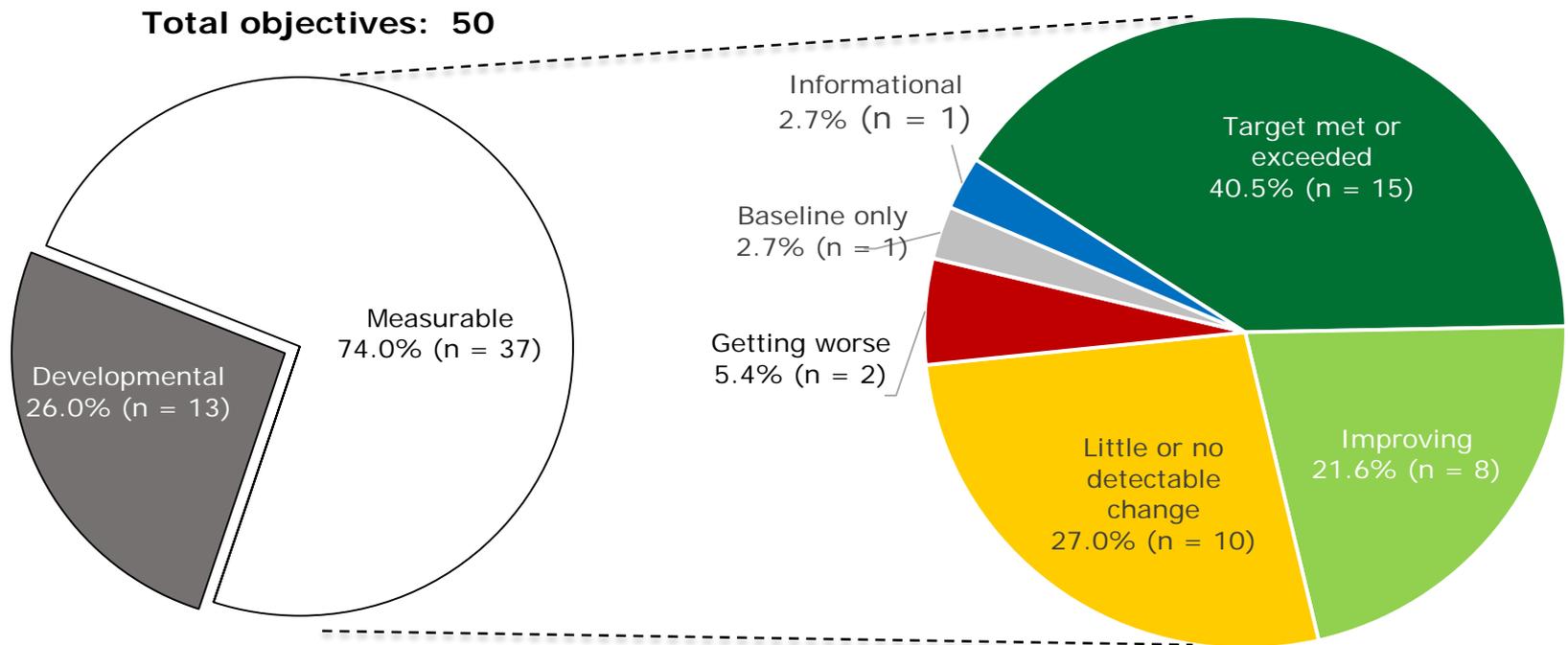
● HDS-25 Physician office visits by adults with hypertension where blood pressure is controlled





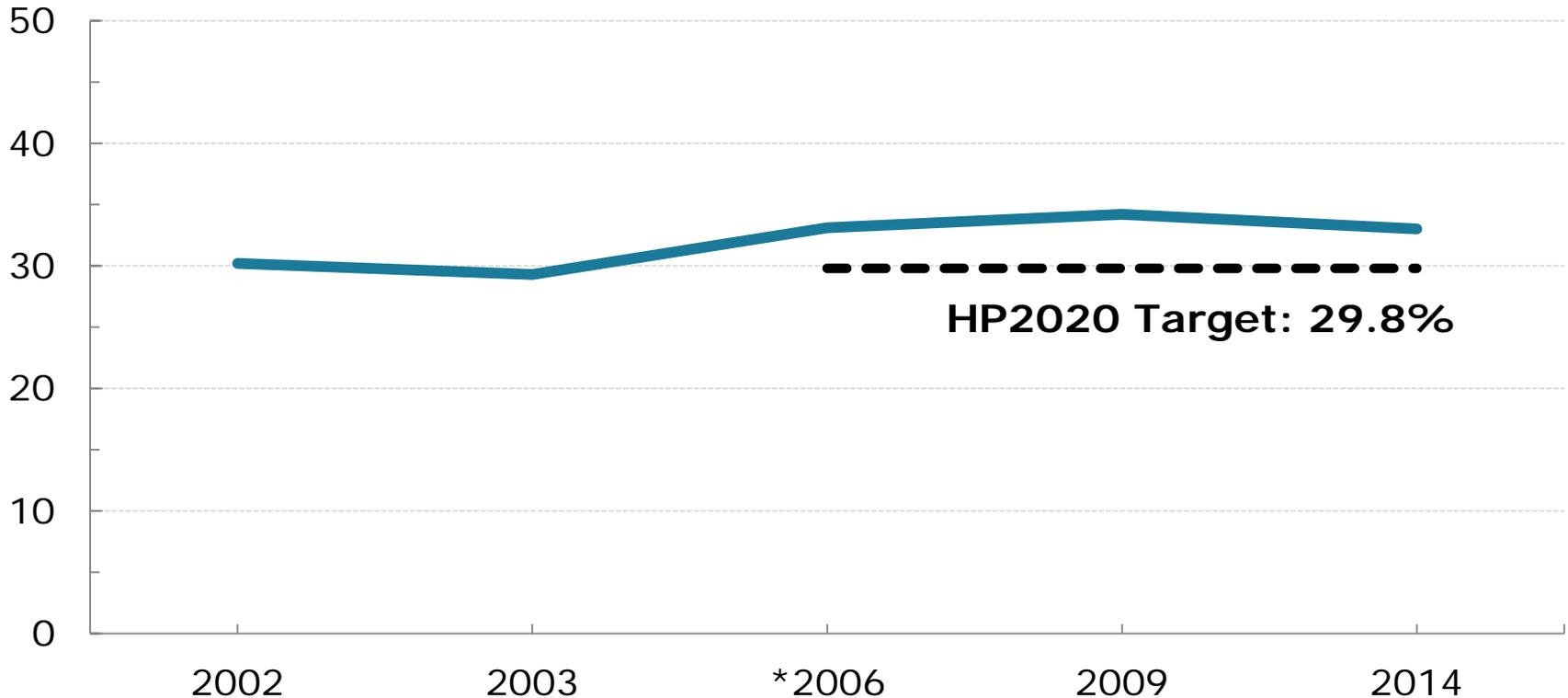
Current HP2020 Objective Status: Heart Disease and Stroke

