

Surveillance and Evaluation Data Resource Guide

Heart Disease and Stroke Prevention Programs

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Table of Contents

About This Guide	1
Acronyms Seen in This Guide	3
Table 1. National and State Surveys, Systems, and Tools.....	4
Table 2. Health System Registries.....	11
Table 3. Health Systems Data and Reporting Tools	13
Table 4. National, State, and Local Policy Tracking	16
Table 5. Media Tracking	19
Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms.....	22
Table 7. Sodium in the Food Supply	28
Table 8. Social Determinants of Health	29

About This Guide

Surveillance and Evaluation Data Resources for Heart Disease and Stroke Prevention Programs is an at-a-glance compilation of data sources useful for heart disease and stroke prevention programs conducting policy or data surveillance and/or evaluation. This guide addresses the broad spectrum of programs supported by the Division for Heart Disease and Stroke Prevention, and not all sources are applicable to all programs. It is meant to be used by program managers and evaluators in the planning and evaluation stages of heart disease and stroke prevention programs.

Our objective is to provide basic information on each data source to assist state heart disease and stroke prevention programs in identifying data that are relevant to planning, monitoring, and evaluation. We encourage users to review and assess the appropriateness of the listed resources in meeting their program's needs. The data sources listed here provide a wide variety of cardiovascular health-related information. For example, the stroke registries and hospital discharge records have data on health outcomes. An attempt was made to include most cardiovascular health-related data sources in this guide. Due to the ever-changing nature of this field, it is impossible to include all data sources at any given point, especially those related to media tracking.

This version of the guide is an update to the version published in 2016. This updated resource was developed in the context of CDC's Data Modernization Initiative, an effort to modernize core data and surveillance infrastructure to build more connected, resilient, adaptable, and sustainable "response-ready" systems. New resources were added to align with CDC's CORE Health Equity Science and Intervention Strategy work. This work aims to transform CDC's public health research, surveillance, and implementation science efforts to shift from listing the markers of health inequities to identifying and addressing the drivers of these disparities, including social determinants of health (SDOH). Resources to better understand health disparities and promote equity are included in a new SDOH table.

Additional evaluation resources are available at [Division for Heart Disease and Stroke Prevention Evaluation Resources](#).

Resource Table Format

Data from these sources can be used to compare program impact and outcomes with those of other states and the nation as a whole. The data sources are organized by major categories: national and state surveys and tools, registries and vital statistics, and topic-specific tools, such as national, state, and local policy tracking.

Not all of the data sources or tools are available in every state. The conditions that organizations or individuals must meet, as well as any cost associated with accessing the data, are notated. However, if a cost is associated with the data source, the cost may vary based on the data elements requested.

Consequently, some states may consider investing funds to develop systems to address gaps in data. New data collection systems should be directly relevant to states' programmatic goals, objectives, and activities. However, prior to choosing data sources or investing program resources to develop new data systems, programs should consider some of the following issues: feasibility, timeliness, frequency, comparability, credibility, and available resources. For more information on these considerations, contact arebheartinfo@cdc.gov.

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Resource Name <i>(name of the data source/tool with a URL hyperlink)</i> Start date: <i>Year in which the survey or data source was first available</i> Frequency: <i>Frequency with which the data source is used for data collection (e.g., annually, periodically)</i>					
Purpose(s) of the data source or tool	Topics on which information is collected or available for the data source or tool	Population from which the sample is taken (e.g., high schools, visitors to a website, U.S. adults)	To whom the data belong	Cost associated with the data	<ul style="list-style-type: none"> • Subject Selection: How the sample was selected (e.g., random sampling, census) • Survey Delivery: How the survey or tool is delivered (e.g., self-administered survey, in-person interview) • Number of core questions

Acronyms Seen in This Guide

ACO	Affordable Care Organization
ACS	American Community Survey
AHA	American Heart Association
AHRQ	Agency for Healthcare Research and Quality
ATSDR	Agency for Toxic Substances and Disease Registry
BRFSS	Behavioral Risk Factor Surveillance System
CARES	Center for Applied Research and Engagement Systems
CCW	Chronic Conditions Data Warehouse
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
CVD	cardiovascular disease
GBD	Global Burden of Disease
GIS	geographic information system
HCUP	Healthcare Cost and Utilization Project
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
MSPB	Medicare Spending Per Beneficiary (survey)
NASA	National Aeronautics and Space Administration
NEMESIS	National Emergency Medical Services Information System
NHANES	National Health and Nutritional Examination Survey
NHIS	National Health Interview Survey
NIH	National Institutes of Health
NVSS	National Vital Statistics System
SAMHSA	Substance Abuse and Mental Health Services Administration
WHO	World Health Organization

Table 1. National and State Surveys, Systems, and Tools

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>All-Payer Claims Databases (APCDs or APDs)</p> <p>Start date: 2007 Frequency: Continuously</p>					
<ul style="list-style-type: none"> Facilitate information sharing capacity for states that have developed or are developing an all-payer health care claims database Allow states to make requests for presentations, webinars, media requests, partner or grant partnership opportunities, and other assistance 	<ul style="list-style-type: none"> Access to cardiovascular disease (CVD) medication CVD medication adherence, diagnoses, drug codes, and revenue codes Self-measured blood pressure–related Current Procedural Terminology® codes and device claims Cardiac rehabilitation participation 	Adjudicated medical, pharmacy, and dental claims for all eligible members, with data about members and providers that are submitted by commercial payers, third-party administrators, and publicly administered programs	Individual state	Cost associated with the data	Each state that allows for public release of its claims data has its own data release policy and process.
<p>Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>Start date: 1984 Frequency: Annually</p>					
<ul style="list-style-type: none"> Provide descriptive data and health-related risk behaviors and events, chronic health conditions, and use of preventive services Provide a web platform that allows for simple statistics 	Self-reported prevalence of CVD-related events	BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year.	CDC	No cost	<ul style="list-style-type: none"> Random design, telephone survey (landline and cell phone) Annual core survey has three questions related to heart cardiovascular health. States may add questions at their own discretion.
<p>CDC COVID Data Tracker</p> <p>Start date: Initiated on January 21, 2020 Frequency: Daily</p>					
Disseminate current data and links to publicly available datasets that are related to COVID-19	<ul style="list-style-type: none"> Community COVID-19 spread Vaccinations Cases, deaths, and testing Health equity data Demographic trends Health care settings Genomic surveillance Testing and seroprevalence People at increased risk 	CDC collects and displays data about case rates, death rates, hospitalizations, and vaccinations.	CDC	No cost	Provides surveillance data from across the response, including hospitalizations, vaccinations, demographic information, and daily and cumulative case and death counts reported to CDC

