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### Topic Area Comments

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### Objective Comments

**American Heart Association** on **12/31/2009 10:56:00 AM** in [HP2010 22-5](#)

**Status:** This archived objective may deserve reconsideration and reword to include "flexibility and balance." Many older patients fall because of lack of balance and it would be good to have physicians and other providers include advice to older individuals on how to train / retrain balance to avoid potentially lethal falls (esp. hip fractures).

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**American Heart Association** on **12/31/2009 10:54:00 AM** in [PAF HP2020-13](#)

**Objective Text:** "The AHA supports this objective and believes that there should be a concerted effort to reduce the number of schools/teachers/administrators who take recess away from students arbitrarily or punitively. This is counterproductive for student behavior in school. Ideally, all elementary schools should offer at least 30 minutes of recess daily. (Reference: Shore SM, Sachs ML, Lidicker JR, et. al. Decreased scholastic achievement in overweight middle school students. Obesity 2008;16,1535-1538. Geier AB, et. al. The Relationship Between Relative Weight and School Attendance. Obesity 2007. 15:2157-2161.)"

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**American Heart Association** on **12/31/2009 10:54:00 AM** in [PAF HP2020-14](#)

**Objective Clarification:** The AHA supports this objective, that physicians should offer an exercise prescription for their sedentary patients. However, we do not believe people need to see their doctor before starting an exercise program.

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**American Heart Association** on **12/31/2009 10:53:00 AM** in [PAF HP2020-10](#)

**Objective Text:** There should be some mention within this objective or another objective should be created to highlight the need to restructure the built environment to increase safe and convenient walking opportunities (paths sidewalks, trails, wider streets, etc) and improve community design and connectivity.

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**American Heart Association** on **12/31/2009 10:53:00 AM** in [PAF HP2020-11](#)

**Objective Text:** There should be some mention within this objective or another objective should be created to highlight the need to restructure the built environment to increase safe and convenient biking opportunities (bike racks, Complete Streets, etc.) and improve community design and connectivity.

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**American Heart Association** on **12/31/2009 10:53:00 AM** in [PAF HP2020-12](#)

**Objective Text:** "The AHA supports this objective and believes that there should be a concerted effort to reduce the number of schools/teachers/administrators who take recess away from students arbitrarily or punitively. This is counterproductive for student behavior in school. Ideally, all elementary schools should offer at least 30 minutes of recess daily. (Reference: Shore SM, Sachs ML, Lidicker JR, et. al. Decreased scholastic achievement in overweight middle school students. Obesity 2008;16,1535-1538. Geier AB, et. al. The Relationship Between Relative Weight and School Attendance. Obesity 2007. 15:2157-2161)."

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**American Heart Association** on **12/31/2009 10:52:00 AM** in [PAF HP2020-7](#)

**Objective Clarification:** This objective is congruent with the Physical Activity Guidelines for Americans. It will be important to monitor the amount of aerobic physical activity versus muscle strength training achieved by the adolescent population, especially for young women, to determine if there is a future need to separate out muscle strength training from aerobic exercise. Both types of activity are critically important for cardiovascular health as well as muscle strength and bone integrity. Adolescents should be meeting both recommendations adequately. (Reference: Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Washington, DC. Accessed online November 17, 2009 at <http://www.health.gov/paguidelines/guidelines/default.aspx>)

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**American Heart Association** on **12/31/2009 10:52:00 AM** in [PAF HP2020-8](#)

**Objective Text:** The way this objective is currently written, it almost seems to be promoting sedentary behavior because there is no specific goal for decreasing screen time. However, the AHA acknowledges that all of the objectives must be written for adaptation to future revisions to national standards or guidelines. Ideally, this objective would say something like "Increase the proportion of children and adolescents who have less

than two hours of television viewing and computer use each day." This would make the objective more specific and measurable and help the population understand limits for screen time to maintain health. (References: Davis MM. Gance-Cleveland B. Hassink S. Johnson R. Paradis G. Resnicow K. Recommendations for prevention of childhood obesity. Pediatrics. Vol. 120 Supplement December 2007, pp. S229-S253)

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**American Heart Association** on **12/31/2009 10:52:00 AM** in [PAF HP2020-9](#)

**Objective Text:** This objective is important and should include opportunities beyond facilities and programming to include movement opportunities throughout the work day (i.e. standing workstations, walking meetings, etc.) with a goal of decreasing sedentary time. (Reference: Carnethon M. Whitsel LP. Franklin BA. Kris-Etherton P. Milani R. Pratt CA. Wagner GA. Worksite wellness programs for cardiovascular disease prevention. Circulation. 2009; 120:1725-1741.)

