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POLICY IN BRIEF

American Heart Association | American Stroke Association

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RECOMMENDATIONS FROM THE AMERICAN HEART ASSOCIATION

STATE CARDIOVASCULAR HEALTH PROGRAMS: A GUIDE TO CORE INFRASTRUCTURE, ACTIVITIES AND RESOURCES

3 THINGS TO KNOW

1. More than one in three U.S. adults suffers from CVD in some form.[1] If trends continue unchecked, this figure is projected to rise to 43.9 percent of U.S. adults by 2030.[1]

2. Projections show that by 2035, direct costs of CVD will increase to $749 billion, and indirect costs will increase to $368 billion, for a total estimated impact of $1.1 trillion per year.[2]

3. State Health Departments are core leaders in CVD prevention and manage critical programs and services for communities throughout the country. It's critical for state health departments to have core infrastructure to support activities and be adequately funded in order to implement effective strategies.

Background

In recognition of the continued public health crisis that cardiovascular disease (CVD) poses, the American Heart Association (AHA), convened an expert panel of cardiovascular, budgetary, and public health experts. The panel advised AHA on developing a guide for state health departments and CVD prevention and control programs to improve cardiovascular health in their jurisdictions. The guide and its recommendations, summarized here, focus on expanding the capacity and reach of CVD prevention and control programming at the state level and helping state officials identify possible ways to help fund these initiatives.

> *"Given the high cost, both physical and economic, of CVD in the United States, it is imperative that states make a concerted and sustained effort to create, support, and expand CVD prevention and control programming."*
>
> Advisory Group

Recommendations

The recommendations in the guide are divided into three subsections: core infrastructure for state departments of health, key activities for state CVD prevention and control programs, and suggestions for sustainable funding for CVD prevention and control activities.

Core Department of Health Infrastructure: For state health departments to effectively implement key activities, all states should have a dedicated CVD prevention and control program with adequately trained staff working in a full-time capacity. It is also necessary for a state to have organizational capacity to carry out key CVD related activities. AHA recommends that all state departments of health have the following components of core infrastructure of it CVD programs:

Robust epidemiology and surveillance, with sufficient technical expertise to support these activities	Technical assistance, program planning, project management, and evaluation	Conveners of partners and organizations
Information resource, health educator and trainer	Developer of healthcare system capacity and reach and	Policy advancement

In addition to this core infrastructure, state health departments should:

- Facilitate expansion of insurance coverage (both public and private) and access for CVD prevention services and programs;
- Ensure appropriate capacity and diversity of skills, expertise, and experience across the healthcare workforce;
- Communicate the value of public health investment on disease outcomes and burden to stakeholders, media, and public officials; and
- Work to reduce health disparities in communities and ensure programs, tools and resources reach communities with the highest burden of disease.

Key Activities for a State CVD Prevention and Control Program: AHA recommends that a CVD prevention and control program conduct a number of key activities to advance cardiovascular health, in the areas of primary and secondary prevention, as well as surveillance and monitoring. Primary prevention activities focus on staving off the development of CVD before it arises. Secondary prevention activities focus on ensuring the best possible treatment and on-going care for people with CVD to reduce additional events, while surveillance and monitoring activities focus on tracking anunderstanding disease trends and interventions.

Primary Prevention

Healthy Eating
• Promote the adoption of healthy food service guidelines and nutrition standards, including sodium standards.
• Increase access to healthy food and beverages and create supportive nutrition environments.
Active Living
• Promote the creation of built environments that are conducive to physical activity.
• Promote the adoption of regular physical education in schools.
• Promote the adoption of physical activity in early child care centers, schools, and work sites.
• Increase screening for and prescription of physical activity/physical fitness within payment and delivery systems of care.
Tobacco Prevention
• Provide comprehensive tobacco prevention and cessation programs at CDC-recommended funding levels[3] to support these programs.
• Support comprehensive clean indoor air laws to ensure healthier living and working spaces and improve individual and community health.
Other Risk Factors and Disparities
• Increase awareness of, and education around, CVD risk factors.
• Identify and address factors contributing to undiagnosed hypertension.
• Reduce CVD risk factors among at-risk adults by providing preventive services to uninsured and underinsured people including blood pressure, cholesterol, and diabetes testing aligned with current guidelines.[4]

- Reduce racial and ethnic health disparities, as well as other disparities, by building partnerships, strengthening capacity, and implementing evidence- and practice-based strategies in communities disproportionately affected by CVD.
- Increase implementation of quality improvement processes in health systems.
- Initiate activities that promote clinical innovations, clinical community linkages, team-based care, self-monitoring of blood pressure, and other activities to effectively control blood pressure, A1C, and cholesterol.
- Develop and implement medication optimization programs to manage blood pressure, high cholesterol and cardiovascular disease and prevent heart attack and stroke recurrence.
- Address disparities in usage of evidence-based secondary CVD prevention, including team-based care.
- Support weight loss and nutrition counseling for CVD survivors.
- Promote coverage of and access to cardiac rehabilitation in private and public insurance.
- Encourage payment and delivery system reforms that improve the safety, effectiveness, efficiency, equity, timeliness, and patient-centeredness of care.
- Facilitate the coordination and enhancement of stroke and ST-Elevation Myocardial Infarction (STEMI) systems of care.
- Encourage implementation of evidence-based telehealth interventions that are in parity with in-person healthcare encounters.