Table 1. National and State Surveys, Systems, and Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>CDC National Center for Health Statistics (NCHS) COVID-19 Data</p> <p>Start date: Initiated in 2020 Frequency: Varies by dataset</p>					
<p>Act as the primary resource for COVID-19–related mortality data</p>	<p>COVID-19–related mortality data</p>	<p>Sample frames include the NCHS Research and Development Survey and partnership with the U.S. Census Bureau</p>	<p>NCHS</p>	<p>No cost</p>	<p>NCHS is providing the most recent data available on deaths, mental health, and access to health care, loss of work due to illness, and telemedicine from the vital statistics system, from the NCHS Research and Development Survey, and through a partnership with the U.S. Census Bureau.</p>
<p>CDC WONDER</p> <p>Start date: Initiated in early 1990s Frequency: Varies by dataset</p>					
<ul style="list-style-type: none"> Promote information-driven decision making by placing timely, useful facts in the hands of public health practitioners and researchers Provide the general public with access to specific and detailed information from CDC 	<ul style="list-style-type: none"> Final and provisional mortality data Interactive Atlas of Heart Disease and Stroke (Table 7) 	<p>The sample frame will vary by data source. Topic areas include Census and Surveys of Population, Classifications and Codes, Mortality & Morbidity, Registries, Health Surveys, and General Datasets</p>	<p>CDC, NASA Applied Sciences Program</p>	<p>No cost</p>	<p>Varies by data source</p>
<p>CMS Chronic Conditions Data Warehouse (CCW) Virtual Resource Data Center</p> <p>Start date: Varies by data source Frequency: Varies by data source</p>					
<p>Provide timely access to Centers for Medicare & Medicaid Services (CMS) program data in a more efficient and cost-effective manner</p>	<p>Each data source includes a variety of CVD-related measures (e.g., hospitalizations, prescription medication, outpatient care)</p>	<p>Not applicable</p>	<p>CMS</p>	<p>Cost associated with the data</p>	<p>Varies by data source</p>
<p>County Health Rankings & Roadmaps</p> <p>Start date: 2008 Frequency: Annually</p>					
<ul style="list-style-type: none"> Provide data to identify needs, set priorities, and track progress surrounding health outcomes, factors, policies, and programs Provide data, evidence, guidance, and examples of multiple factors that influence health in a community 	<ul style="list-style-type: none"> Data on access and quality of health care Data on behavioral and environmental risk factors Preventable hospital stays 	<p>Not applicable</p>	<p>University of Wisconsin Population Health Institute</p>	<p>No cost</p>	<p>Data from partner organizations, including CDC and CMS</p>

Table 1. National and State Surveys, Systems, and Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
HCUPnet					
Start date: 1988 Frequency: Continuously					
<ul style="list-style-type: none"> • Create and enhance a source of national, state, and all-payer health care data • Produce a broad set of software tools and products to facilitate the use of Healthcare Cost and Utilization Project (HCUP) and other administrative data • Enrich a collaborative partnership with statewide data organizations aimed at increasing the quality and use of health care data • Conduct and translate research to inform decision making and improve health care delivery 	<p>The largest collection of longitudinal hospital care data in the United States, with all-payer, discharge-level information</p>	<ul style="list-style-type: none"> • HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level • Available databases, described here: <ul style="list-style-type: none"> » The National (Nationwide) Inpatient Sample » The Nationwide Ambulatory Surgery Sample (NASS) » The Nationwide Readmissions Database (NRD) » The State Inpatient Databases (SID) » The State Ambulatory Surgery and Services Databases (SASD), which include encounter-level data for ambulatory surgery and other outpatient services from hospital-owned facilities » The State Emergency Department Databases (SEDD) 	<p>Agency for Healthcare Research and Quality (AHRQ)</p>	<p>Restricted-access, public-release nationwide databases and select state databases (when permitted by HCUP partners) may be purchased through the HCUP central distributor</p>	<p>AHRQ transforms administrative health care data acquired from HCUP partners into research-ready, uniform databases with a common set of data elements.</p>
Health and Retirement Study					
Start date: 1990 Frequency: Biennially					
<ul style="list-style-type: none"> • Monitor the health and well-being of individuals age 50 years or older in the United States • Explore the changes in labor force participation and the health transitions that individuals undergo toward the end of their work lives and in the years that follow 	<p>Health status (hypertension, heart disease, heart attack, and stroke occurrence)</p>	<p>Approximately 20,000 Americans who are near, at, or older than retirement age in the United States</p>	<p>National Institute on Aging and Social Security Administration</p>	<p>No cost</p>	<p>Longitudinal household surveys (in-depth interviews)</p>

Table 1. National and State Surveys, Systems, and Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>Local Trends in Heart Disease and Stroke Mortality Dashboard</p>					
<p>Start date: Updated in February 2022 Frequency: Not applicable</p>					
<p>Provide access to county (or equivalent) estimates of annual CVD death. Maps, graphs, and tables in the dashboard provide federal agencies, state and local health departments, nonprofit organizations, academic institutions, and the public with information to enhance CVD prevention and treatment activities, plan services, allocate resources, and develop policies.</p>	<ul style="list-style-type: none"> • Coronary heart disease rates and death rates • Heart failure rates and death rates • Stroke rates and death rates 	<p>Estimates of annual CVD (i.e., all diseases of the heart, coronary heart disease, heart failure, and stroke) death rates from 1999 to 2019 and trends from 1999 to 2010 and from 2010 to 2019 by age group, sex, and race or ethnicity</p>	<p>Not applicable</p>	<p>No cost</p>	<p>Users can display, share, and download maps and graphs of county-level trends in heart disease mortality.</p>
<p>Medical Expenditure Panel Survey (MEPS)</p>					
<p>Start date: 1996 Frequency: Annually</p>					
<ul style="list-style-type: none"> • Understand the specific health services that Americans use, how frequently the services are used, their cost, and how they are paid for • Collect data on the cost, scope, and breadth of health insurance held by and available to U.S. workers 	<ul style="list-style-type: none"> • Health care disparities and health equity topics • Primary and preventive care • Heart conditions, high blood pressure, high cholesterol, and stroke • Access and quality of health care 	<p>Tract-level data for patients, providers, and employers</p>	<p>AHRQ</p>	<p>Cost associated with the data</p>	<p>Telephone surveys and mailed questionnaire</p>
<p>Medicare Current Beneficiary Survey</p>					
<p>Start date: 1991 Frequency: Annually</p>					
<ul style="list-style-type: none"> • Determine expenditures and sources of payment for all services used by Medicare beneficiaries, including copayments, deductibles, and non-covered services • Ascertain all types of health insurance coverage and relate coverage to sources of payment • Trace processes over time, such as changes in health status and spending down to Medicaid eligibility and the impacts of program changes, satisfaction with care, and usual source of care 	<ul style="list-style-type: none"> • Cost and utilization • Health status and functioning • Heart attack, stroke, blood pressure, cholesterol, physical activity, and diet • Access to and satisfaction with care • Insurance coverage • Health behaviors (e.g., physical activity) 	<p>Nationally representative sample of Medicare beneficiaries</p>	<p>CMS</p>	<p>Cost associated with the data</p>	<ul style="list-style-type: none"> • Sample is selected from Medicare enrollment files; oversampling is among disabled persons under age 65 and among persons age 80 and older. • Version of questionnaire is determined based on the setting and health of the participant.