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**American Heart Association** on **12/31/2009 10:51:00 AM** in [PAF HP2020-4](#)

**Objective Text:** This objective is in accordance with national guidelines and AHA supports this measure. However, there should be some objective that also addresses the quality of physical education offered in our nation's schools (i.e. teacher certification, teacher:student ratio, adequate equipment/space, knowledge/fitness gain, adherence to national and state curriculum standards, etc.) (Reference: NASPE Physical Education Curriculum Guidelines)

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**American Heart Association** on **12/31/2009 10:51:00 AM** in [PAF HP2020-5](#)

**Objective Clarification:** "The AHA supports this objective as an important means to improve physical activity opportunities in local communities. (References: Institute of Medicine. Local government actions to prevent childhood obesity. Washington, DC. National Academies Press. 2009.

The Leadership for Healthy Communities. The Leadership for Healthy Communities Action Strategies Toolkit. May 2009. Accessed online November 16, 2009 at [www.leadershipforhealthycommunities.org/actionstrategies](http://www.leadershipforhealthycommunities.org/actionstrategies).

Centers for Disease Control and Prevention (CDC). Recommended community strategies and measurements to prevent obesity. July 2009. Accessed online November 16, 2009 at [www.cdc.gov/obesity/downloads/community\\_strategies\\_guide.pdf](http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf)."

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**American Heart Association** on **12/31/2009 10:51:00 AM** in [PAF HP2020-6](#)

**Objective Clarification:** This objective is congruent with the Physical Activity Guidelines for Americans. It will be important to continue to monitor the amount of aerobic physical activity versus muscle strength training achieved by the population to determine if there is a future need to separate out muscle strength training from aerobic exercise. Americans should be meeting both recommendations adequately. (Reference: Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Washington, DC. Accessed online November 17, 2009 at <http://www.health.gov/paguidelines/guidelines/default.aspx>)

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**American Heart Association** on **12/31/2009 10:50:00 AM** in [PAF HP2020-1](#)

**Objective Clarification:** The AHA supports this objective. It is an important priority to move people out of the least fit, least active, "high risk" cohort, which is the bottom 20% of the population, even to a below-average fitness level, because the benefits follow a dose response curve and moving this population out of sedentary behavior will have significant health impact. (Reference - Franklin, B. Mayo Clinic Proc 2009;84; 776-779) There should also be some acknowledgement within the goals of this objective to specifically address increasing physical activity in vulnerable or special populations (osteoarthritis, pregnancy, low SES, racial/ethnic minorities).

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**American Heart Association** on **12/31/2009 10:50:00 AM** in [PAF HP2020-2](#)

**Objective Text:** The AHA suggests that the national standard recommendation for time spent in physical education be added to this objective to make it more specific (150 minutes elementary school; 225 minutes middle and high school). (Reference: National Association of Sport and Physical Education; Centers for Disease Control and Prevention)

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**American Heart Association** on **12/31/2009 10:50:00 AM** in [PAF HP2020-3](#)

**Objective Text:** Included in this objective should be mention that students not be allowed to substitute other activities or courses for physical education or waive physical education requirements. AHA recommends another objective that requires physical education for high school graduation. (Reference: NASPE Curriculum Guidelines for Physical Education)

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**American Heart Association** on **12/31/2009 10:49:00 AM** in [NWS HP2020-20](#)

**Objective Text:** The American Heart Association supports this objective but we believe it should include school meals as well. Despite the fact that national standards are established for school meals, these standards still need to be updated by the USDA and implementation realities require that we continue to monitor the quality of the school meal program. Ideally, there would be goals under this objective that would specifically mention reductions in sodium content, saturated fat, trans fat, and an increase in fruits,

vegetables, low- or no-fat dairy, and whole grains. (Reference: Gidding SS. Dennison BA. Birch LL. Daniels SR. Gilman MW. Lichtenstein AH. Rattay KT. Steinberger J. Stettler N. Van Horn L. Dietary Recommendations for children and adolescents. *Circulation*. 2005;112:2061-2075.)

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**American Heart Association on 12/31/2009 10:48:00 AM** in [NWS HP2020-18](#)

**Objective Clarification:** The American Heart Association supports this objective as one important means to improve access and affordability of healthy foods in "food desert" communities. (Reference: Ver Ploeg M. Breneman V. Farrigan T. Hamrick K. Hopkins D. Kaufman P. Lin BH. Nord M. Smith T. Williams R. Kinnison K. Olander C. Singh. Tuckermanty E. Access to affordable and nutritious food – measuring and understanding food deserts and their consequences: Report to Congress. June 2009. Accessed December 20, 2009 at <http://www.ers.usda.gov/Publications/AP/AP036/>)

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**American Heart Association on 12/31/2009 10:48:00 AM** in [NWS HP2020-19](#)

