

Vermont Heart Disease Prevention Goal Tracker August, 2019

Heart Disease Prevention Goals

A comprehensive statewide surveillance system will monitor Vermonters at risk of developing heart disease, also known as cardiovascular disease (CVD) to:

1. Identify trends in risk factors that may lead to heart disease
2. Ensure that Vermonters with CVD adhere to recommended standards of care
3. Ensure that Vermonters with high blood pressure or CVD engage in appropriate self-management with support from their families and caregivers
4. Facilitate data driven decisions to support policy and program planning and direct resource allocation

1. Risk Factors that Lead to Heart Disease

	Baseline (2015)	Current (2015)	Goal (2020)
Decrease the percentage of Vermont adults who are diagnosed with high blood pressure ^{1^HV}	27% (2011)	25%	20%
Increase the percentage of adult Vermonters with high blood pressure who consume healthy foods:			
Two or more fruits a day ^{1^A}	28%	28%	32%
Three or more vegetables a day ^{1^A}	13%	13%	16%
Increase the percentage of adult Vermonters who engage in aerobic physical activity:			
Increase the percentage of adults with high blood pressure who meet aerobic physical activity guidelines ^{1^A}	51%	51%	55%
Decrease the percentage of adults with high blood pressure who have no leisure time physical activity ^{1^A}	28%	28%	25%
Decrease the percentage of Vermont adults with high blood pressure who smoke ^{1^A}	23%	23%	20%

Notes: ^A Data are age-adjusted to the US 2000 standard population
^{HV} Healthy Vermonters 2020 Measures
^{*} The number of private payers submitting claims to VHCURES decreased in 2016. As a result, comparisons to previous years should be made with caution.
n/a = data not yet available
[§] Definition of Health Systems changed in 2016 and may partly be responsible for differences seen between 2015 and current values.

2. High Blood Pressure Management

	Baseline (2015)	Current (2015)	Goal (2020)
Increase the percentage of Vermonters (18-64) with high blood pressure who are at least 80% adherent with their medication regimens ³	78% (2012)	78% (2014)	81%
Increase the percentage of Vermont adults who have had their cholesterol checked in the last 5 years ^{1^HV}	75% (2011)	76%	85%
Increase the percentage of insured Vermonters (18-64) with diagnosed high blood pressure who had at least 1 primary care visit for high blood pressure in the last year ³	34% (2014)	55% (2016)	38%
Increase the percentage of Vermont adults with high blood pressure who have achieved blood pressure control	n/a	n/a	-
Increase the proportion of Vermont health systems reporting on controlling blood pressure among adults 18-85 who had a diagnosis of high blood pressure (NQF 18) ^{5§}	27% (2012)	80% (2017)	82%

3. Health Outcomes

	Baseline (2015)	Current (2015)	Goal (2020)
Decrease the percentage of Vermont adults who have been diagnosed with CVD ¹	7%	8% (2016)	6%
Increase the percentage of Vermont adults with CVD who say their general health is "good" or better ¹	62%	59% (2016)	66%
Decrease the hospitalization rate for any mention of cardiovascular disease (rate per 10,000 Vermonters) ²	464.2 (2014)	430.3	424.3
Decrease the rate of any mention of cardiovascular disease as a cause for an ED visit (rate per 10,000 Vermonters) ²	580.1 (2014)	479.4	472.3
Decrease the death rate due to Coronary Heart Disease (CHD) as a primary cause of death (rate per 100,000 Vermonters) ^{4^HV}	111.7 (2009)	114.8	89.4
Decrease the death rate due to stroke as a primary cause of death (rate per 100,000 Vermonters) ^{4^HV}	29.3 (2009)	36.4	23.4

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Data Sources:

- 1. Vermont Behavioral Risk Factor Surveillance System (BRFSS) 2011, & 2015 Data**
The BRFSS survey methodology changed in 2011. As a result, use caution when comparing data from before 2011 and 2011 onward.
 - 2. Vermont Uniform Hospital Discharge Data Set (VUHDDS 2010 & 2014)**
In 2009, the New Hampshire Department of Health and Human Services (DHHS), in partnership with the Department of Information Technology (DoIT), changed the process used to create their hospital discharge data set. This change may contribute to differences in New Hampshire data provided to Vermont and subsequently any Vermont VUHDDS data reported after 2009.
 - 3. Vermont Health Care Uniform Reporting and Evaluation System (VHCURES 2010, 2014, & 2016)**
Due to various laws and regulations, not all insurance payers have to report all healthcare claims to VHCURES. Additionally, VHCURES will not reflect healthcare encounters that do not generate an insurance claim. As a result, VHCURES is only an estimate of healthcare utilization in Vermont.
 - 4. Vermont Vital Statistics 2011, 2012, & 2014**
 - 5. NQF 18 Grant Reporting**
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