Million Hearts® Partner Call

Priority Populations

January 30, 2018

1:00pm ET

Welcome and Overview

Robin Rinker, MPH
Health Communications Specialist
Division for Heart Disease and Stroke Prevention
Centers for Disease Control and Prevention

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Agenda

Welcome and Overview	***Robin Rinker*** **Health Communications Specialist** **Division for Heart Disease & Stroke Prevention** **Centers for Disease Control and Prevention**
Priority Populations in Million Hearts®	***Janet Wright, MD, FACC*** **Executive Director** **Million Hearts®** **CDC and CMS**
Program Development and Services Branch	***Dr. Letitia Presley-Cantrell, PhD, Branch Chief*** **Program Development and Services** **Division for Heart Disease & Stroke Prevention** **Centers for Disease Control and Prevention**

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Agenda continued

Priority Populations: Discuss effective interventions and programs that improve outcomes and reduce CVD risks in African Americans and individuals 35-64 years old.	***Heather Hodge*** **Director of Chronic Disease Prevention Programs** **YMCA of the USA** ***Danielle (Dani) Pere*** **Associate Executive Director** **American College of Preventive Medicine (ACPM)**
Q& A	**All**
Million Hearts® Partners Share	**All**
Updates from CDC and AHA	***Robin Rinker***
Closing and Adjourn	***April Wallace, Million Hearts® Collaboration Program Initiatives Manager American Heart Association***

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Priority Populations in Million Hearts®

Janet S. Wright, MD, FACC
Executive Director
Million Hearts®
CDC and CMS

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Million Hearts® 2022
Priorities and Goals

Keeping People Healthy
Reduce Sodium Intake
Decrease Tobacco Use
Increase Physical Activity

Optimizing Care
Improve ABCS*
Increase Use of Cardiac Rehab
Engage Patients in Heart-healthy Behaviors

Improving Outcomes for Priority Populations
Blacks/African-Americans with Hypertension
35-64 year olds due to rising event rates
People who have had a heart attack or stroke
People with mental illness or substance use disorders

*Aspirin, Blood pressure control, Cholesterol management, Smoking cessation

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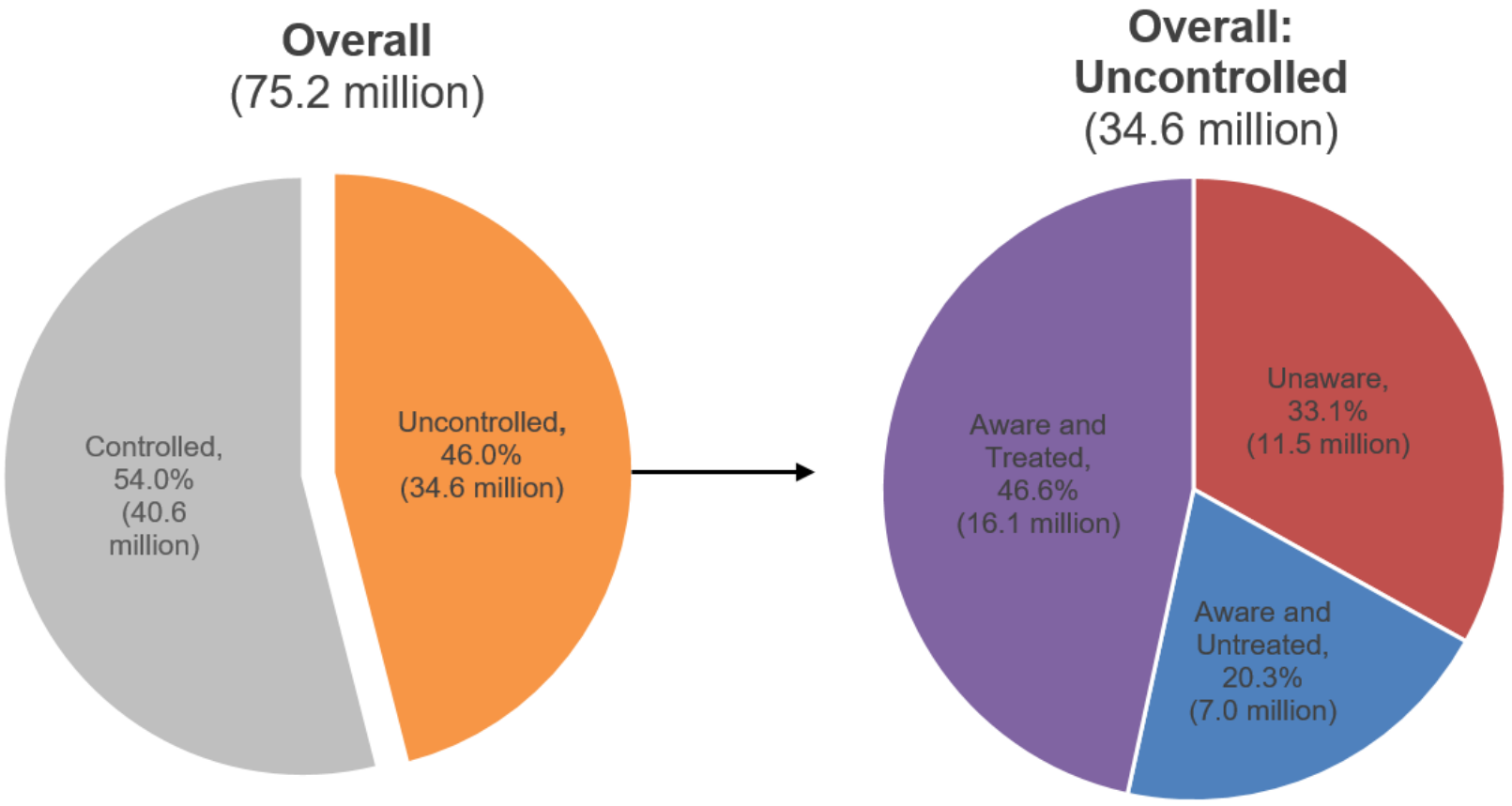
2022 Targets: 20% improvement in sodium, tobacco, physical activity; 80% on the ABCS; 70% participation in cardiac rehab