**Objective Text:** "The American Heart Association supports this objective as an important means to promote health and prevent obesity in the pre-school population. We recommend a similar objective to increase the amount of physical activity in pre-school aged children in child care. (References: Pate, RR. Davis, MG. Robinson TN. Stone EJ. McKenzie TL. Young JC. Promoting physical activity in children and youth: a leadership role for schools. *Circulation*. 2006;114:1214-1224. Kumanyika SK et al., Population-based prevention of obesity: the need for comprehensive promotion of healthful eating, physical activity, and energy balance. *Circulation*. Published online June 30, 2008. Gidding SS. Dennison BA. Birch LL. Daniels SR. Gilman MW. Lichtenstein AH. Rattay KT. Steinberger J. Stettler N. Van Horn L. Dietary Recommendations for children and adolescents. *Circulation*. 2005;112:2061-2075"

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**American Heart Association on 12/31/2009 10:47:00 AM** in [NWS HP2020-16](#)

**Objective Text:** "The American Heart Association wholeheartedly supports this objective. Currently less than one third of physicians are regularly calculating BMI and using it as an important diagnostic tool . (References: Lopez-Jimenez F. Malinski M. Gutt M. Sierra-Johnson J. Aude YW. Rimawi A. Mego PA. Thomas RJ. Allison TG. Kirby B. Hughes-Borst B. Somers VK. Recognition, diagnosis and management of obesity after myocardial infarction. *International Journal of Obesity*. 2005; 29:137-141.

Romero-Corral A. Somers VK. Sierra-Johnson J. Thomas RJ. Collazo-Clavell ML. Korinek J. Allison TG. Batsis JA. Sert-Kuniyoshi FH. Lopez-Jimenez F. Accuracy of body mass index in diagnosing obesity in the adult general population. *International Journal of Obesity*. Advance online publication. February 19, 2008. Larsson B; Svärdsudd K. Welin L. Wilhelmsen L. Björntorp P. Tibblin G. Abdominal adipose tissue distribution, obesity, and risk of cardiovascular disease and death: 13 year follow-up of participants in the study of men born in 1913. *British Medical Journal*. 1984. 288 (6428):1401-1404."

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**American Heart Association on 12/31/2009 10:47:00 AM** in [NWS HP2020-17](#)

**Objective Text:** Ultimately, the goal here is to decrease discretionary calories. Those calories come primarily from saturated fats, added sugars, and alcohol, but can also come from other sources as well. It is important to educate consumers about the concept of discretionary calories, so that they understand their calorie needs throughout the day, how to manage those calories, and how much exercise they need to do to manage their weight and perhaps gain some additional discretionary calories. The American Heart Association has recently published recommendations for the upper limit of added sugar intake which might be helpful in establishing the goals around this objective -- Most American women should consume no more than 100 calories of added sugars per day; most men, no more than 150 calories. That is about 6 teaspoons of added sugars a day for women and 9 for men. The 2001-2004 NHANES survey showed the average intake of added sugars for all Americans was 22.2 teaspoons per day or about 355 calories. (Reference: Johnson RK. Appel LJ. Brands M. Howard BV. Lefevre M. Lustig RH. Sacks F. Steffen LM. Wylie-Rosett J. Dietary sugars intake and cardiovascular health. *Circulation*. 2009; 120:1011-1020.

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**American Heart Association on 12/31/2009 10:46:00 AM** in [NWS HP2020-13](#)

**Objective Text:** "Knowledge around the nutrition facts panel should be added to this objective. The AHA recommends consideration of a separate objective that aspires to increase the number of adults who understand the nutrition facts panel - and understand how to apply it to their individual dietary needs. This understanding is critical for portion control and serves as an important foundation for comprehensive nutrition education. (Reference: Perrin EM; Flower KB; Garrett J; Ammerman AS. Preventing and treating obesity: pediatricians' self-efficacy, barriers, resources, and advocacy. *Ambulatory Pediatrics*. 2005; 5(3):150-6.

Beno L; Hinchman J; Kibbe D; Trowbridge F. Design and implementation of training to improve management of pediatric overweight. *Journal of Continuing Education in the Health Professions*. 2005; 25(4):248-258.

Gidding, SS., Dennison, BA., Birch, LL., Daniels, SR., Gilman MW., Lichtenstein, AH., Rattay, KT., Steinberger, J., Stettler, N., Van Horn L., Dietary recommendations for children and adolescents: A guide for practitioners. *Circulation*. 2005; 112:2061-2075.