Measurable objectives: 37



Working Age Adults with Arthritis Limited in Their Ability to Work for Pay

Percent



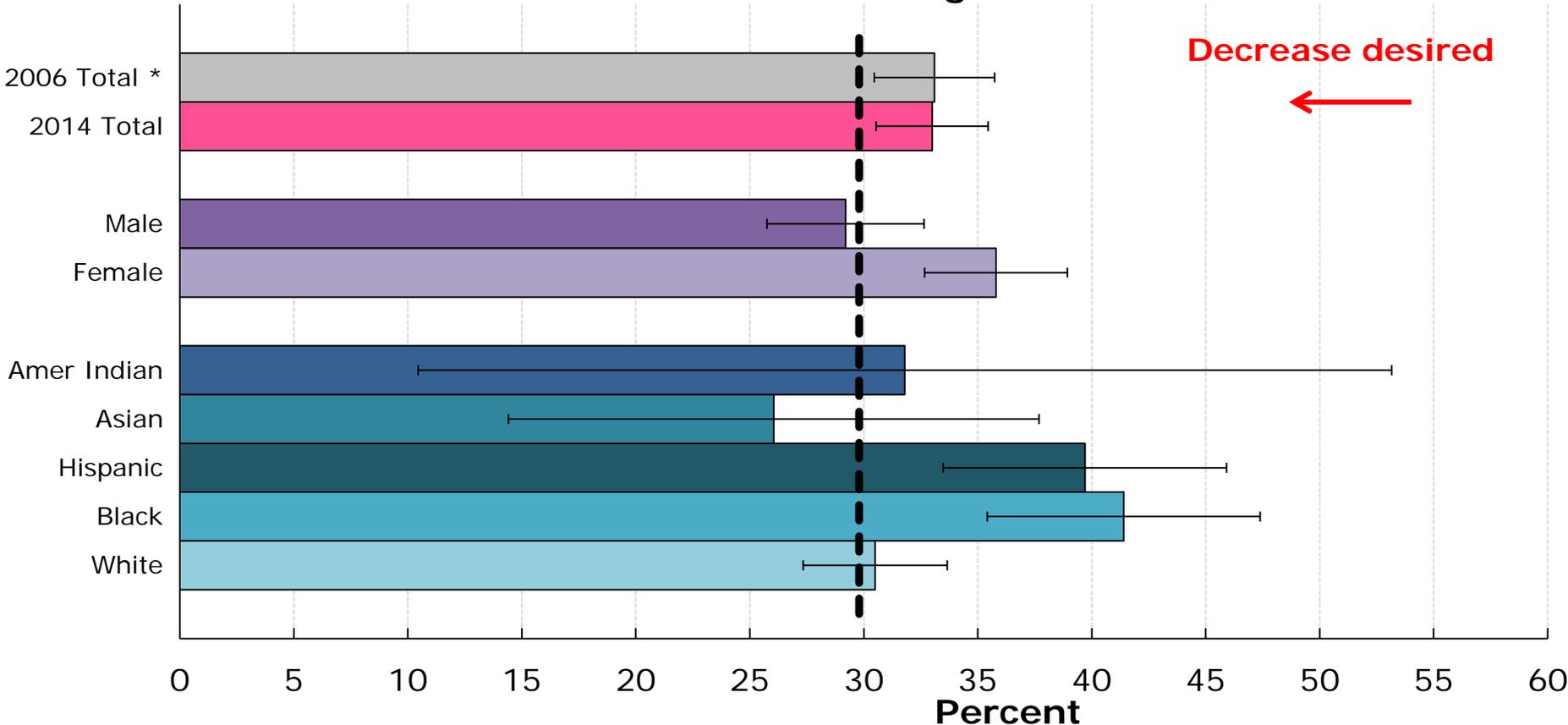
NOTES: *2006 = HP2020 baseline. Data are for adults aged 18 - 64 years with doctor-diagnosed arthritis who are limited in their ability to work for pay due to arthritis. Data are age-adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AOCBC-6.2
Decrease desired