Table 1. National and State Surveys, Systems, and Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Multidimensional Deprivation in the United States					
Start date: 2017 Frequency: Not applicable					
<ul style="list-style-type: none"> • Provide a more expansive view of well-being than income-based poverty measures • The American Community Survey (ACS) is a source of subnational economic, social, and employment characteristics 	Social determinants of health	ACS 1-year estimates include data for areas with populations of 65,000 or more	U.S. Census Bureau	No cost	The Multidimensional Deprivation Index is constructed using the Alkire-Foster method, in which individual-level indicators of deprivation in multiple dimensions are used to identify who is deprived and to assess the intensity of their deprivation. Multiple datasets were used, but most of the data came from the 2017 ACS 1-year estimates.
National Emergency Medical Services Information System (NEMSIS)					
Start date: 2006 Frequency: Annually					
Standardize and collect state-by-state emergency medical services (EMS) data to more accurately assess EMS needs and performance and better support strategic planning for EMS systems	Access to quality emergency care for hypertension, stroke, cardiac arrest, and other heart problems	Not applicable	National data are owned by the National Highway and Traffic Safety Administration's Office of EMS and in collaboration with the University of Utah	No cost	<ul style="list-style-type: none"> • EMS providers in all states create patient care reports electronically, using NEMSIS-compliant software. • Agencies transmit a portion of their data into a state database.
National Environmental Public Health Tracking Network Query Tool					
Start date: 2009 Frequency: Depends on state and data source					
Provide a web-based data system to track environmental health factors over time, assess health issues specific to communities, share data visualization tools, and share information to inform prevention, evaluation, program planning efforts, and policy interventions	<ul style="list-style-type: none"> • Heart attack, heart disease, and stroke hospitalization, mortality, and prevalence • Stroke systems of care • High blood pressure, diabetes, and physical health 	Data retrieved from: <ul style="list-style-type: none"> • 26 state and local health departments, federal agencies, and national organizations • U.S. Census Bureau • Hospital and emergency department databases • Death certificates from the National Center for Health Statistics 	CDC	No cost	CDC's Public Health Information Network tools to electronically exchange health data and information.

Table 1. National and State Surveys, Systems, and Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p><u>National Health and Nutrition Examination Survey (NHANES)</u></p> <p>Start date: 1960s Frequency: Continuously (data released in two-year cycles)</p>					
<p>Explore emerging public health issues by monitoring trends in the prevalence, treatment, and control of selected diseases and explore relationships between behavioral patterns and health outcome</p>	<ul style="list-style-type: none"> • Direct and self-reported measures of blood pressure, height and weight, and serum (cholesterol, diabetes, and kidney function) • Cardiovascular fitness of patient and family members 	<p>Nationally representative sample of about 5,000 people each year</p>	<p>CDC</p>	<p>No cost</p>	<p>In-person interviews and physical examinations</p>
<p><u>National Health Interview Survey (NHIS)</u></p> <p>Start date: 1957 Frequency: Annually</p>					
<p>Provide data for analyzing health trends and tracking progress toward achieving national health objectives</p>	<ul style="list-style-type: none"> • Physical and mental health status • Chronic conditions, including asthma, diabetes, and hypertension • Access to and use of health care services • Behavioral risk factors 	<p>Civilian non-institutionalized U.S. citizens</p>	<p>CDC</p>	<p>No cost</p>	<p>Confidential interviews conducted in households (cross-sectional surveys)</p>
<p><u>National Vital Statistics System (NVSS)</u></p> <p>Start date: 1890 Frequency: Depends on state</p>					
<p>Provide registration of vital events, including birth, deaths, marriages, divorces, and fetal deaths</p>	<ul style="list-style-type: none"> • Indicators vary by state • International Classification of Diseases (ICD) codes 	<ul style="list-style-type: none"> • People who recently gave birth • Deceased adults and children 	<p>States</p>	<p>No cost</p>	<ul style="list-style-type: none"> • Certificates completed by physicians, registered nurses, or patients at hospitals and clinics • May be used at the substate level (i.e., counties and health districts)

Table 1. National and State Surveys, Systems, and Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>PLACES: Local Data for Better Health</p>					
<p>Start date: 2020 and an expansion of the original 500 Cities Project (2016) Frequency: Annually</p>					
<ul style="list-style-type: none"> • Provide model-based, population-level analysis and community estimates to all counties, places (incorporated and census-designated places), census tracts, and ZIP code tabulation areas (ZCTAs) across the United States • Enable retrieval, visualization, exploration, and download of uniformly defined county-, place-, tract-, and ZCTA-level data for social determinants of health conditions, behaviors, and risk factors • Support existing surveillance data by providing estimates necessary to understand health issues affecting local areas, develop and implement effective and targeted prevention activities, identify health problems, and establish key health objectives 	<ul style="list-style-type: none"> • Measures of health outcomes (e.g., uncontrolled blood pressure, diabetes, heart disease) • Behavioral risk factors • Access to care measures 	<p>Data from census tracts with a population of 50 or more people</p>	<p>CDC</p>	<p>No cost</p>	<p>Data from BRFSS and the National Survey of Children’s Health</p>
<p>Pregnancy Risk Assessment Monitoring System</p>					
<p>Start date: 1987 Frequency: Annually</p>					
<ul style="list-style-type: none"> • Provide data for state health officials to use to improve the health of mothers and infants • Allow CDC and the states to monitor changes in maternal and child health indicators (e.g., unintended pregnancy, prenatal care, breastfeeding, smoking, drinking, infant health) • Enhance information from birth certificates used to plan and review state maternal and infant health programs 	<ul style="list-style-type: none"> • Measures of health outcomes (e.g., uncontrolled blood pressure, pregnancy-related mortality and morbidity) • Behavioral risk factors • Access to care measures 	<p>Women who have had a recent live birth</p>	<p>CDC</p>	<p>No cost</p>	<p>Mailed surveys and telephone interviews</p>

Table 2. Health System Registries

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p><u>Cardiac Arrest Registry to Enhance Survival</u></p> <p>Start date: 2004 Frequency: Continuously</p>					
<p>Assist communities, measure performance, and identify how to improve cardiac arrest survival rates</p>	<ul style="list-style-type: none"> • Patient demographics and the details of cardiac events • System quality and treatment information • Emergency room and hospital outcomes 	<p>Not applicable</p>	<p>Each participating hospital has access to its data and only its data.</p>	<p>No cost</p>	<ul style="list-style-type: none"> • Uses Health Insurance Portability and Accountability Act (HIPAA)–compliant methodology to protect confidentiality • Allows for longitudinal, internal benchmarking of key performance indicators
<p><u>Get With the Guidelines</u></p> <p>Start date: 1999 Frequency: Continuously</p>					
<ul style="list-style-type: none"> • Heart failure: Promote consistent adherence to the latest scientific treatment guidelines and monitor the quality of heart failure care in the United States • Atrial fibrillation: Assist hospital care teams in consistently providing the latest evidence-based treatment for their atrial fibrillation patients • Monitor the quality of atrial fibrillation care in U.S. hospitals and build a database for continued research and further quality improvement • COVID-19 CVD registry: Monitor patient clinical characteristics, medications, treatments, labs, vitals, biomarkers, and outcomes in adult patients hospitalized with COVID-19 • Collect hospital COVID-19 cardiac data to assist quality improvement • Provide performance comparisons with other hospitals regarding resuscitation • Reduce non-compliance and medical errors through data-driven peer review • Provide access to the most up-to-date research and scientific publications • Stroke: Promote quality improvements in stroke care • Serve as an in-hospital program for improving stroke care by promoting consistent adherence to the latest scientific treatment guidelines 	<ul style="list-style-type: none"> • Heart failure and stroke achievement measures, quality measures, reporting measures, and descriptive measures • Hospital arrival and admission information, medications, labs, and discharge information • Cardiovascular and hospital outcomes 	<p>Not applicable</p>	<p>American Heart Association (AHA, in partnership with American Stroke Association)</p>	<p>Cost associated with the data</p>	<p>Data submitted by health system, American Heart Association’s patient management tool</p>