Gidding SS. Lichtenstein AH. Faith MS. Karpyn A. Mennella JA. Popkin B. Rowe J. Van Horn L. Whitset L. Implementing American Heart Association pediatric and adult nutrition guidelines: a scientific statement from the AHA Nutrition Committee of the Nutrition, Physical Activity, and Metabolism Council, Cardiovascular Disease in the Young Council, Arteriosclerosis, Thrombosis, and Vascular Biology Council, Cardiovascular Nursing Council, Epidemiology and Prevention Council, and High Blood Pressure Research Council. *Circulation*. 2009;119:1161-1175. "

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**American Heart Association** on **12/31/2009 10:46:00 AM** in [NWS HP2020-14](#)

**Objective Clarification:** The American Heart Association believes it is important to address access and affordability of healthy foods in all communities, especially for vulnerable populations. Objectives should be created with this issue in mind. (Reference: Ver Ploeg M. Breneman V. Farrigan T. Hamrick K. Hopkins D. Kaufman P. Lin BH. Nord M. Smith T. Williams R. Kinnison K. Olander C. Singh. Tuckermanty E. Access to affordable and nutritious food – measuring and understanding food deserts and their consequences: Report to Congress. June 2009. Accessed December 20, 2009 at <http://www.ers.usda.gov/Publications/AP/AP036/>)

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**American Heart Association** on **12/31/2009 10:45:00 AM** in [NWS HP2020-10](#)

**Objective Clarification:** Cardiovascular disease is the leading cause of death and disability worldwide and high blood pressure is one of the major risk factors. An estimated nine in ten Americans will develop high blood pressure during their lifetimes. A high amount of sodium in the diet has been linked to high blood pressure and may also have other direct, independent harmful effects on health including increased risk for stroke, heart failure, osteoporosis, stomach cancer and kidney disease.(Reference - He FJ, MacGregor GA. A comprehensive review on salt and health and current experience of worldwide salt reduction programmes. J Hum Hypertens 2008. Available at: <http://www.nature.com/jhh/journal/vaop/ncurrent/abs/jhh2008144a.html>.) The AHA advocates for a stepwise reduction in sodium consumption in the U.S. diet to 1500 mg/day by 2020. The AHA also will push for a concurrent sustained commitment by the food industry to reduce the amount of salt added to the food supply over the same time period. The AHA is prioritizing sodium reduction, consumer education, food labeling, and reducing sodium in school meals and government feeding programs as an important means to reduce hypertension and other health risks. The sodium objective should include goals around adequate surveillance early in the decade, and the objective should be stated in a manner that is adaptable to changing guidelines and targets established by the Dietary Guidelines for Americans. Sodium intake among persons over 2 years of age should be reduced to levels at least as low as current federal guidelines. Ideally, restaurants should be required to provide information about sodium content in their foods at point of purchase. There should be an additional objective with a goal of "increasing potassium consumption in the population aged 2 years and older" because the mineral is an indirect measure of fruit and vegetable consumption and also because it can blunt the effect of increased sodium intake and lower blood pressure. (Reference: Institute of Medicine. Dietary reference intakes for water, potassium, sodium chloride, and sulfate. 1st ed. Washington, DC: The National Academies Press; 2004. Available at [http://books.nap.edu/openbook.php?record\\_id=10925&page=r1](http://books.nap.edu/openbook.php?record_id=10925&page=r1).)

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**American Heart Association** on **12/31/2009 10:45:00 AM** in [NWS HP2020-11](#)

**Objective Clarification:** To encourage the consumption of low-fat or fat-free dairy products or dairy alternatives, the AHA recommends adding a goal under this objective for a certain percent of the U.S. population to achieve the recommended servings of fat-free and low-fat milk or milk equivalents (in the Dietary Guidelines for Americans). The AHA feels it is important to promote consumption of whole foods over supplements. (Reference: Lichtenstein AH, et al.. Diet and lifestyle recommendations revision 2006, Circulation. 2006; 114: 82-96.)

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**American Heart Association** on **12/31/2009 10:45:00 AM** in [NWS HP2020-12](#)

**Objective Text:** The American Heart Association applauds this objective and advocates that these nutrition or weight management classes or counseling be included as an important component of comprehensive worksite wellness programs. Employers should also support these classes and counseling by offering healthy foods throughout the worksite environment, in their cafeterias, meetings, and vending machines. (Reference: Carnethon M. Whitsel LP. Franklin BA. Kris-Etherton P. Milani R. Pratt CA. Wagner GA. Worksite wellness programs for cardiovascular disease prevention. Circulation. 2009; 120:1725-1741)

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**American Heart Association** on **12/31/2009 10:44:00 AM** in [NWS HP2020-8](#)

**Objective Clarification:** This objective should correspond with the Dietary Guidelines for Americans and outline a specific objective for the diets of the population to achieve 50% of grains as whole grains. Also, whole grains do not necessarily contribute fiber so there should be some mention of increasing the amount of fiber with a caveat that this fiber be primarily what would be typically found in the food.