Working Age Adults with Arthritis Limited in Their Ability to Work for Pay, 2014

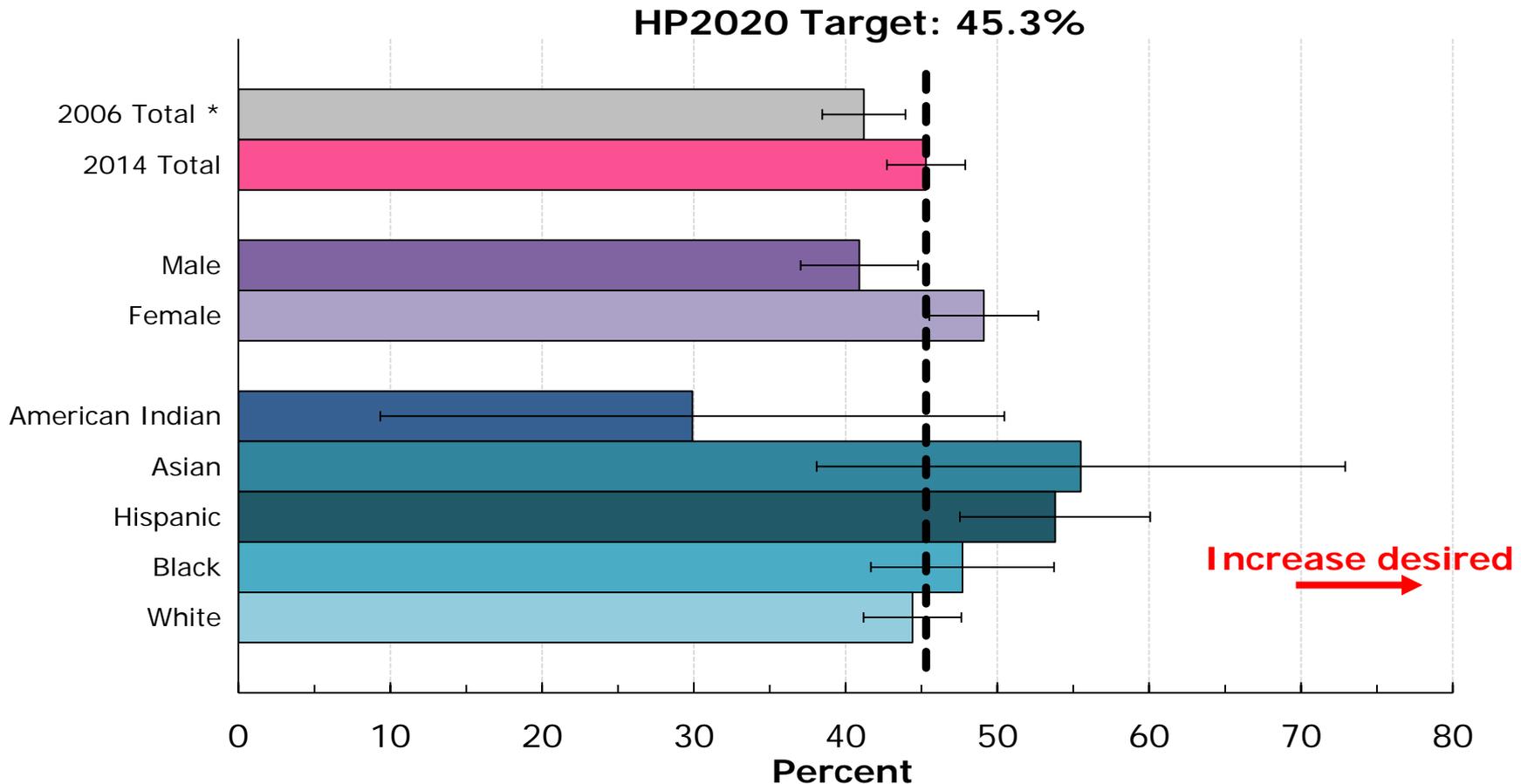
HP2020 Target: 29.8%



NOTES: — = 95% confidence interval. *2006 Total = HP2020 baseline. Data are for adults aged 18 - 64 years with doctor-diagnosed arthritis who are limited in their ability to work for pay due to arthritis. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Data are age-adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

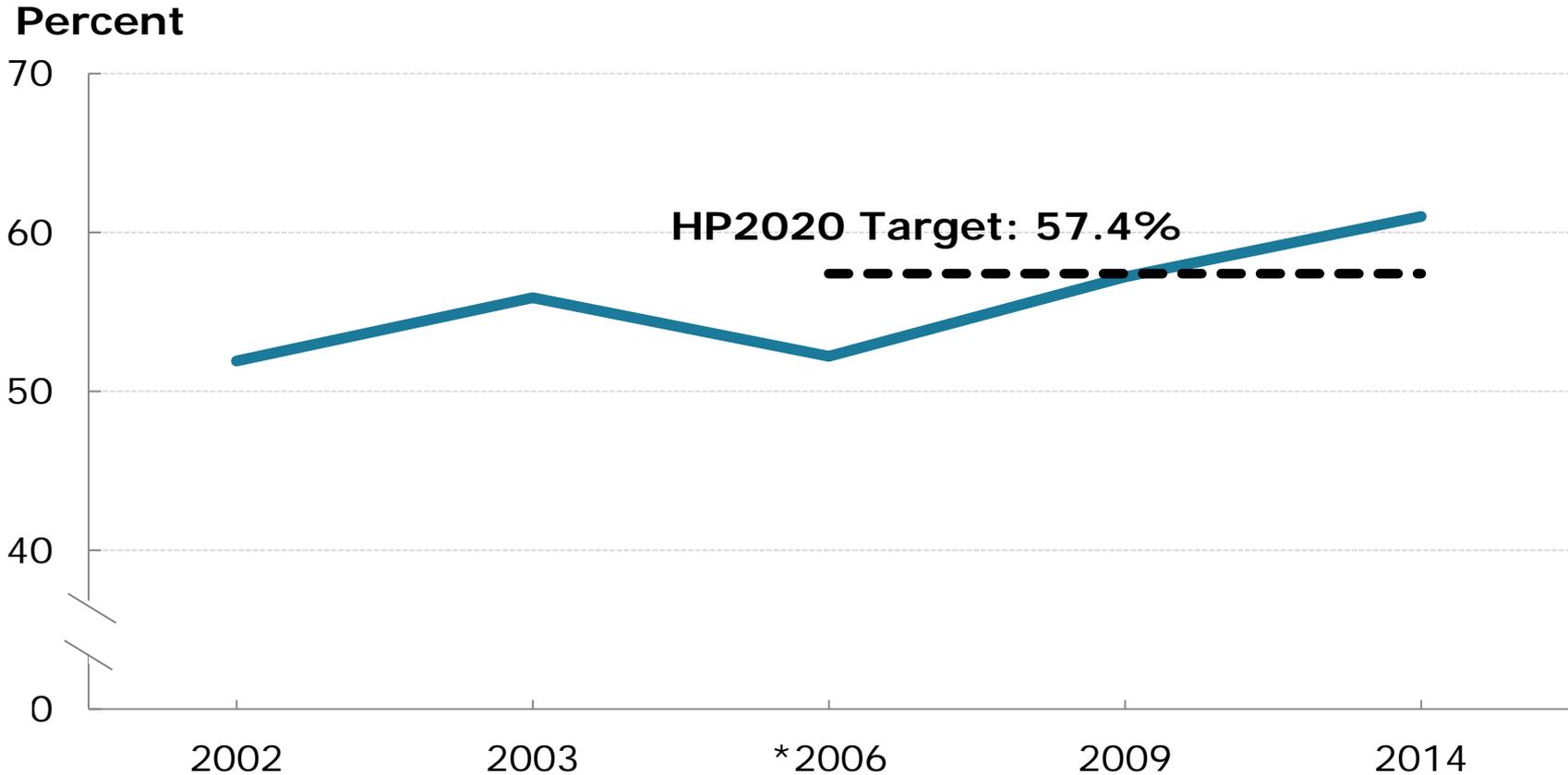
Weight Reduction Counseling, Overweight/Obese Adults 18+ Years with Arthritis, 2014



NOTES: — = 95% confidence interval. *2006 Total = HP2020 baseline. Data are for adults aged 18 years and over with doctor-diagnosed arthritis and who are overweight and obese and received health care provider counseling for weight reduction. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Data are age-adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Counseling for Physical Activity or Exercise, Adults 18+ Years with Arthritis