Table 2. Health System Registries *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>National Cardiovascular Data Registry Start date: 1997 Frequency: Continuously</p>					
<p>The National Cardiovascular Data Registry (NDCR) displays the American College of Cardiology's (ACC) suite of cardiovascular data registries helping hospitals and private practices measure and improve the quality of care they provide</p>	<ul style="list-style-type: none"> • Data on health outcomes and chronic conditions, including coronary artery disease, hypertension, heart failure, and atrial fibrillation • Practice, provider, and patient characteristics • Program metrics endorsed by the ACC and the AHA for performance improvement 	<p>Select participation by health systems</p>	<p>ACC Quality Improvement for Institutions Program</p>	<p>Cost associated with the data</p>	<p>Outpatient registries (electronic data submission)</p>

Table 3. Health Systems Data and Reporting Tools

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p><u>CMS Provider Data Catalog</u></p>					
<p>Start date: 2005 Frequency: Annually</p>					
<p>Show national, state, and hospital-level data for measures of heart attack care, heart failure care, pneumonia care, surgical care, emergency department care, preventive care, children’s asthma care, and stroke care</p>	<ul style="list-style-type: none"> • Evidence-based treatments for myocardial infarction, heart failure, and stroke • How quickly hospitals treat emergent patients • How effectively hospitals provide preventive services 	<p>Not applicable</p>	<p>CMS</p>	<p>No cost</p>	<ul style="list-style-type: none"> • Most of the measures of timely and effective care come from the data that hospitals get from medical records of their eligible patients, following standards for abstracting and reporting the information. • Data submissions include auditing procedures and edit checks to assess whether data submitted are consistent with CMS’s defined specifications. • CMS validates the data submitted to provide assurance that the hospital or its designated agent can accurately abstract patient medical records and accurately submit data.
<p><u>Health Resources and Services Administration (HRSA) Uniform Data System (UDS)</u></p>					
<p><u>Training and Technical Assistance</u></p>					
<p>Start date: 2011 Frequency: Annually</p>					
<p>Provide consistent information about health centers and look-alikes</p>	<p>Hypertension and CVD prevention, control, and treatment</p>	<p>Not applicable</p>	<p>HRSA Health Center Program</p>	<p>No cost</p>	<p>Health center grantees and look-alikes report on their performance using the measures defined in the UDS.</p>

Table 3. Health Systems Data and Reporting Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Hospital Value-Based Purchasing Program (HVBP)					
Start date: 2013 Frequency: Annually					
Display hospitals participating in the Hospital Value-Based Purchasing Program and the quality of care they provide	<ul style="list-style-type: none"> Quality and cost measured on hospital performance Health outcomes measures Reimbursement, cost-effectiveness, and cost reduction measures Quality of care outcome measures 	Approximately 3,000 hospitals across the country and Inpatient Prospective Payment System (IPPS)	CMS	No cost	Hospital VBP is based on data collected through the Hospital Inpatient Quality Reporting Program (IQR). The Total Performance Score was derived from four domains in FY 2021: Clinical Outcomes, Person and Community Engagement, Safety, and Efficiency and Cost Reduction.
Medicaid Adult Health Care Quality Measures					
Start date: 2012 Frequency: Annually					
Provide health care quality measures for Medicaid-eligible adults	<ul style="list-style-type: none"> Prevention and treatment of hypertension and CVD Heart failure admissions 	Approximately 80 million Medicaid enrollees	CMS	No cost	States collect data on core set measures for enrollees of all delivery system types, including managed care and fee for service.
Medicare Advantage: Star Ratings					
Start date: 2009 Frequency: Annually					
Combine scores for the types of services each plan offers.	<ul style="list-style-type: none"> Hypertension and CVD control Hypertension and CVD treatment and prevention Medicare Advantage plans in place prior to the beginning of the calendar year 	Not applicable	CMS	No cost	<ul style="list-style-type: none"> Gathered from several different sources, such as member surveys, information from clinicians, or information from plans Medicare's regular monitoring activities

Table 3. Health Systems Data and Reporting Tools *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Medicare Hospital Spending by Claim (Beneficiary)					
Start date: 2012 Frequency: Annually					
Show whether Medicare spends more, less, or about the same per Medicare patient treated in a specific hospital compared with how much Medicare spends per patient nationally	Medicare spending by hospital per Medicare claim type	Hospitals in the United States	CMS	No cost	A hospital's Medicare Spending Per Beneficiary (MSPB) measure is calculated as the hospital's average MSPB amount divided by the median MSPB amount across all hospitals.
Medicare Shared Savings Program/Affordable Care Organizations (ACOs)					
Start date: 2013 Frequency: Annually					
Collect and report data based on 33 measures on physician quality for eligibility in Medicare Shared Savings and meaningful use	<ul style="list-style-type: none"> • Historical program information (including program size, quality, and shared savings) • ACO information (including characteristics, composition, and participation information) • ACO-assigned beneficiary population 	Eligible providers, hospitals, and suppliers who have created or participated in an ACO	CMS	No cost	ACOs report clinical quality measures through a web interface.
National Committee for Quality Assurance (NCQA): Healthcare Effectiveness Data and Information Set (HEDIS)					
Start date: 1991 Frequency: Continuously					
Provide a set of standardized performance measures designed to give purchasers and consumers the information they need to compare the performance of managed health care plans	Hypertension and CVD prevention, control, and treatment	Adults in the United States enrolled in health care plans that report HEDIS results	NCQA	Cost associated with the data	<ul style="list-style-type: none"> • HEDIS includes more than 90 measures across six domains of care, including Effectiveness, Access/Availability, and Experience of Care. • NCQA collects Medicare and Exchange data on behalf of CMS, collects Medicaid HEDIS data on behalf of state agencies, and collects commercial data on behalf of states and the U.S. Office of Personnel Management.