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**American Heart Association** on **12/31/2009 10:44:00 AM** in [NWS HP2020-9](#)

**Objective Clarification:** The American Heart Association recommends reducing consumption of saturated fat in the population to 7% of total caloric intake as an important strategy to maintain cardiovascular health and reduce the incidence of heart disease and stroke. (Ref. Lichtenstein AH, et al.. Diet and lifestyle recommendations revision 2006, Circulation. 2006; 114: 82-96)

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**American Heart Association** on **12/31/2009 10:43:00 AM** in [NWS HP2020-5](#)

**Objective Clarification:** We support this objective; it aligns with the American Heart Association's goals for reducing overweight and obesity in children. A specific metric should be developed. This is another objective that should be included in a special unique section on obesity. The enormity of the obesity epidemic warrants special attention to this area.

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**American Heart Association** on **12/31/2009 10:43:00 AM** in [NWS HP2020-6](#)

**Objective Clarification:** Overall, there should be an explicit congruence between the recommendations in the Dietary Guidelines for Americans and the objectives created in Healthy People 2020. It is critical that there is consistency between federal dietary guidance and the government's measure of whether the public is meeting those recommendations and the progress attained. In this case, there should be a specific goal for a certain percent of the U.S. population to achieve the recommended servings (in the Dietary Guidelines for Americans) of fruits each day. (Reference: Lichtenstein AH, et al.. Diet and lifestyle recommendations revision 2006, Circulation. 2006; 114: 82-96.)

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**American Heart Association** on **12/31/2009 10:43:00 AM** in [NWS HP2020-7](#)

**Objective Clarification:** This objective represents another opportunity to create congruence between the Dietary Guidelines for Americans and Healthy People 2020. There should be a specific goal for a certain percent of the U.S. population to achieve the recommended servings (in the Dietary Guidelines for Americans) of vegetables each day.

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**American Heart Association** on **12/31/2009 10:42:00 AM** in [ECBP HP2020-6](#)

**Objective Clarification:** Support - The American Heart Association supports retaining and modifying an objective on employee participation in employer-sponsored health promotion activities. Even the most well-designed and well-intentioned worksite wellness programs are ineffective if employees do not participate. Monitoring employee participation is crucial if we are to reduce and eliminate barriers that discourage use of worksite wellness programs.

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**American Heart Association** on **12/31/2009 10:42:00 AM** in [NWS HP2020-1](#)

**Objective Clarification:** We support this objective; it aligns with the American Heart Association's goals around weight management for the population. However we feel that all of the objectives around obesity and overweight should be separated from nutrition and stand on their own for two reasons: the enormity of the obesity epidemic warrants distinct attention to the objectives around weight management. Second, aligning obesity solely with nutrition negates other contributing factors to the epidemic such as inadequate physical activity, excessive sedentary behavior or inadequate clinical diagnosis and treatment. The AHA also recommends consideration of an objective or a goal increasing the percentage of pregnant women who are able to adhere to weight gain guidelines during pregnancy for the purpose of reducing excessive gestational weight gain and maintaining better weight control for the mother. (Reference: Kumanyika SK et al., Population-based prevention of obesity: the need for comprehensive promotion of healthful eating, physical activity, and energy balance. Circulation. Published online June 30, 2008.)

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**American Heart Association** on **12/31/2009 10:42:00 AM** in [NWS HP2020-2](#)

**Objective Clarification:** The American Heart Association supports this objective but recommends adding a specific metric for it, so there is a sense of the enormity of the task. We also would specifically include the morbidly obese since this obese group raises special concerns around chronic disease, poor eating habits, and sedentary behavior and the number of Americans in this group is increasing in prevalence (currently 5% of the population). (Reference: Lloyd-Jones D, et al., Heart disease and stroke statistics—2010 update: a report from the American Heart Association. Circulation 2009; published online before print December 17, 2009) Once again, this objective, along with the others related to weight management should be included in a separate, unique section.

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**American Heart Association** on **12/31/2009 10:41:00 AM** in [ECBP HP2020-5](#)

**Objective Clarification:** Support - Worksite wellness programs are a proven strategy to prevent major risk factors for CVD and stroke, including cigarette smoking, obesity, hypertension, dyslipidemia, physical inactivity, and diabetes. The American Heart Association strongly supports retaining and modifying an objective on worksite health promotion and developing the necessary data sources. The AHA believes that preventive benefits should be an essential component of meaningful healthcare coverage and incentives must be aligned to promote utilization of preventive health strategies.

