Chapter 2: Healthy People 2020

- In this chapter we examine data for ten Healthy People 2020 (HP2020) Objectives (nine for CKD and one for diabetes), spanning 19 total indicators. As in previous ADRs, we present data overall and stratified by race, sex, and age groups.
- In 2014, 12 of 19 indicators met HP2020 goals, with most of the remaining objectives continuing to show improvement.
- We present state-level comparison maps for HP2020 objectives CKD-10 (proportion of ESRD patients receiving care from a nephrologist at least 12 months before the start of renal replacement therapy) and CKD-13.1 (proportion of patients receiving a kidney transplant within three years of end-stage renal disease; Figures 2.1 and 2.2). More than 80% of states achieved the HP2020 target for CKD-10, while just over 20% achieved the target for CKD-13.1. For both these objectives there was significant geographic variation, with percentages varying between states by greater than 50% from the lowest to highest quintiles.
- For HP2020 objectives relating to vascular access, we present data from CROWNWeb examining HP2020 objectives CKD 11-1 (proportion of adult hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access) and CKD 11-2 (proportion of adult hemodialysis patients who use catheters as the only mode of vascular access; Tables 2.9 and 2.10). In 2014, we continued to observe an increasing trend in proportion of patients using arteriovenous fistulas, reaching 63.9% overall; notably, this trend was observed across nearly all subgroups.
- In 2014, we continued to observe a trend towards decreasing all-cause mortality among prevalent dialysis patients. The total death rate fell to 172.8 deaths per 1,000 patient years, a more than 25% decrease from 233.7 deaths per 1,000 patient years seen in 2001.

Introduction

For more than three decades, the Healthy People initiative has served as the nation's agenda for health promotion and disease prevention. Coordinated by the United States (U.S.) Department of Health and Human Services, the initiative provides a vision and strategy for improving the health of all Americans by setting priorities, identifying baseline data and 10-year targets for specific objectives, monitoring outcomes, and evaluating progress. Since its inaugural iteration in 1980, in each decade the program has released updated plans that reflect emerging health priorities and that have helped to align health promotion resources, strategies, and research.

Healthy People 2020 (HP2020) was launched on December 2, 2010. It represents the fourth-generation plan, and encompasses more than 1,000 health objectives organized into 42 different topic areas. Built on the success of the three previous initiatives, HP2020 seeks to achieve the following overarching goals:

- to assist all Americans in attaining high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- to achieve health equity, eliminate disparities, and improve the health of all groups;
- to create social and physical environments that promote good health for all, and
- to promote quality of life, healthy development, and healthy behaviors across all life stages (HP2020, 2010).

One of the key priorities of the HP2020 initiative is to "reduce new cases of chronic kidney disease (CKD)

and its complications, disability, death, and economic costs." The development of CKD and its progression to end-stage renal disease (ESRD) is a major source of diminished quality of life in the U.S., and is responsible for significant premature mortality. For patients with this condition, the HP2020 CKD objectives were designed to reduce the long-term burden of kidney disease, increase lifespan, improve quality of life, and to eliminate related health care disparities. To accomplish these goals the HP2020 program developed 14 objectives related to CKD, encompassing 24 total indicators with targets designed to evaluate the program's success. Herein, we provide data for nine of these objectives, as well as information on urine albumin testing in non-CKD patients diagnosed with diabetes mellitus (DM). These nine objectives were measured through 19 total indicators.

Overall, encouraging trends were noted for nearly all nine objectives, with 11 out of 19 indicators meeting or exceeding their improvement targets. With respect to the provision of recommended care, indicators related to the proportion of patients with both DM and CKD receiving recommended medical evaluations have surpassed their targets and continue to improve. Nearly all indicators related to reductions in mortality among ESRD patients have exceeded their targets. However, the data also demonstrate that several indicators continued to fall short of their targets. The rates of new cases of ESRD (CKD Objective 8) and the rate of ESRD among patients with DM (CKD Objective 9.1) remained above target, although some subgroups have achieved the target. Of note, several transplant-related objectives remained short of their HP2020 goals, including transplant wait-listing of dialysis patients (CKD Objective 12), death rate among patients with a functioning kidney transplant (CKD Objective 14.4), and the proportion of patients receiving a kidney transplant within three years of ESRD (CKD Objective 13.1).

It is important to highlight that one of the four overarching goals of HP2020 is to eliminate health care disparities. While much of the data showed promising trends relevant to this goal, progress overall has not always translated into reduced differences across subgroups. To facilitate comparisons, data is presented overall and by racial, ethnic, sex, and age subgroups. In many cases, while an objective may have been met by the overall population, one or more subgroups may have fallen well short. Primarily, however, trends were similar across different subgroups.

Below, the detailed findings and trends for each of the 10 objectives (with 19 total indicators) are presented separately. Additional information on the HP2020 program objectives can be found at www.healthypeople.gov.

Methods

This chapter uses multiple data sources including data from the Centers for Medicare & Medicaid Services (CMS), the Organ Procurement and Transplantation Network (OPTN), the Centers for Disease Control and Prevention (CDC), and the United States Census. Details of data sources are described in the Data Sources section of the ESRD Analytical Methods chapter.

See the Analytical Methods Used in the ESRD Volume section of the ESRD Analytical Methods chapter for an explanation of analytical methods used to generate the figures and tables in this chapter.