Table 4. National, State, and Local Policy Tracking

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p><u>Bloomberg Law: Health</u></p> <p>Start date: 2009 Frequency: Continuously</p>					
<ul style="list-style-type: none"> • Display federal and state legislation and regulations affecting public health • Share case law, news, and legal analytics 	<ul style="list-style-type: none"> • All matters related to public health • Relevant expertise listed as: <ul style="list-style-type: none"> » COVID-19 » Health » Labor/employment 	Not applicable	Bloomberg Media	Cost associated with the data; demo available	<ul style="list-style-type: none"> • Legislation at the federal and state levels is tracked and updated. • Compiles primary and secondary legal sources, news, legal analysis, and business information • Uses a combination of artificial intelligence tools and analysis to update subscribers
<p><u>CQ (FiscalNote)</u></p> <p>Start date: 1945 Frequency: Continuously</p>					
Track federal- and state-level legislation, policy process, and relevant new issues affecting public health	<ul style="list-style-type: none"> • General public health • Advocacy tools 	Not applicable	FiscalNote	Cost associated with the data	<ul style="list-style-type: none"> • Legislation at the federal and state levels is tracked, updated, and analyzed. • Alerts are disseminated when user-selected legislation changes or progresses through its respective legislature.
<p><u>GovTrack.us: U.S. Congress</u></p> <p>Start date: Not applicable Frequency: Continuously</p>					
Track federal legislation on issues affecting public health and federal health agencies	Health policy	Not applicable	U.S. government	No cost	<ul style="list-style-type: none"> • Federal legislation and voting records are tracked and analyzed. • Alerts are disseminated when user-selected legislation changes or progresses through its respective legislature.

Table 4. National, State, and Local Policy Tracking *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>LawAtlas: The Policy Surveillance Portal</p> <p>Start date: Not applicable Frequency: Continuously</p>					
<p>Use policy surveillance to capture the characteristics of laws and policies of public health significance</p>	<p>Wide-ranging topics related to public health, including (among others) social determinants of health and chronic disease</p>	<p>Not applicable</p>	<p>Temple University Beasley School of Law; funded by Robert Wood Johnson Foundation</p>	<p>No cost</p>	<ul style="list-style-type: none"> • Legal analysts conduct searches using Westlaw Next, Lexis Advance, HeinOnline, National Conference of State Legislatures website, and state-specific legislature websites. • Coding and analysis is supported by legal research software developed by the Center for Public Health Law Research.
<p>LexisNexis State Net</p> <p>Start date: 1977 Frequency: Continuously</p>					
<p>Track legislation and regulations at the federal, state, and local levels</p>	<p>All matters related to public health</p>	<p>Not applicable</p>	<p>LexisNexis</p>	<p>Cost associated with the data; demo available</p>	<ul style="list-style-type: none"> • Tracks legislation and regulations in all 50 state legislatures and territories and local governments • Information categorized by issue area and congressional term
<p>National Conference of State Legislatures 50-State Searchable Bill Tracking Databases</p> <p>Start date: 1975 Frequency: Weekly</p>					
<p>Display 50-state information using searchable bill tracking databases</p>	<p>Numerous relevant topics, including, but not limited to, health innovations, emergency care, health care appropriations, prescription drugs, licensing, and environmental health</p>	<p>Not applicable</p>	<p>National Conference of State Legislatures</p>	<p>No cost</p>	<p>Tracks legislation and regulations in all 50 state legislatures and categorizes them by topic area</p>

Table 4. National, State, and Local Policy Tracking *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<u>POLITICO Pro Legislative and Regulatory Compass</u>					
Start date: Not applicable Frequency: Continuously					
Track and analyze legislation and regulations at the state and federal levels	Wide-ranging topics related to public health, including (among others) social determinants of health and chronic disease	Not applicable	Politico	Cost (subscription) associated with the data	Legislation and regulatory activity at the federal and state levels is tracked and updated.
<u>State Education Policy Tracking</u>					
Start date: 2000 Frequency: Continuously					
Track state education policy on a wide variety of education topics	<ul style="list-style-type: none"> Physical, nutritional, and health education curriculum Counseling and mental and emotional health services Equity Student health services 	Not applicable	Education Commission of the States	No cost	<ul style="list-style-type: none"> Enacted legislation on public education at the state level is tracked, categorized, and analyzed by topic, year, and state legislature A pending legislation watch list is also included.
<u>StateScope</u>					
Start date: 1991 Frequency: Continuously					
Track and display state legislative and regulatory compliance software	Various topics related to public health	Not applicable	Not applicable	Cost associated with the data	Tracks public health legislation and regulations at the federal and state levels and categorizes them by issue area and congressional term
<u>Westlaw</u>					
Start date: 1970s Frequency: Continuously					
Show pending and enacted state and federal legislation on all matters related to public health	Various topics related to public health	Not applicable	Thomson Reuters	Cost associated with the data; free trial available	Uses artificial intelligence and human researchers to conduct legal research, tracks legislation and regulations, and compares changes in legislation, regulations, and statutes at the federal and state levels

Table 5. Media Tracking

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>Adobe SiteCatalyst (previously known as Omniture)</p> <p>Start date: Not applicable Frequency: Client dependent; Data available in real time</p>					
Support real-time web analytics	Provides metrics to assess the impact of online marketing campaigns for benchmarking analysis and measures of success	Websites of client interest	Client	Cost associated with the data	Visitor data to the client website and on mobile devices is collected automatically.
<p>Audience Insights</p> <p>Start date: Not applicable Frequency: Client dependent; Data available in real time</p>					
Share aggregate information about people connected to the client page and people on Facebook to aid in content management and audience recruitment	Client dependent	Client Facebook page viewers	Client	No cost	<ul style="list-style-type: none"> • Data are gathered from visitors and traffic to the client Facebook page. • Information is collected automatically.
<p>Cision</p> <p>Start date: Not applicable Frequency: Client dependent; Data available in real time</p>					
Provide media monitoring, relationship management, audiences and attribution, and analysis and reporting	Measures collected are client dependent	Consumers of client’s television, radio, social, and online media	Client	Cost associated with the data	<ul style="list-style-type: none"> • Data collected from a variety of media sources • Information collected automatically
<p>Data for Good</p> <p>Start date: Not applicable Frequency: Client dependent; Data available in real time</p>					
Empower partners with privacy-preserving data that strengthen communities and advance social issues	Client dependent	Partners with organizations across every continent, including universities, nonprofit organizations, and international institutions	Client	No cost	Data collected from Facebook location features, satellite imagery, and census
<p>Google Analytics</p> <p>Start date: Not applicable Frequency: Client dependent; Data available in real time</p>					
Collect data on the behavior patterns of website visitors	<ul style="list-style-type: none"> • Number of website visitors and repeat visitors to a website • Referring traffic sources • Pages viewed • Geographic location of visitors • Custom reporting 	Client website	Client	No cost	<ul style="list-style-type: none"> • Data are gathered from visitors to client website. • Information is collected automatically.