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**American Heart Association** on **12/31/2009 10:40:00 AM** in [AHS HP2020-4](#)

**Data Source:** Support - The American Heart Association invests significant time, resources and energy in the continued development of acute cardiovascular and stroke systems of care to ensure that all Americans have access to prompt emergency medical treatment. We support the objective and the development of data sources to enable us to monitor the proportion of the population that has access to appropriate prehospital emergency medical services. The AHA also encourages and firmly supports the continued expansion of NEMSIS as a national data source for this objective.

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**American Heart Association** on **12/31/2009 10:40:00 AM** in [AHS HP2020-9](#)

**Data Source:** Support - The American Heart Association invests significant time, resources and energy in the development of evidence-based practice guidelines and tools to promote adherence to guidelines in the provision of clinical care. The AHA unequivocally encourages and supports the development of an objective to monitor the proportion of the population that receives appropriate clinical preventive services. The AHA would encourage consideration of the use of clinical registry data, such as the Association's Get with the Guidelines, as additional data sources to support this objective.

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**American Heart Association** on **12/31/2009 10:39:00 AM** in [AHS HP2020-1](#)

**Objective Clarification:** Support - The American Heart Association strongly encourages and supports the continuation of objectives related to individuals with health insurance coverage. The AHA believes that all residents of the United States should have meaningful, affordable healthcare coverage. It is essential that we continue to monitor our progress towards this goal, especially given the current policy efforts to address access, availability and affordability of health insurance.

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**American Heart Association** on **12/31/2009 10:39:00 AM** in [AHS HP2020-2](#)

**Objective Clarification:** Support - The American Heart Association strongly supports this objective and the development of data sources to monitor our progress towards ensuring that insured individuals have adequate coverage for appropriate clinical services. The AHA believes that preventive benefits should be an essential component of meaningful healthcare coverage and that incentives must be aligned to promote utilization of preventive health strategies.

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**American Heart Association** on **12/31/2009 10:37:00 AM** in [HP2010 12-5](#)

**Data Source:** Support - To sustain the monitoring and accountability proposed by this and the other new objectives, surveillance of CVD on a national level must be expanded to include collecting nationally representative data on incidence, recurrence, and 30-day case fatality rate for cardiac arrest, acute heart attack, acute stroke, and first hospitalization for heart failure. Our current health tracking or surveillance systems for cardiovascular disease are inadequate. They cannot monitor in a comprehensive and systematic manner our progress towards preventing heart disease and stroke. They cannot collect the data on the national, state and local levels we need to measure, inform and assist our efforts, in areas such as risk factor incidence, prevalence and prevention. These are huge data gaps hobbling progress. We continue to advocate for a far-reaching surveillance system to gauge and support Healthy People 2020. While no adequate national data source currently exists, we would encourage consideration of existing clinical registries such as the AHA's NRCPR and the NIH's Research Outcomes Consortium and its epistry as data sources.

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**American Heart Association** on **12/31/2009 10:36:00 AM** in [HDS HP2020-22](#)

**Objective Clarification:** "Support - The objectives for heart disease and stroke in HP2010 did not align with the stated goals: Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events. To sustain the monitoring and accountability proposed by this and the other new objectives, surveillance of CVD on a national level must be expanded to include collecting nationally representative data on incidence, recurrence, and 30-day case fatality rate for cardiac arrest, acute heart attack, acute stroke, and first hospitalization for heart failure. Our current health tracking or surveillance systems for cardiovascular disease are inadequate. The proposed objectives for 2020 support these goal areas by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events, and recurrent events. "

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**American Heart Association** on **12/31/2009 10:36:00 AM** in [HDS HP2020-23](#)

**Data Source:** Support - To sustain the monitoring and accountability proposed by this and the other new objectives, surveillance of CVD on a national level must be expanded to include collecting nationally representative data on incidence, recurrence, and 30-day case fatality rate for cardiac arrest, acute heart attack, acute stroke, and first hospitalization for heart failure. Our current health tracking or surveillance systems for cardiovascular disease are inadequate. They cannot monitor in a comprehensive and systematic manner our progress towards preventing heart disease and stroke. They cannot collect the data on the national, state and local levels we need to measure, inform and assist our efforts, in areas such as risk factor incidence, prevalence and prevention. These are huge data gaps hobbling progress. We continue to advocate for a far-reaching surveillance system to gauge and support Healthy People 2020.

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**American Heart Association** on **12/31/2009 10:35:00 AM** in [HDS HP2020-19](#)

**Data Source:** Support an objective and metrics that tracks progress towards increasing the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider to take the appropriate steps. Given this is a developmental goal, the American Heart Association would also suggest that similar objective for hypertension and diabetes be considered.