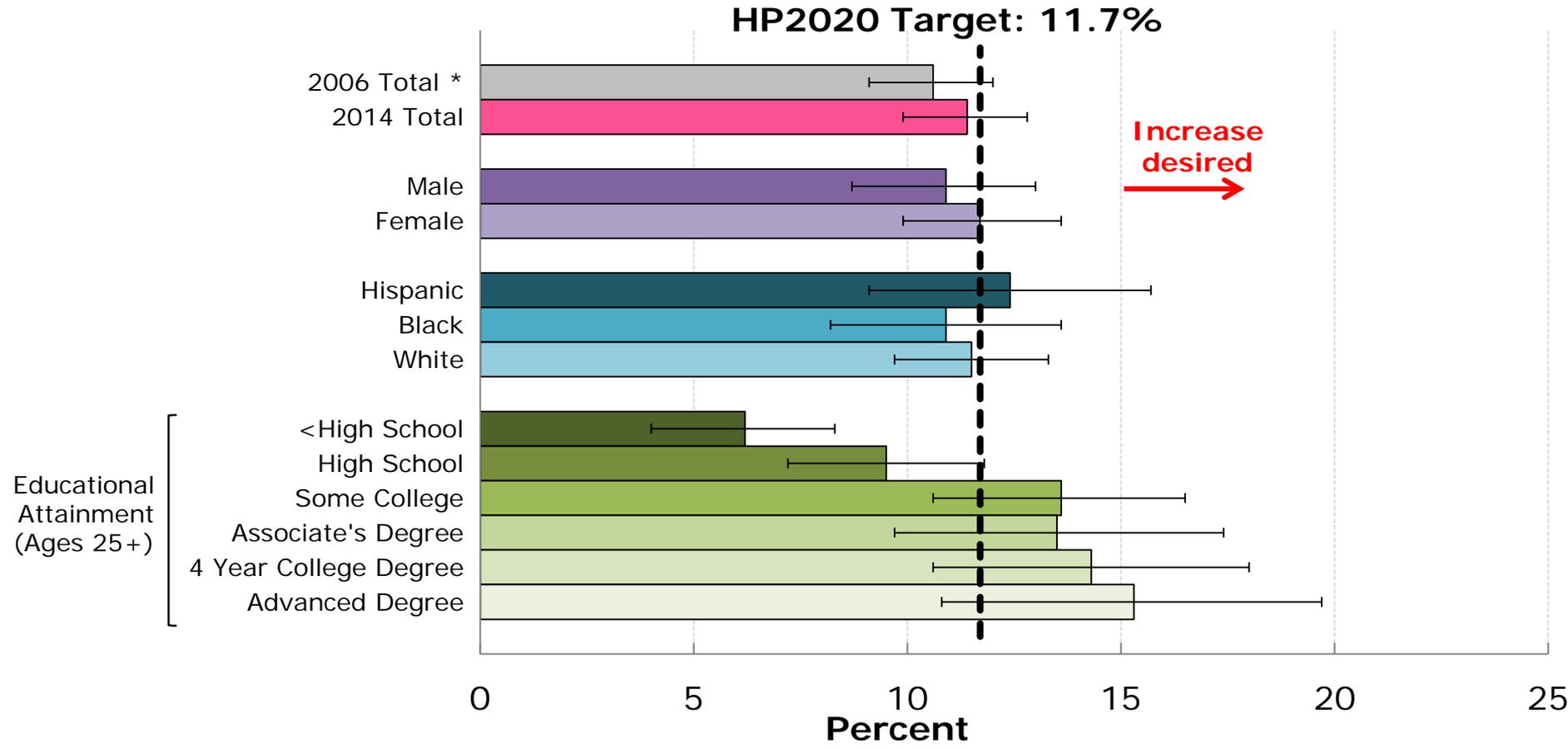


NOTES: *2006 = HP2020 baseline. Data are for adults aged 18 years and over with doctor-diagnosed arthritis and who received health care provider counseling for physical activity or exercise. Data are age-adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AOCBC-7.2
Increase desired

Adults with Arthritis Receiving Arthritis Education to Manage Their Condition, 2014

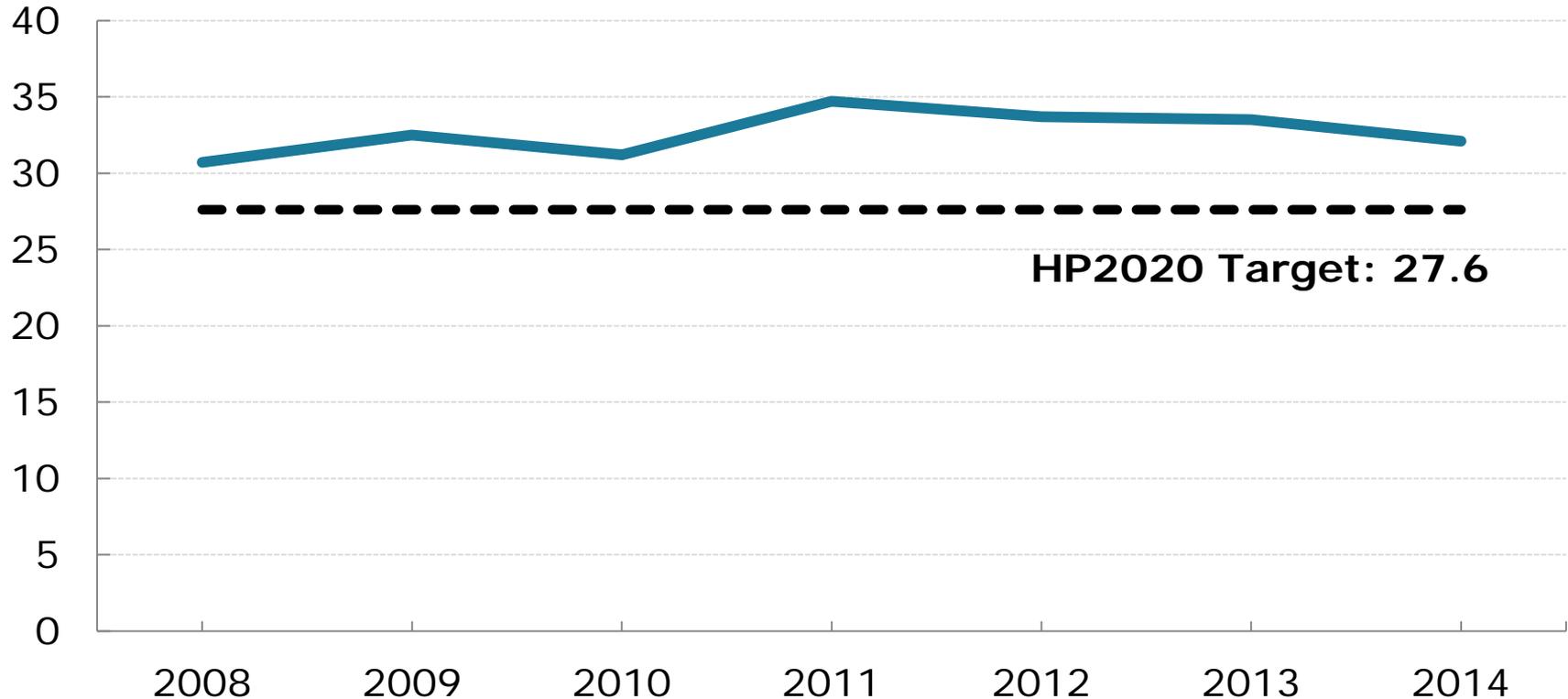


NOTES: — = 95% confidence interval. *2006 Total = HP2020 baseline. Data are for adults with doctor-diagnosed arthritis who have taken an educational course or class to teach them how to manage their condition. Data (except those by education) are for adults 18 years and over. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Education data are for adults 25 years and over. Data are age-adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Activity Limitations Due To Chronic Back Conditions