Table 5. Media Tracking *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Hootsuite Start date: Not applicable Frequency: Client dependent; Data available in real time					
Provide comprehensive social media management using analytic tools and customizable reports	Includes features for publishing, engaging, monitoring, advertising, and analyzing social media	Not applicable	Client	Cost associated with client need; free demo available	Assesses data available from Facebook insights, Google analytics, Twitter profile statistics, Ow.ly click statistics, Google+ pages analytics, and client analytics
Keyhole Start date: Not applicable Frequency: Option of real-time tracking or historical reports; Client dependent					
<ul style="list-style-type: none"> • Offer simple search functions to track social campaigns through a keyword, hashtag, or URL • Create interactive live dashboard and reporting system 	<ul style="list-style-type: none"> • Tracks posts, users, reach, impressions, shares, key influencers and demographics, and more • Three modalities: Social Listening and Analytics, Influencer Marketing, and Campaign Tracking 	Not applicable	Client	Cost associated with plans; free trial available	Tracks social media engagement
Meltwater Start date: Not applicable Frequency: Client dependent; Data available in real time					
Provide social media monitoring and analytics	Measures collected are client dependent	Consumers of client's social media	Client	Cost associated with the data	<ul style="list-style-type: none"> • All client social media users • Information collected automatically
Nielsen Start date: Not applicable Frequency: Market data are updated and have regular publication on findings; Client dependent					
<ul style="list-style-type: none"> • Conduct national surveys to capture local consumer trends • Offer insights on consumer behaviors on digital platforms and engagement with campaigns 	<ul style="list-style-type: none"> • Wide range of topics covered • Features include audience measurement, media planning, marketing optimization, and content metadata 	Not applicable	Client	Cost associated with the data	<ul style="list-style-type: none"> • Surveys • Data capturing and analysis on digital platforms

Table 5. Media Tracking *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Salesforce Marketing Cloud					
Start date: Not applicable Frequency: Client dependent; Data available in real time					
Gather and monitor metrics set on social networks, websites, and mobile devices	<ul style="list-style-type: none"> Measures social campaign metrics and sentiment behind user-generated content Features include the development and design of marketing campaigns 	Client social networks, websites, and mobile devices	Client	Cost associated with the data	<ul style="list-style-type: none"> All visitors to client social networks, websites, and mobile devices Information collected automatically
Sprout Social					
Start date: Not applicable Frequency: Client dependent; Can create automatic, scheduled reports					
Provide a social media management platform	Client dependent	Data gathered from multiple social media channels	Client	Cost associated with the data; free demo available	Process information is collected automatically
YouTube Studio					
Start date: Not applicable Frequency: Client dependent; Data available in real time					
Provide metrics on video traffic and viewers behavior	<ul style="list-style-type: none"> Viewership Subscribers Watch-time or time watched Audience retention Traffic sources Annotations Community actions Demographics and geographics 	Client YouTube video viewers	Client	<ul style="list-style-type: none"> No cost Need Google account to log in 	<ul style="list-style-type: none"> Visitors to client YouTube video channel Information collected automatically from the website

Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Agency for Healthcare Research Cardiovascular Treatment Outcomes Dashboard					
Start date: March 2016 Frequency: Not applicable					
Offer primary care practices a resource for calculating provider- and practice-level measures of blood pressure control, smoking cessation, and use of aspirin for heart disease	Primary care practices can use this Excel dashboard to calculate provider- and practice-level measures of blood pressure control, smoking cessation, and use of aspirin for heart disease. It also allows practices to graph their performance over time and to compare their progress to their goals.	Not applicable	Qualis Health	No cost	Sourced from Qualis Health and used with permission from Heart Healthy Northwest
AHA Heart Disease and Stroke Statistics					
Start date: Not applicable Frequency: Annually					
Provide up-to-date statistics and publications on the core health behaviors and health factors that define cardiovascular health	Statistics on behaviors and health outcomes related to cardiovascular health that are disaggregated by demographics	Not applicable	AHA	No cost	AHA, in conjunction with CDC, NIH, and other government agencies, annually compiles up-to-date statistics on CVD.
CDC Division for Heart Disease and Stroke Prevention Heart Disease and Stroke Maps and Data					
Start date: Not applicable Frequency: Continuously					
Search for and view health indicators related to heart disease and stroke prevention	Various health indicators, including but not limited to Interactive Atlas of Heart Disease and Stroke, Data Trends and Maps, and Chronic Disease GIS	Not applicable	Not applicable	No cost	Multiple data sources, including BRFSS, CARES, the Paul Coverdell National Acute Stroke Program, HCUP, Medicare, the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, NHANES, NHIS, and NVSS

Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Census Bureau Data					
Start date: Not applicable Frequency: Varies by survey; could be conducted quarterly, monthly, or annually					
Provide access to national, state, and local data via search or predefined datasets	Numerous surveys, including communities, housing, economics, and government	Not applicable	Not applicable	No cost	The Census Bureau conducts nearly 100 surveys and censuses every year
Center for Applied Research and Engagement Systems (CARES) Engagement Network					
Start date: 1992 Frequency: Continuously					
Provide access to up-to-date data, maps, and community needs assessments	<ul style="list-style-type: none"> • Free community needs assessment reporting tool with more than 80 indicators, including health behaviors and outcomes and social and economic factors • National map room with more than 15,000 data layers, including economics, health, education, and the environment • Heart disease statistics 	Data derived from mapping efforts	CARES provides access to data	No-cost and subscription-based options	Open access to CARES data warehouse to make maps and to build free community assessments
Chronic Conditions Data Warehouse (CCW)					
Start date: Medicare files for 1999–2019; Part D Prescription Drug Event data for 2006–2020; Medicaid files for 1999–2019 Frequency: Not applicable					
Provide researchers with Medicare and Medicaid beneficiary, claims, and assessment data linked by beneficiary across the continuum of care	<ul style="list-style-type: none"> • Medicare, Medicaid, Assessments, and Part D Prescription Drug Event data • Data available upon request 	Not applicable	CCW data files may be requested for any of the predefined chronic condition cohorts, or users may request a customized cohort(s) specific to research focus areas	No cost	The CCW data are linked by a unique, unidentifiable beneficiary key, which allows researchers to analyze information across the continuum of care.

Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>Chronic Disease GIS Exchange</p> <p>Start date: Not applicable Frequency: Continuously</p>					
<p>Provide a forum for sharing specific examples, ideas, and techniques for using GIS to document geographic disparities, inform policy and program development, and build partnerships</p>	<ul style="list-style-type: none"> • Data sources and GIS techniques used to produce maps regarding the burden of heart disease, stroke, and other chronic diseases • Gallery of maps produced on heart disease and stroke, among other chronic conditions 	<p>Data derived from mapping efforts</p>	<p>Invites visitors to share maps that address chronic diseases</p>	<p>No cost</p>	<p>Open-exchange forum</p>
<p>Chronic Disease Indicators</p> <p>Start date: Not applicable Frequency: Updated on an ongoing basis; Last updated March 24, 2022</p>					
<p>Enable public health professionals and policymakers to retrieve state and selected metropolitan-level data for chronic diseases and risk factors, including overarching conditions that are social determinants of health (SDOH)</p>	<ul style="list-style-type: none"> • CVD overarching conditions, including social determinants of health, behavioral and environmental risk factors, and socioeconomic indicators of health • Integrated source for comprehensive access to a wide range of indicators for the surveillance of chronic diseases, conditions, and risk factors at the state level 	<p>Not applicable</p>	<p>Not applicable</p>	<p>No cost</p>	<p>Chronic Disease Indicators includes 124 indicators. A total of 201 individual measures are included for the 124 indicators, many of which overlap multiple chronic disease topic areas or are specific to a certain sex or age group.</p>
<p>Community Commons</p> <p>Start date: Not applicable Frequency: Continuously</p>					
<p>Support those working to advance equitable community health and well-being by sharing tools, resources, data, and stories to support this work</p>	<ul style="list-style-type: none"> • Wide range of topics, including economy, education, environment, equity, food, and health • Gallery of maps produced on heart disease and stroke, among other chronic conditions • Comprehensive stroke centers, primary stroke centers, and stroke mortality rates by county 	<p>Not applicable</p>	<p>Registration required to access data</p>	<p>No cost</p>	<p>Open-exchange forum to make and share maps with system collaborators</p>

Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
CDC WONDER					
Start date: Early 1990s Frequency: Depends on dataset					
<ul style="list-style-type: none"> Promote information-driven decision making by placing timely, useful facts in the hands of public health practitioners and researchers Provide the general public with access to specific and detailed information from CDC 	<ul style="list-style-type: none"> Final and provisional mortality data Interactive Atlas of Heart Disease and Stroke 	Various online databases and public health data collections	CDC, NASA Applied Sciences Program	No cost	Varies by data source
FastStats					
Start date: Not applicable Frequency: Last updated in May 2020					
Provide quick access to statistics on more than 100 topics of public health importance	<ul style="list-style-type: none"> Behavioral risk factors Demographics CVD-related health status and risk factors 	Not applicable	Not applicable	No cost	Not applicable
Health Resources and Services Administration: Area Health Resource Files					
Start date: Not applicable Frequency: Annually					
Provide a comprehensive set of data offering a broad range of health resources and socioeconomic indicators that affect demand for health care	<ul style="list-style-type: none"> Health care professionals Hospitals and health care facilities Census, population data, and environment 	Not applicable	HHS; sourced from numerous government and academic sources	No cost	The Area Health Resources Files include data on health care professions, health facilities, population characteristics, economics, health professions training, hospital utilization, hospital expenditures, and environment at the county, state, and national levels from more than 50 data sources.
Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease (GBD)					
Start date: Not applicable Frequency: Annual updates to its estimates; Last updated in 2019, with continuing updates related to COVID-19					
Deliver timely, relevant, and scientifically valid evidence to improve health policy and practice	<ul style="list-style-type: none"> All-cause mortality Deaths by cause Years of life lost Years lived with disability Disability-adjusted life years by country, age, and sex 	Not applicable	Numerous projects to guide activities, data collection, visualization, and analytics	No cost	Includes a Core Analytic Team, a GBD Scientific Council, a GBD Management Team, and a robust network of GBD experts

Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p><u>Interactive Atlas of Heart Disease and Stroke</u></p> <p>Start date: Not applicable Frequency: Continuously</p>					
<p>Provide county-level information on maps for heart disease and stroke, along with maps of social environmental conditions and health services for the entire United States or for a chosen state or territory</p>	<p>Heart disease and failure, hypertension, stroke coronary heart disease, acute myocardial infarction, cardiac dysrhythmia deaths, hospitalizations, and hospital discharge status</p>	<p>Data derived from mapping efforts</p>	<p>Not applicable</p>	<p>No cost</p>	<p>Mortality data drawn from National Vital Statistics System Bridged-Race Postcensal Population Estimates (Vintage 2009) from National Center for Health Statistics</p>
<p><u>Local Trends in Heart Disease and Stroke Mortality Dashboard</u></p> <p>Start date: Not applicable Frequency: Last updated in February 2022</p>					
<ul style="list-style-type: none"> • Provide access to county (or county equivalent) estimates of annual CVD deaths • Provide federal agencies, state and local health departments, nonprofit organizations, academic institutions, and the public with information to enhance CVD prevention and treatment activities, plan services, allocate resources, and develop policies 	<ul style="list-style-type: none"> • Coronary heart disease rates and death rates • Heart failure rates and death rates • Stroke rates and death rates 	<p>Estimates of annual CVD (i.e., all diseases of the heart, coronary heart disease, heart failure, and stroke) disease death rates from 1999 to 2019 and trends from 1999 to 2010 and from 2010 to 2019 by age group, sex, and race or ethnicity</p>	<p>Not applicable</p>	<p>No cost</p>	<p>Users can display, share, and download maps and graphs of county-level trends in heart disease mortality.</p>
<p><u>National Environmental Public Health Tracking Network Query Tool</u></p> <p>Start date: 2009 Frequency: Depends on state and data source</p>					
<ul style="list-style-type: none"> • Monitor trends and assess health issues specific to communities • Provide a resource where individuals can create customized maps, tables, and charts of local, state, and national data • Provide information about health effects due to heart disease and stroke systems of care that inform prevention, evaluation, program planning efforts, and policy interventions 	<ul style="list-style-type: none"> • Heart attack and stroke hospitalizations, mortality, and prevalence • High blood pressure, diabetes, and physical health • Air quality • Stroke systems of care 	<ul style="list-style-type: none"> • U.S. Census Bureau • Hospital and emergency department databases • Death certificates from the National Center for Health Statistics 	<p>CDC</p>	<p>No cost</p>	<p>CDC's Public Health Information Network Tools electronically exchange health data and information</p>

Table 6. Data Visualization, Interactive, and Geographic Information Systems Platforms *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
PolicyLink Community Mapping					
Start date: Not applicable Frequency: Continuously					
Provide an overview of community mapping, with an emphasis on how mapping is used to support equitable development	Socioeconomic conditions, development opportunities, and neighborhood change	Data derived from community mapping efforts	Not applicable	Unknown	Community builds mapping collaborative surrounding identified issue
World Health Organization (WHO) Global Health Observatory					
Start date: Not applicable Frequency: As available; Mostly data from 2019; COVID-19 data on a separate page linked on the website					
<ul style="list-style-type: none"> • Provide access to WHO's analyses to monitor global, regional, and country situation and trends • Display health indicators globally or by state 	<ul style="list-style-type: none"> • Mortality and global health estimates • Health systems • Public health and environment • Health equity monitor 	Not applicable	WHO, whenever possible, will provide member states the opportunity to review and comment on data and estimates as part of country consultations	No cost	Many of these datasets represent the best estimates of WHO, using methodologies for specific indicators that aim for comparability across countries and time; they are updated when more recent or revised data become available or when there are changes to the methodology being used.