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**American Heart Association** on **12/31/2009 10:35:00 AM** in [HDS HP2020-20](#)

**Data Source:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:35:00 AM** in [HDS HP2020-21](#)

**Data Source:** Support - To sustain the monitoring and accountability proposed by this and the other new

objectives, surveillance of CVD on a national level must be expanded to include collecting nationally representative data on incidence, recurrence, and 30-day case fatality rate for cardiac arrest, acute heart attack, acute stroke, and first hospitalization for heart failure. Our current health tracking or surveillance systems for cardiovascular disease are inadequate. They cannot monitor in a comprehensive and systematic manner our progress towards preventing heart disease and stroke. They cannot collect the data on the national, state and local levels we need to measure, inform and assist our efforts, in areas such as risk factor incidence, prevalence and prevention. These are huge data gaps hobbling progress. We continue to advocate for a far-reaching surveillance system to gauge and support Healthy People 2020.

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**American Heart Association** on **12/31/2009 10:34:00 AM** in [HDS HP2020-17](#)

**Objective Clarification:** Support - The American Heart Association is very pleased that the proposed Healthy People 2020 objectives align well with the AHA 2020 Impact Goals to provide an overall direction for our national cardiovascular and cerebrovascular health efforts. In particular, the proposed new developmental objective of increasing overall cardiovascular health in the US population speaks to our collaboration.

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**American Heart Association** on **12/31/2009 10:34:00 AM** in [HDS HP2020-18](#)

**Data Source:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:32:00 AM** in [HDS HP2020-15](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:32:00 AM** in [HDS HP2020-16](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:31:00 AM** in [HDS HP2020-13](#)

**Objective Clarification:** "Strongly support this modification. Healthy People 2010 did not include children or adolescents in objectives dealing with measurement of risk factors. Prevention and early identification of hypertension is vital in treatment and control. Therefore, the 2010 objective to reduce the proportion of adults in the population with hypertension should be modified to include a lifespan approach:

- Reduce the proportion of adults with hypertension.
- Reduce the proportion of children with hypertension.
- Reduce the proportion of adolescents with hypertension."

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**American Heart Association** on **12/31/2009 10:31:00 AM** in [HDS HP2020-14](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:30:00 AM** in [HDS HP2020-10](#)

**Data Source:** Support - To sustain the monitoring and accountability proposed by this and the other new objectives, surveillance of CVD on a national level must be expanded to include collecting nationally representative data on incidence, recurrence, and 30-day case fatality rate for cardiac arrest, acute heart attack, acute stroke, and first hospitalization for heart failure. Our current health tracking or surveillance systems for cardiovascular disease are inadequate. They cannot monitor in a comprehensive and systematic manner our progress towards preventing heart disease and stroke. They cannot collect the data on the national, state and local levels we need to measure, inform and assist our efforts, in areas such as risk factor incidence, prevalence and prevention. These are huge data gaps hobbling progress. We continue to advocate for a far-reaching surveillance system to gauge and support Healthy People 2020.

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**American Heart Association** on **12/31/2009 10:30:00 AM** in [HDS HP2020-11](#)

**Data Source:** Support - To sustain the monitoring and accountability proposed by this and the other new objectives, surveillance of CVD on a national level must be expanded to include collecting nationally representative data on incidence, recurrence, and 30-day case fatality rate for cardiac arrest, acute heart

attack, acute stroke, and first hospitalization for heart failure. Our current health tracking or surveillance systems for cardiovascular disease are inadequate. They cannot monitor in a comprehensive and systematic manner our progress towards preventing heart disease and stroke. They cannot collect the data on the national, state and local levels we need to measure, inform and assist our efforts, in areas such as risk factor incidence, prevalence and prevention. These are huge data gaps hobbling progress. We continue to advocate for a far-reaching surveillance system to gauge and support Healthy People 2020.

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**American Heart Association** on **12/31/2009 10:30:00 AM** in [HDS HP2020-12](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:29:00 AM** in [HDS HP2020-8](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:29:00 AM** in [HDS HP2020-9](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:28:00 AM** in [HDS HP2020-6](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:28:00 AM** in [HDS HP2020-7](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:27:00 AM** in [HDS HP2020-4](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:27:00 AM** in [HDS HP2020-5](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:26:00 AM** in [HDS HP2020-2](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:26:00 AM** in [HDS HP2020-3](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular

health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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**American Heart Association** on **12/31/2009 10:25:00 AM** in [HDS HP2020-1](#)

**Objective Clarification:** Support - The proposed objective and overall 2020 goals to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events and recurrent events.

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## Proposed Objectives

**American Heart Association** on **12/31/2009 10:57:00 AM** in [Heart Disease and Stroke](#)

**Proposed Objective Text:** NEW: (Developmental) Increase the proportion of eligible patients with ischemic stroke who receive acute reperfusion therapy from symptom onset.