Secondary Prevention

- Increase implementation of quality improvement processes in health systems.
- Initiate activities that promote clinical innovations, clinical community linkages, team-based care, self-monitoring of blood pressure, and other activities to effectively control blood pressure, A1C, and cholesterol.
- Develop and implement medication optimization programs to manage blood pressure, high cholesterol and cardiovascular disease and prevent heart attack and stroke recurrence.
- Address disparities in usage of evidence-based secondary CVD prevention, including team-based care.
- Support weight loss and nutrition counseling for CVD survivors.
- Promote coverage of and access to cardiac rehabilitation in private and public insurance.
- Encourage payment and delivery system reforms that improve the safety, effectiveness, efficiency, equity, timeliness, and patient-centeredness of care.
- Facilitate the coordination and enhancement of stroke and ST-Elevation Myocardial Infarction (STEMI) systems of care.[5, 6]
- Encourage implementation of evidence-based telehealth interventions that are in parity with in-person healthcare encounters.

Surveillance and Monitoring

- Improve comprehensive chronic disease surveillance systems including maintaining effective surveillance systems for stroke and cardiovascular risk factors, including the Paul Coverdell National Acute Stroke Registry program.[7]
- Conduct data collection of behaviors and potential risk factors for chronic disease to promote population health.[7]
- Promote reporting of blood pressure, A1C and other consensus-based measures to quality improvement organizations and payers to promote population health.
- Encourage the use of registries to collect data as part of payment and delivery system reform initiatives.
- Facilitate data platform sharing across private/public sectors to optimize precision medicine initiatives.
- Promote optimal use of Electronic Health Records (EHRs) including interoperability to improve CVD surveillance systems.
- Facilitate surveillance of CVD events including myocardial infarction, newly diagnosed heart failure, atrial fibrillation, and stroke.

Sustainable Funding for CVD Prevention and Control Efforts: In addition to allocating state budget dollars, states should aggressively identify ways to leverage multiple resources to help support CVD prevention and control initiatives. Resources that states could explore to complement current funding for CVD prevention and control efforts include:

- Tax revenues (dedicated use of tobacco tax revenues and sugar sweetened beverage taxes),
- State prevention and wellness trusts or funds,
- Social impact bonds,
- Innovative public health and prevention uses of CMS funding,
- Active transportation initiatives,
- Tobacco master settlement funds,
- Hospital community benefit,
- Agriculture extension funding,
- Coverage of preventive services coverage through private and public insurance,
- Employee wellness programs, and
- Foundations and other public-private partnerships.

How to Use Policy in Brief

Stakeholder	How to Use Policy in Brief
Policymakers	To educate and inform their work to structure and fund CVD prevention and control programs.
Advocates	To support the development and expansion of CVD prevention and control programs and work with policymakers to appropriate funds. To prioritize funds based on existing state infrastructure and activities.
Public Health Officials	To make the case for their work designing and implementing CVD prevention and control programs.
Media	To educate the public on the need for CVD prevention and control programs.

The Policy Research Department links scientists, clinicians and policymakers to improve cardiovascular health and decrease heart disease and stroke mortality. For more information, visit http://bit.ly/HEARTorg-policyresearch or connect with us on Twitter at @AmHeartAdvocacy using the hashtag #AHAPolicy.

References

[1] Benjamin, E. J., Blaha, M. J., Chiuve, S. E., Cushman, M., Das, S. R., Deo, R., ... & Isasi, C. R. (2017). Heart disease and stroke statistics—2017 update: a report from the American Heart Association. Circulation, 135(10), e230.

[2] American Heart Association (2017). Cardiovascular Disease: A Cost Burden for America. Projections Through 2035.

[3] Centers for Disease Control and Prevention. (2014). Best practices for comprehensive tobacco control programs—2014. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 71.

[4] Centers for Disease Control and Prevention. (2017). WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation). Available at: https://www.cdc.gov/wisewoman/

[5] STEMI is a type of heart attack during which one of the heart's major arteries that supplies oxygen and nutrient-rich blood to the heart muscle is blocked. Lloyd-Jones, D. M., Hong, Y., Labarthe, D., Mozaffarian, D., Appel, L. J., Van Horn, L., ... & Arnett, D. K. (2010). Defining and setting national goals for cardiovascular health promotion and disease reduction. Circulation, 121(4), 586-613.

[6] Lloyd-Jones, D. M., Hong, Y., Labarthe, D., Mozaffarian, D., Appel, L. J., Van Horn, L., ... & Arnett, D. K. (2010). Defining and setting national goals for cardiovascular health promotion and disease reduction. Circulation, 121(4), 586-613.

[7] Goff, D. C., Brass, L., Braun, L. T., Croft, J. B., Flesch, J. D., Fowkes, F. G., ... & Luepker, R. (2007). Essential features of a surveillance system to support the prevention and management of heart disease and stroke. Circulation, 115(1), 127-155.