

Healthy People 2020 Summary of Objectives

Respiratory Diseases

Number	Objective Short Title
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Asthma

RD-1	Deaths from asthma
RD-2	Hospitalizations for asthma
RD-3	Emergency department (ED) visits for asthma
RD-4	Asthma activity limitations
RD-5	School or workdays missed
RD-6	Patient education
RD-7	Appropriate asthma care
RD-8	Asthma surveillance systems

Chronic Obstructive Pulmonary Disease (COPD)

RD-9	Chronic obstructive pulmonary disease activity limitations
RD-10	Deaths from chronic obstructive pulmonary disease
RD-11	Hospitalizations for chronic obstructive pulmonary disease
RD-12	Emergency department (ED) visits for chronic obstructive pulmonary disease
RD-13	Diagnosis of underlying obstructive disease

Topic Area: Respiratory Diseases

Asthma

RD-1: Reduce asthma deaths.

RD-1.1 Reduce asthma deaths among children and adults under age 35 years.

Target: Not applicable.

Baseline: 3.4 asthma deaths per million children and adults under age 35 years occurred in 2007.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD-1.2 Reduce asthma deaths among adults aged 35 to 64 years old.

Target: 6.0 deaths per million.

Baseline: 11.0 asthma deaths per million adults aged 35 to 64 years occurred in 2007.

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD-1.3 Reduce asthma deaths among adults aged 65 years and older.

Target: 22.9 deaths per million.

Baseline: 43.3 asthma deaths per million adults aged 65 years and older occurred in 2007.

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD-2: Reduce hospitalizations for asthma.

RD-2.1 Reduce hospitalizations for asthma among children under age 5 years.

Target: 18.1 hospitalizations per 10,000.

Baseline: 41.4 hospitalizations for asthma per 10,000 children under age 5 years occurred in 2007.

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–2.2 Reduce hospitalizations for asthma among children and adults aged 5 to 64 years.

Target: 8.6 hospitalizations per 10,000.

Baseline: 11.1 hospitalizations for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–2.3 Reduce hospitalizations for asthma among adults aged 65 years and older.

Target: 20.3 hospitalizations per 10,000.

Baseline: 25.3 hospitalizations for asthma per 10,000 adults aged 65 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD–3: Reduce emergency department (ED) visits for asthma.

RD–3.1 Reduce emergency department (ED) visits for asthma among children under age 5 years.

Target: 95.6 ED visits per 10,000.

Baseline: 132.8 ED visits for asthma per 10,000 children under age 5 years.

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–3.2 Reduce emergency department (ED) visits for asthma among children and adults aged 5 to 64 years.

Target: 49.7 ED visits per 10,000.

Baseline: 57.0 ED visits for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2005–07.

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–3.3 Reduce emergency department (ED) visits for asthma among adults aged 65 years and older.

Target: 13.8 ED visits per 10,000.

Baseline: 21.9 ED visits for asthma per 10,000 adults aged 65 years and older occurred in 2005–07.

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD–4: Reduce activity limitations among persons with current asthma.

Target: 10.2 percent.

Baseline: 12.7 percent of persons with current asthma experienced activity limitations due to chronic lung and breathing problems in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–5: Reduce the proportion of persons with asthma who miss school or work days.

RD–5.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days.

Target: 48.7 percent.

Baseline: 58.7 percent of children aged 5 to 17 years who had an asthma episode or attack in the past 12 months missed school days due to asthma in the past 12 months in 2008.

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–5.2 Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days.

Target: 26.8 percent.

Baseline: 33.2 percent of adults aged 18 to 64 years who had an asthma episode or attack in the past 12 months missed work days due to asthma in the past 12 months in 2008.

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–6: Increase the proportion of persons with current asthma who receive formal patient education.

Target: 14.4 percent.

Baseline: 12.1 percent of persons with current asthma received formal patient education in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD-7: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines.

RD-7.1 Increase the proportion of persons with current asthma who receive written asthma management plans from their health care provider according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 36.8 percent.

Baseline: 33.4 percent of persons with current asthma received written asthma management plans from their health care provider in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD-7.2 Increase the proportion of persons with current asthma with prescribed inhalers who receive instruction on their use according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: Not applicable.

Baseline: 95.9 percent of persons with current asthma with prescribed inhalers received instruction on their use in 2008 (age adjusted to the year 2000 standard population).

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD-7.3 Increase the proportion of persons with current asthma who receive education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results, according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 68.5 percent.

Baseline: 64.8 percent of persons with current asthma received education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.4 Increase the proportion of persons with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 90.2 percent.

Baseline: 87.9 percent of persons with current asthma did not use more than one canister of short-acting inhaled beta agonist per month in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–7.5 Increase the proportion of persons with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Target: 54.5 percent.

Baseline: 50.8 percent of persons with current asthma were advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.6 (Developmental) Increase the proportion of persons with current asthma who have had at least one routine followup visit in the past 12 months according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.7 (Developmental) Increase the proportion of persons with current asthma whose doctor assessed their asthma control in the past 12 months according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD– 7.8 (Developmental) Increase the proportion of persons adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Potential data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD–8: Increase the number of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level.

Target: 47 areas.

Baseline: 43 areas (41 States, the District of Columbia, and Puerto Rico) had a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level in 2009.

Target setting method: 10 percent improvement.

Data source: National Asthma Control Program, CDC, NCEH.

Chronic Obstructive Pulmonary Disease (COPD)

RD-9: Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD).

Target: 18.7 percent.

Baseline: 23.2 percent of adults with COPD aged 45 years and older experienced activity limitations due to chronic lung and breathing problems in 2008 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

RD-10: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.

Target: 98.5 deaths per 100,000.

Baseline: 112.4 COPD deaths per 100,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Projection/trend analysis.

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.

RD-11: Reduce hospitalizations for chronic obstructive pulmonary disease (COPD).

Target: 50.1 hospitalizations per 10,000.

Baseline: 56.0 hospitalizations for COPD per 10,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

RD-12: Reduce emergency department (ED) visits for chronic obstructive pulmonary disease (COPD).

Target: 57.3 ED visits per 10,000.

Baseline: 81.7 ED visits for COPD per 10,000 adults aged 45 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: Minimal statistical significance.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

RD-13: (Developmental) Increase the proportion of adults with abnormal lung function whose underlying obstructive disease has been diagnosed.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.