**Rationale:** The American Heart Association strongly urges the adoption of an objective complementary to HDS 2020-2 that would monitor progress towards improving the time to appropriate treatment for acute stroke emergencies. While no national data source currently exists, we would encourage consideration of existing clinical registries such as Get with the Guidelines - Stroke as a data source. Over 1300 hospitals currently collect this data as part of participation in stroke quality improvement programs by the Joint Commission, Centers for Disease Control and Prevention or the American Heart Association. The stroke thrombolysis measure has already been adopted into the Joint Commission core measurement program, has been proposed in the IPPS final rule of 2009 for inclusion into the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program for payment in 2012, and is represented in the Physician Quality Reporting Initiative (PQRI). With that said, the capacity to conduct cardiovascular and stroke surveillance overall at the national level must be expanded.

**Proposed Data Sources(s):** Potential Data Source: To be determined.

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**American Heart Association** on **12/31/2009 10:59:00 AM** in [Heart Disease and Stroke](#)

**Proposed Objective Text:** NEW: Increase the proportion of persons with atherosclerotic stroke or TIA who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels.

**Rationale:** The objectives for heart disease and stroke in HP2010 did not align with the stated goals: Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events. This new objective for 2020 supports these goal areas by addressing the distribution of risk factors, the status of persons at intermediate or high risk, the occurrence of acute cardiovascular events, and recurrent events. There are new evidence-based recommendations regarding the benefits of LDL reduction for secondary stroke prevention. Moreover, LDL measurement and initiation of treatment are important performance metrics for primary stroke centers.

**Proposed Data Sources(s):** National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

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**American Heart Association** on **12/31/2009 11:00:00 AM** in [Heart Disease and Stroke](#)

**Proposed Objective Text:** NEW: (Developmental) In patients with congenital heart disease, increase early diagnosis, decrease disability, increase successful transition to adult congenital heart care and increase in lifespan.

**Rationale:** The American Heart Association supports the addition of an objective related to congenital heart disease. We recognize that no data source currently exists. Surveillance at the national level must be expanded to support the monitoring of congenital heart disease in the population.

**Proposed Data Sources(s):** Potential Data Source: To be determined.

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**American Heart Association** on **12/31/2009 11:01:00 AM** in [Nutrition and Weight Status](#)

**Proposed Objective Text:** NEW: Increase the amount of fiber in the diets of Americans aged 2 and older.

**Rationale:** Increasing whole grains in the diet does not necessarily ensure adequate fiber intake, so the focus in the HP 2020 objectives must go beyond whole grains. Fiber is a shortfall nutrient and may be even more important for cardiovascular health. (References: Lichtenstein AH, et al.. Diet and lifestyle recommendations revision 2006, Circulation. 2006; 114: 82-96.; US Department of Health and Human Services, US Department of Agriculture, eds. Dietary Guidelines for Americans, 2005. 6th ed. Washington, DC: US Government Printing Office, 2005.)

**Proposed Data Sources(s):** NHANES

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**American Heart Association** on **12/31/2009 11:02:00 AM** in [Nutrition and Weight Status](#)

**Proposed Objective Text:** NEW: Increase the amount of potassium in the diets of Americans aged 2 and older.

**Rationale:** There should be a specific objective for potassium because the mineral is an indirect measure of

fruit and vegetable consumption and also it can blunt the effect of increased sodium intake and help lower blood pressure. (Reference: Institute of Medicine. Dietary reference intakes for water, potassium, sodium chloride, and sulfate. 1st ed. Washington, DC: The National Academies Press; 2004. Available at [http://books.nap.edu/openbook.php?record\\_id=10925&page=r1](http://books.nap.edu/openbook.php?record_id=10925&page=r1).)

**Proposed Data Sources(s):** NHANES

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**American Heart Association** on **12/31/2009 11:02:00 AM** in [Physical Activity and Fitness](#)

**Proposed Objective Text:** NEW: Increase the number of states with physical activity standards for pre-school aged children in childcare

**Rationale:** It is very important that obesity prevention efforts begin at the earliest ages and engage parents. Preschools and day care centers are key environments for addressing the obesity epidemic, establishing healthy behaviors at an early age, engaging parents, and preparing children for a lifetime of healthy behavior. Increasing physical activity is an important part of a healthy lifestyle. References: Pate, RR. Davis, MG. Robinson TN. Stone EJ. McKenzie TL. Young JC. Promoting physical activity in children and youth: a leadership role for schools. *Circulation*. 2006;114:1214-1224. Kumanyika SK et al., Population-based prevention of obesity: the need for comprehensive promotion of healthful eating, physical activity, and energy balance. *Circulation*. Published online June 30, 2008.

**Proposed Data Sources(s):** Head Start; Statewide surveillance

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### General Comments

No general comments.

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