Table 7. Sodium in the Food Supply

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>Sodium Reduction in Communities Program Implementation Guide</p> <p>Start date: 2021 Frequency: Not applicable</p>					
<p>Help food service staff and public health organizations reduce sodium in food service organizations by drawing upon the experiences gained during the Sodium Reduction in Communities Program</p>	<p>Sodium reduction</p>	<p>Evaluation data from respective programs</p>	<p>Not applicable</p>	<p>No cost</p>	<p>Food service staff, including registered dietitians, food service managers and directors, executive chefs, and food service line staff, can use this guide to plan, implement, and maintain sodium reduction activities.</p>
<p>Sodium Reduction in Communities Program Outcome Evaluation Toolkit</p> <p>Start date: 2017 Frequency: Not applicable</p>					
<p>Provide a step-by-step guide for program staff and evaluators who are planning and implementing sodium reduction outcome evaluations</p>	<p>Sodium reduction</p>	<p>Evaluation data from respective programs</p>	<p>Not applicable</p>	<p>No cost</p>	<p>The toolkit is intended for program staff and evaluators to assess the process and outcome of sodium reduction efforts in various venues and entities.</p>

Table 8. Social Determinants of Health

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>AHRQ Social Determinants of Health Database</p> <p>Start date: Not applicable Frequency: Data are currently available from 2009 to 2018.</p>					
<p>Provide easily linkable SDOH-focused data to use in patient-centered outcomes research, inform approaches to address emerging health issues, and ultimately contribute to improved health outcomes</p>	<ul style="list-style-type: none"> • Social and economic context • Education • Physical infrastructure • Health care context 	<p>Variables in the files correspond to five key SDOH domains and can be linked to other data by geography (county and ZIP code)</p>	<p>Not applicable</p>	<p>No cost</p>	<p>These SDOH beta data files are curated from existing federal datasets and other publicly available data sources. The files make it easier to find a range of well-documented, readily linkable SDOH variables across domains without having to access multiple source files, facilitating SDOH research and analysis.</p>
<p>CDC Social Vulnerability Index (SVI)</p> <p>Start date: Not applicable Frequency: The CDC/ATSDR SVI is updated every 2 years based on U.S. Census Bureau data releases</p>					
<p>The Agency for Toxic Substances and Disease Registry’s (ATSDR) Geospatial Research, Analysis and Services Program created the SVI to help emergency response planners and public health officials identify and map communities based on SDOH that will most likely need support before, during, and after a hazardous event</p>	<ul style="list-style-type: none"> • Socioeconomic status (below poverty, unemployed, income, or no high school diploma) • Household composition and disability (age 65 years or older, age 17 years or younger, older than age 5 with a disability, or single-parent households) • Minority status and language (e.g., minority, speak English “less than well”) • Housing type and transportation (multiunit structures, mobile homes, crowding, no vehicle, or group quarters) 	<p>Uses 15 U.S. Census variables</p>	<p>Not applicable</p>	<p>No cost</p>	<p>The CDC/ATSDR SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Each tract receives a separate ranking for each of the four themes as well as an overall ranking.</p>

Table 8. Social Determinants of Health *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p><u>HDPulse: An Ecosystem of Health Disparities and Minority Health Resources</u></p>					
<p>Start date: Not applicable Frequency: Not applicable</p>					
<p>Provide an ecosystem to characterize health disparities to motivate action to reduce health disparities. Interactive graphics and maps provide visual support for deciding where to focus public health disparities control efforts.</p>	<p>HDPulse includes a range of socioeconomic variables, including crowding (households with more than one person or room), education, income, health insurance, household mobility, non-English language speakers in the household, poverty, and unemployment</p>	<p>Not applicable</p>	<p>Managed by the National Institute on Minority Health and Health Disparities</p>	<p>No cost</p>	<p>The portal brings together data collected from public health surveillance systems by using either their published reports or public use files.</p>
<p><u>Health Equity Report Card</u></p>					
<p>Start date: Not applicable Frequency: Continuously</p>					
<p>Generate local data related to socioeconomic barriers and health to help drive positive community change</p>	<ul style="list-style-type: none"> • Poverty • Healthcare • Access to healthy food • Housing • Access to active spaces • Education • Transportation • Environment 	<p>Not applicable</p>	<p>Salud America! Health Equity Report Card data are powered by CARES at the University of Missouri</p>	<p>No cost</p>	<p>Data are drawn from the CARES data warehouse.</p>
<p><u>National Equity Atlas</u></p>					
<p>Start date: Not applicable Frequency: Most datasets are updated annually</p>					
<ul style="list-style-type: none"> • Provide a detailed report card on racial and economic equity • Provide actionable data and strategies to advance racial equity and shared prosperity 	<ul style="list-style-type: none"> • Demographic change • Racial and economic inclusion 	<p>Not applicable</p>	<p>Produced by PolicyLink and the University of Southern California Equity Research Institute (ERI)</p>	<p>No cost</p>	<p>Data are drawn from the regional equity indicators database maintained by PolicyLink and the ERI.</p>

Table 8. Social Determinants of Health *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
<p>National Healthcare Quality and Disparities Report</p> <p>Start date: Not applicable Frequency: Updated yearly; last updated in 2019</p>					
<p>Measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care</p>	<p>Socioeconomic demographics, health care access, and health care quality</p>	<p>Not applicable</p>	<p>Supported HHS Interagency Workgroup</p>	<p>No cost</p>	<ul style="list-style-type: none"> • Data experts from contributing agencies or organizations generate descriptive summary statistics from the microdata for the report measures and population groups of interest. For particular measures, the report team downloads summary statistics directly from trusted websites. All survey design features are considered. • The data included in the report were determined by the measures chosen for tracking by the Interagency Workgroup and the report team.
<p>Neighborhood Atlas®</p> <p>Start date: 2018 Frequency: Not applicable</p>					
<p>Freely share measures of neighborhood disadvantage with the public, educational institutions, health systems, not-for-profit organizations, and government agencies to make these metrics available for use in research, program planning, and policy development</p>	<ul style="list-style-type: none"> • Poverty • Education (less than high school) 	<p>Not applicable</p>	<p>Supported by NIH and the University of Wisconsin</p>	<p>No cost</p>	<p>The Area Deprivation Index (ADI) uses ACS 5-year estimates in its construction. For example, the 2018 ADI uses the ACS data for 2018, which is a 5-year average of ACS data obtained from 2014 to 2018.</p>

Table 8. Social Determinants of Health *continued*

Purpose	Heart Disease/ Stroke Prevention Topics Addressed	Sampling Frame	Data Ownership/ Primary Contact Organization	Cost	Methodology
Racial Equity Tools Start date: Not applicable Frequency: Last updated in 2020					
Help groups assess, learn from, and document their racial equity work, with special attention to issues of power and privilege in the work and in evaluation	Evaluation framework with a racial equity lens	Not applicable	Not applicable	No cost	This is not a dataset but an evaluation framework for collecting, analyzing, and sharing data.
Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Equity Report Start date: Published October 23, 2021 Frequency: Not applicable					
Provide a summary of key behavioral health measures related to substance use and mental health	<ul style="list-style-type: none"> • Substance use • Mental health and treatment 	Not applicable	Published by SAMHSA	No cost	Data from the National Survey on Drug Use and Health, 2015–2019
Vulnerable Populations Footprint Start date: Not applicable Frequency: American Community Survey data are released yearly					
Identify the overlap between high concentrations of population living in poverty and populations living without a high school diploma	<ul style="list-style-type: none"> • Poverty • Education (less than high school) 	Not applicable	Center for Applied Research and Engagement System (CARES) at the University of Missouri	No cost	Uses American Community Survey data