Rate per 1,000



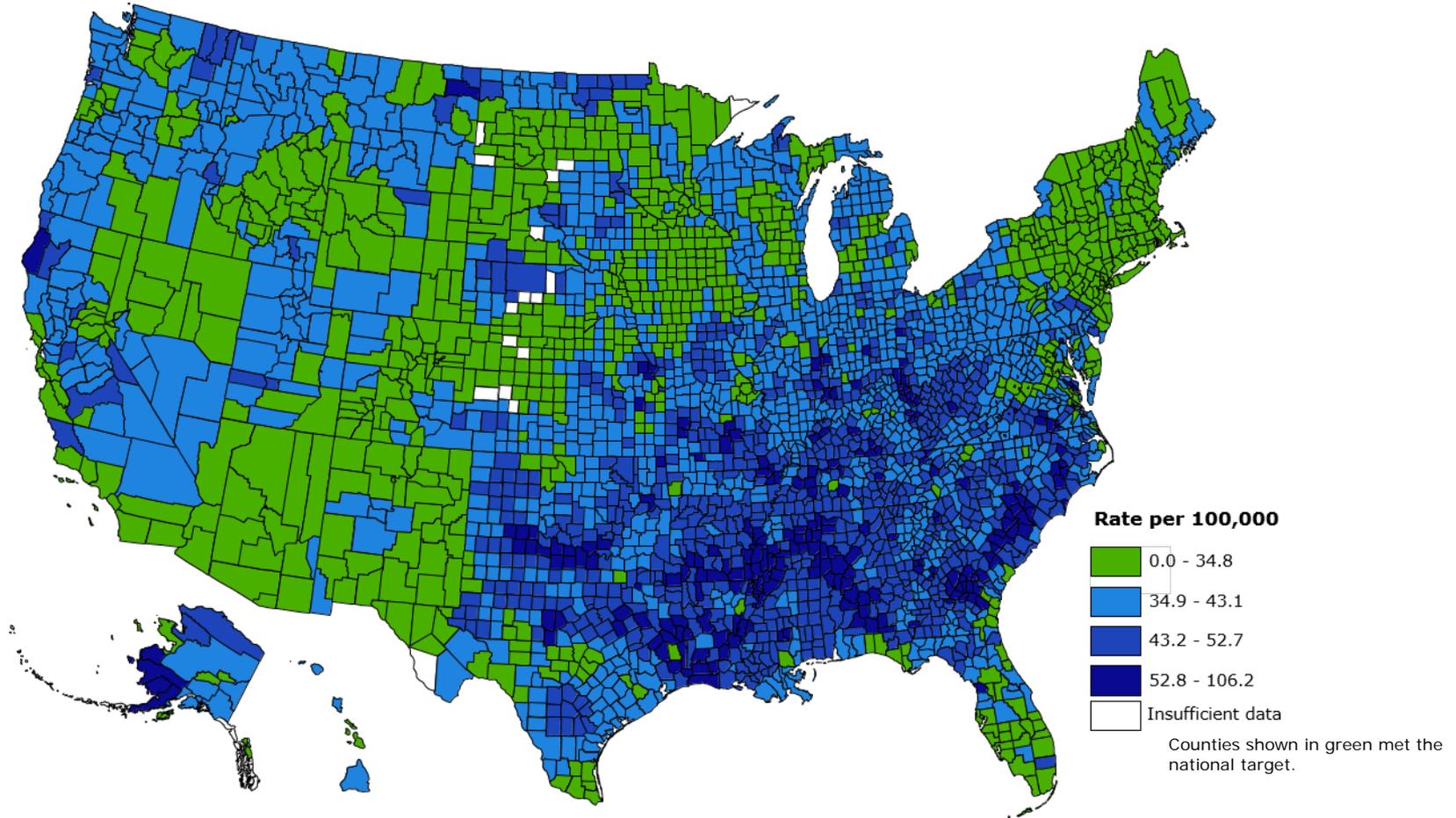
NOTES: Data are adults aged 18 years and over with limitation in activity due to chronic back or neck problems. Data are age-adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AOCBC-12
Decrease desired

Stroke Deaths, by County: 2013–2015

National Target = 34.8 per 100,000 population • National Total = 36.8 per 100,000 population

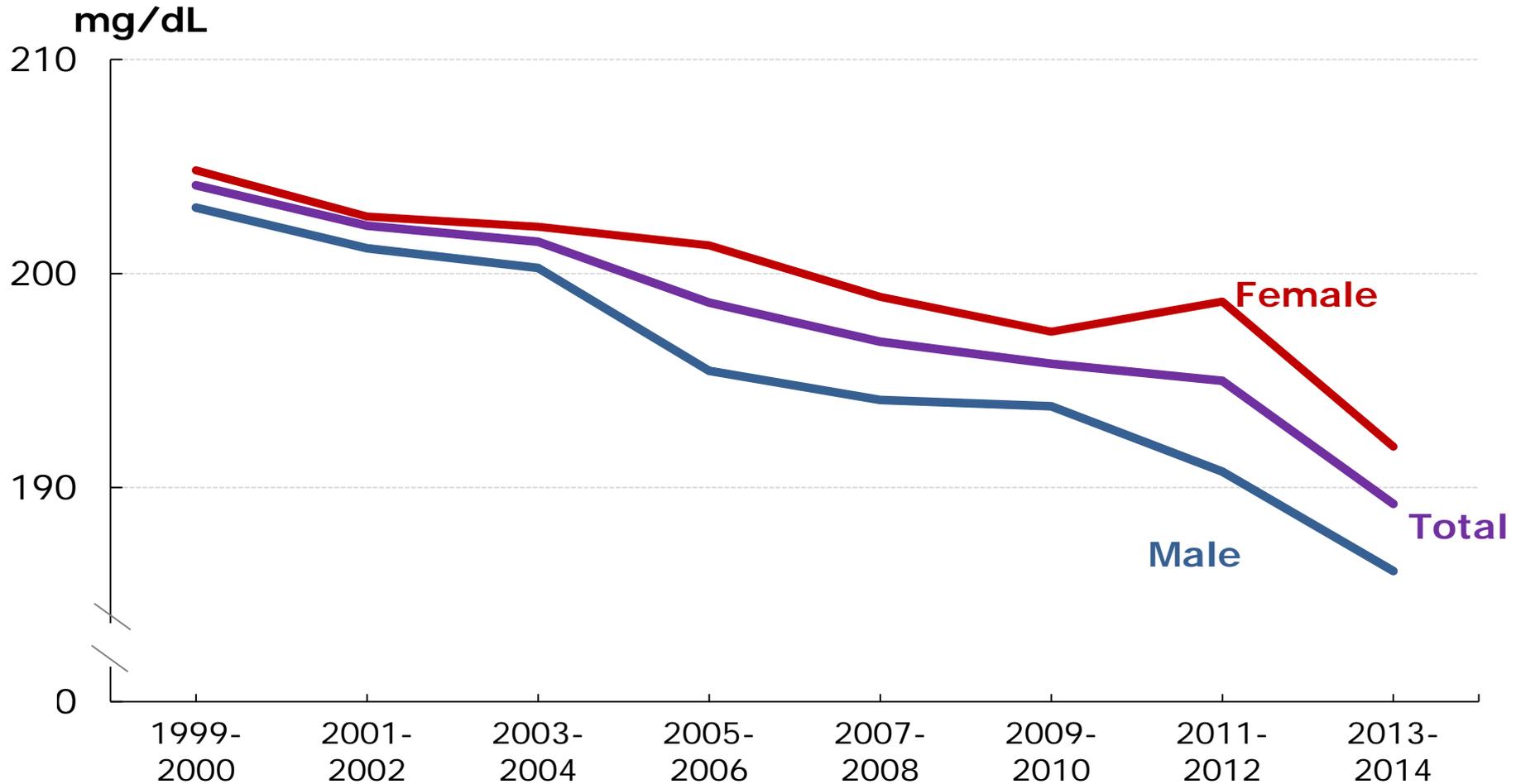


NOTES: Data are for ICD-10 codes I60-I69 reported as the underlying cause of death. Rates are age-adjusted to the 2000 standard population. Rates are spatially smoothed to enhance the stability of rates in counties with small populations. Data are displayed by a modified Jenks classification for U.S. counties which creates categories that minimize within-group variation and maximize between-group variation.

SOURCES: National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged—race Population Estimates, CDC/NCHS and Census. Interactive Atlas of Heart Disease and Stroke, CDC/NCCDPHP <http://nccd.cdc.gov/DHDSAtlas/>.

Obj. HDS-3
Decrease desired

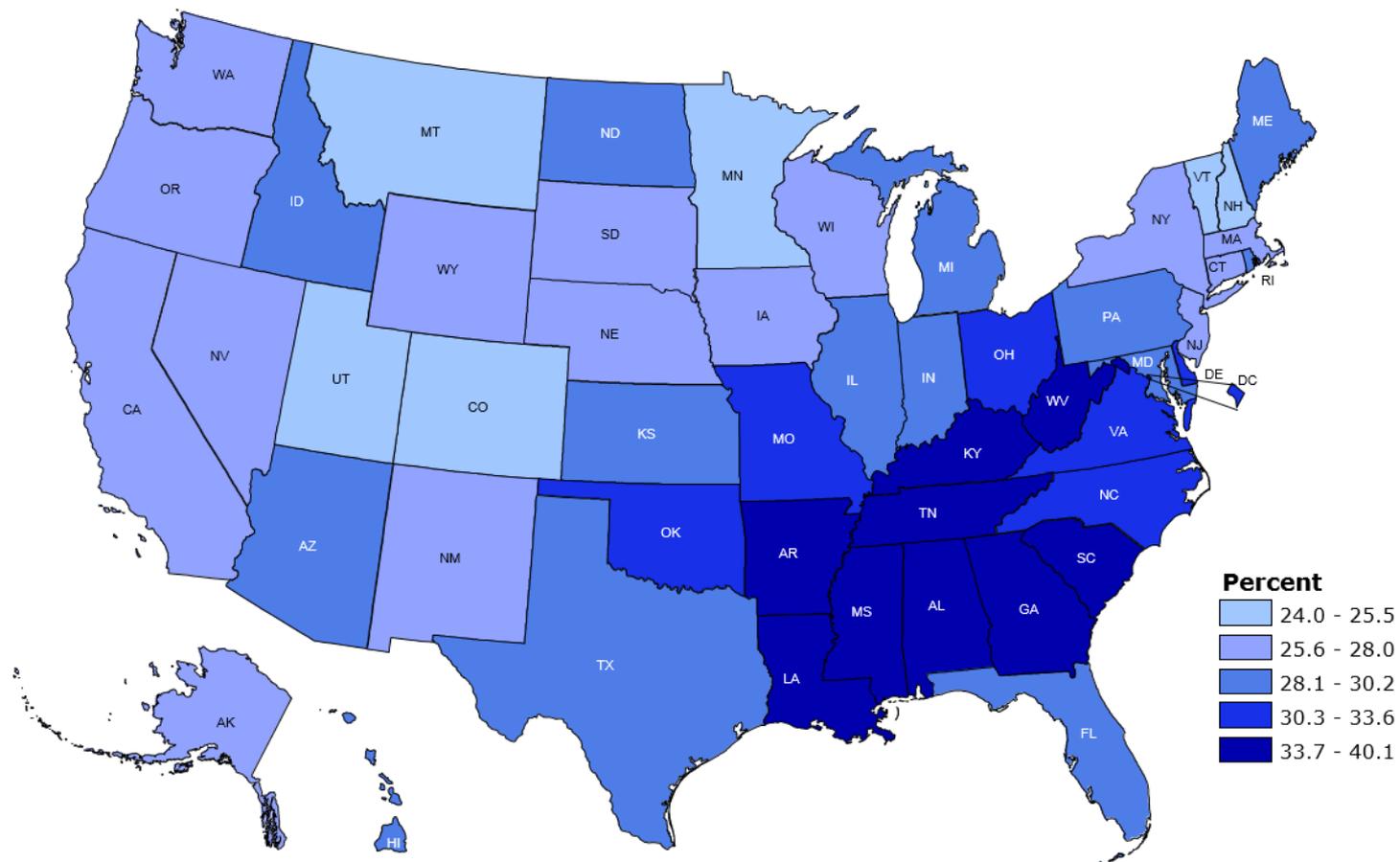
Mean Serum Total Cholesterol Levels, Adults 20+ Years



NOTES: Total cholesterol is a combination of high-density lipoproteins (HDL), low-density lipoproteins (LDL), and very low-density lipoproteins (VLDL). Data are age-adjusted to the 2000 standard population.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS.

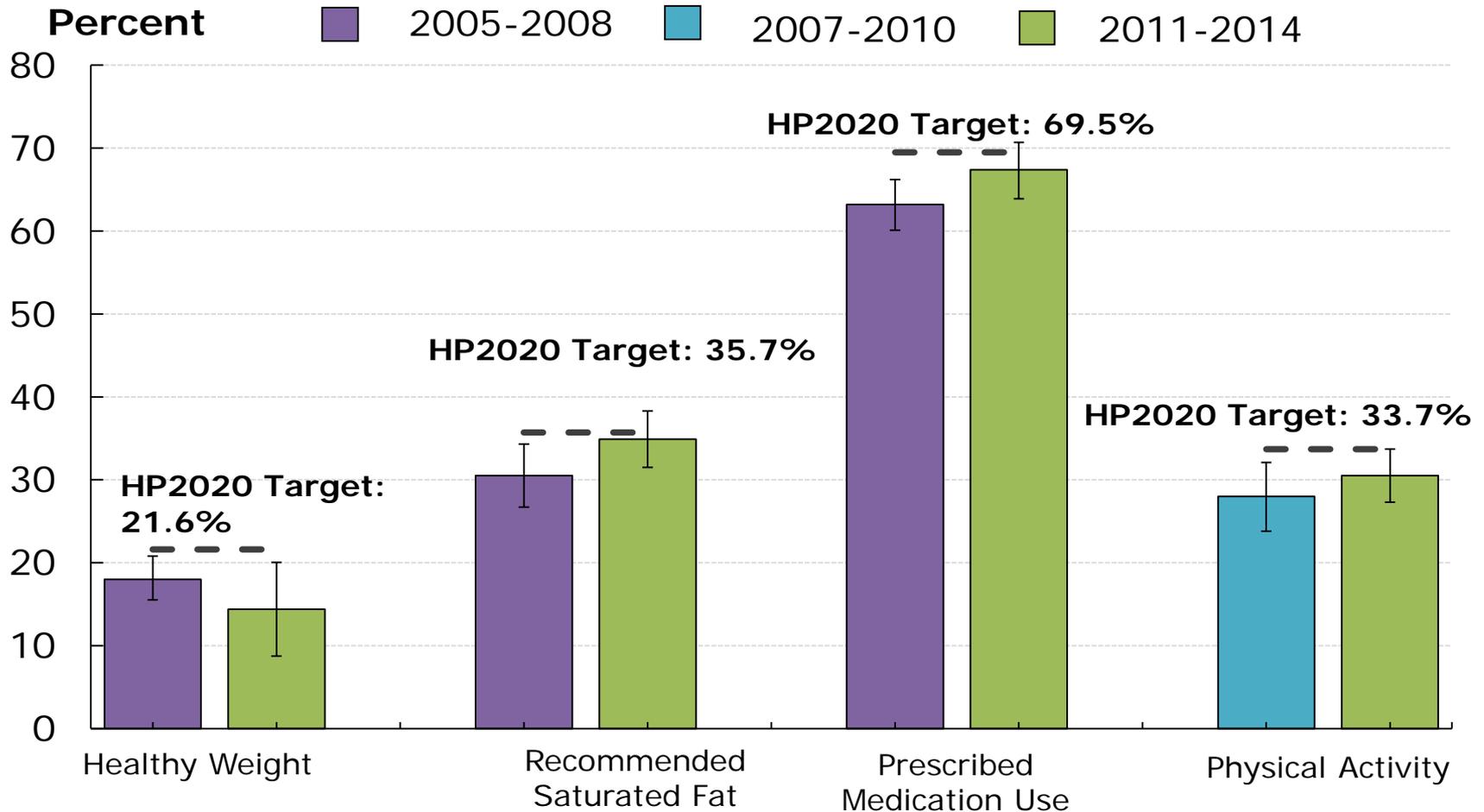
Self-Reported Hypertension by State, Adults 18+ Years, 2015



NOTES: Data are for adults aged 18 years and over with hypertension and are age-adjusted to the 2000 standard population. National data for objective HDS-5.1 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 (29.5 in 2011-2014) may not be directly comparable to the all-states combined data from the BRFSS (29.6% in 2015), 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.

DATA SOURCE: State - Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP; National - National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

Behaviors to Reduce Blood Pressure, Adults 18+ Years with Hypertension

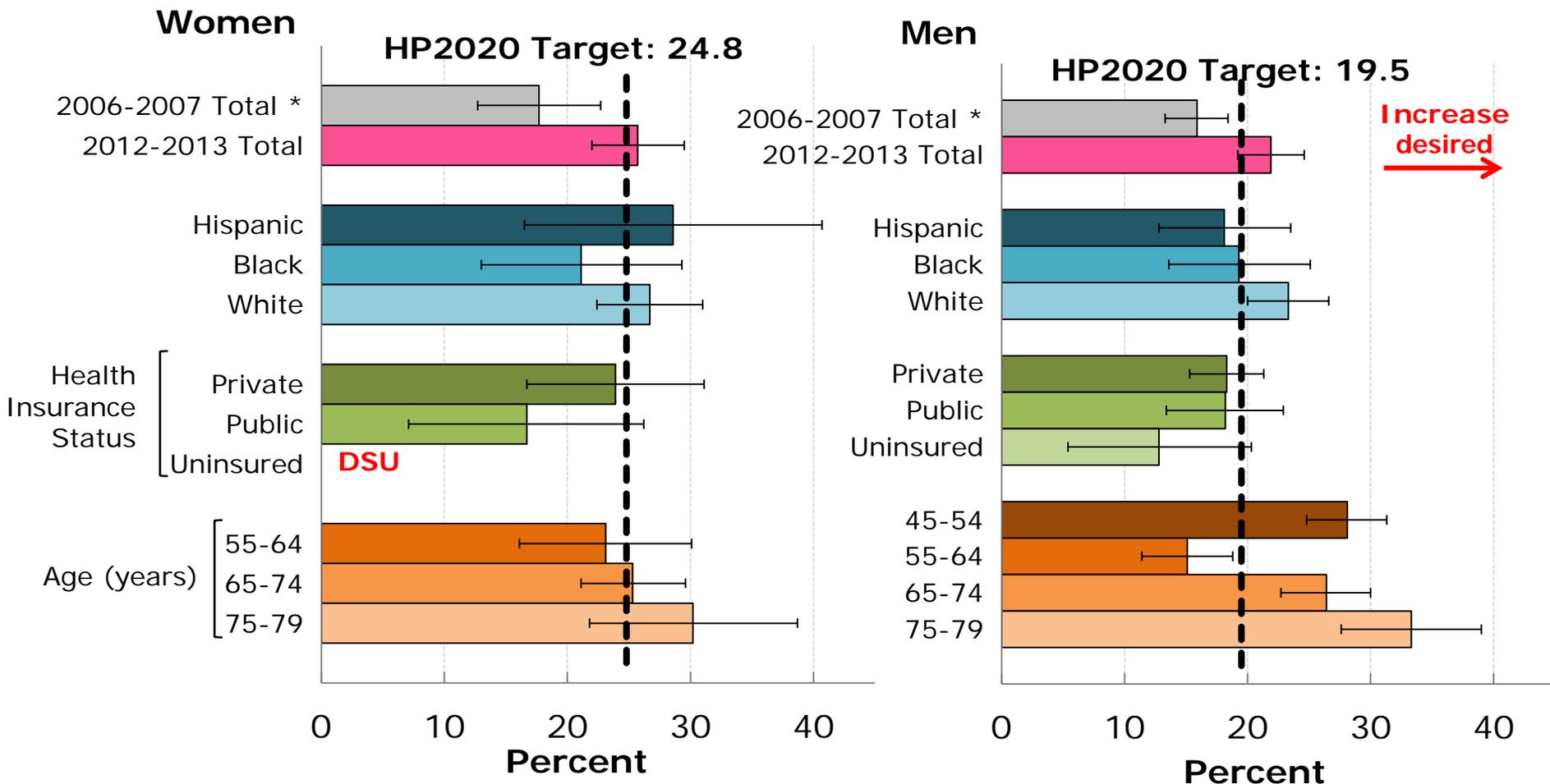


NOTES: I = 95% confidence interval. Data are for adults aged 18 years and over with hypertension and are age-adjusted to the 2000 standard population. Hypertension is defined among adults, excluding pregnant women, as systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg or taking blood pressure lowering medication. Data are for adults who meet guidelines for recommended BMI (18.5-24.9 kg/m²), saturated fat consumption (<10.0% of calories), physical activity (moderate physical activity for at least 150 minutes per week or vigorous physical activity for at least 75 minutes per week or an equivalent combination), or take prescribed blood pressure lowering medication.

SOURCE: National Health and Nutrition Examination Surveys (NHANES), CDC, NCHS.

Objs. HDS-10.1, 10.2, 10.4, 11
Increase desired

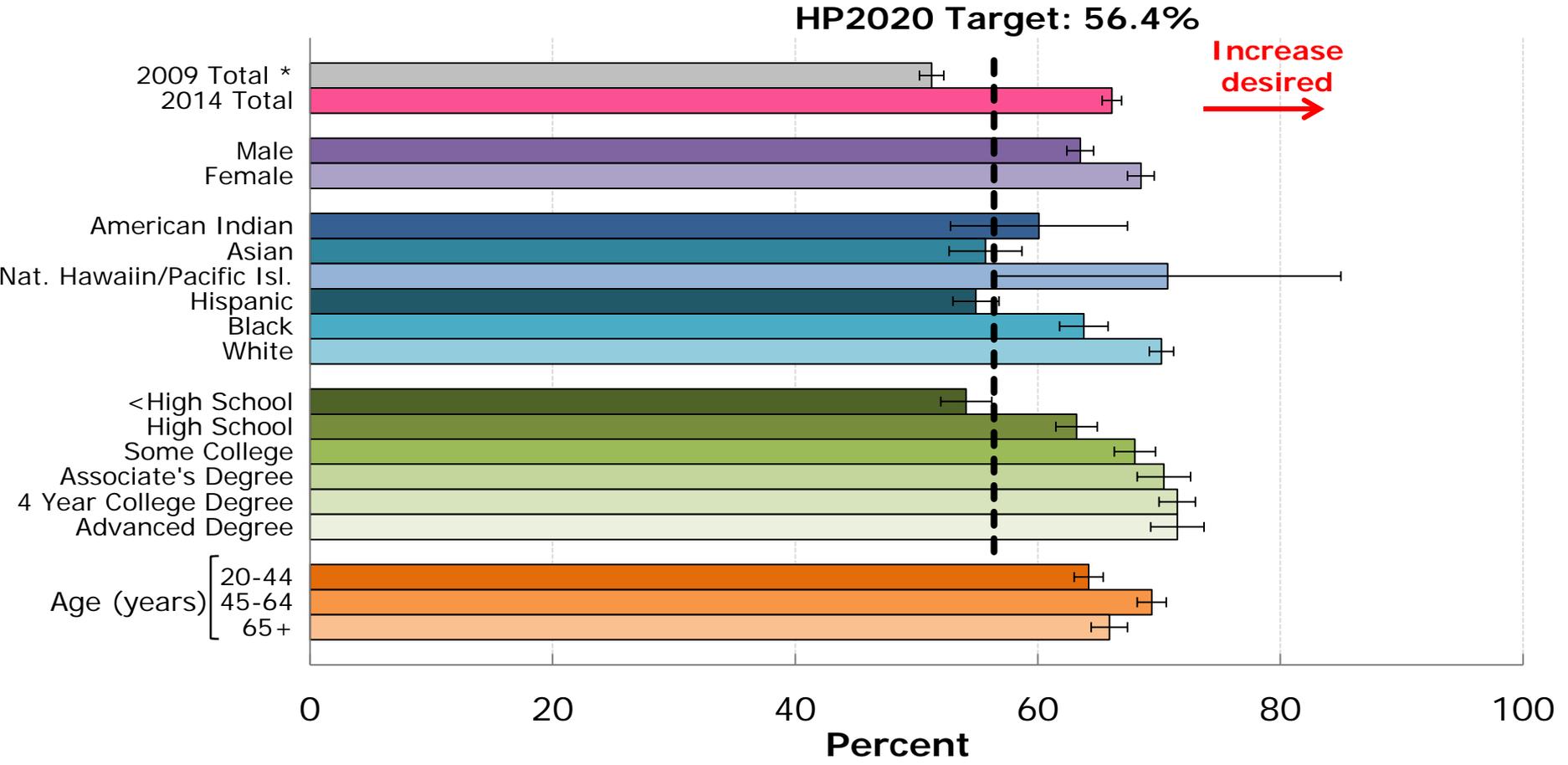
Physician Office Visits by Women and Men that Include Prescription of Aspirin for Primary CVD Prevention, 2012–2013



NOTES: — = 95% confidence interval. *2006-2007 Total = HP2020 baseline. Data are for visits by women aged 55 to 79 years and men aged 45 to 79 years with no history of cardiovascular disease (ICD-9-CM codes 410-414, 429.2, 433-438, 440.1, 440.2, 444, 445, V12.54, V45.81, and V45.82) to non-Federal physicians in office-based practices where aspirin or other antiplatelet medication was ordered, supplied, administered, or continued. The categories Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS.

Awareness of Stroke Symptoms and the Importance of Calling 9-1-1, Adults 20+ Years, 2014



NOTES: — = 95% confidence interval. *2009 Total = HP2020 baseline. Data are for adults aged 20 years and over 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. Data (except those by age group) are age-adjusted to the 2000 standard population. Data by age group are not age-adjusted. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Target does not apply to age groups. Education data are for adults 25 years and over.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.