Improving Outcomes for Priority Populations

Priority Population	Intervention Needs	Strategies
Blacks/African Americans	• Improving hypertension control	• Tailored protocols • Medication adherence strategies
35-64 year olds	• Improving HTN control and statin use • Decreasing physical inactivity	• Tailored protocols • Community-based program enrollment

Uncontrolled Hypertension – All



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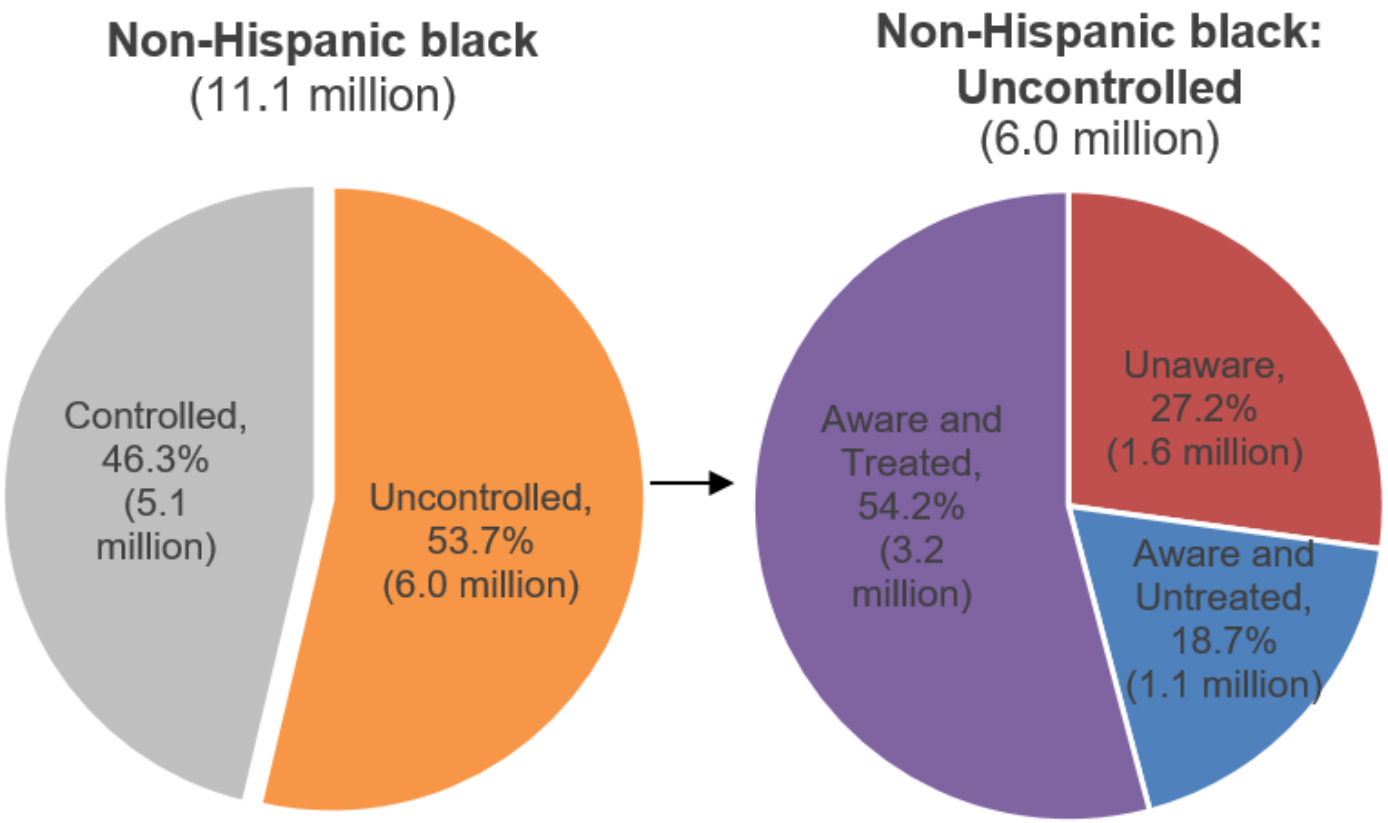
Uncontrolled Hypertension – Non-Hispanic Black



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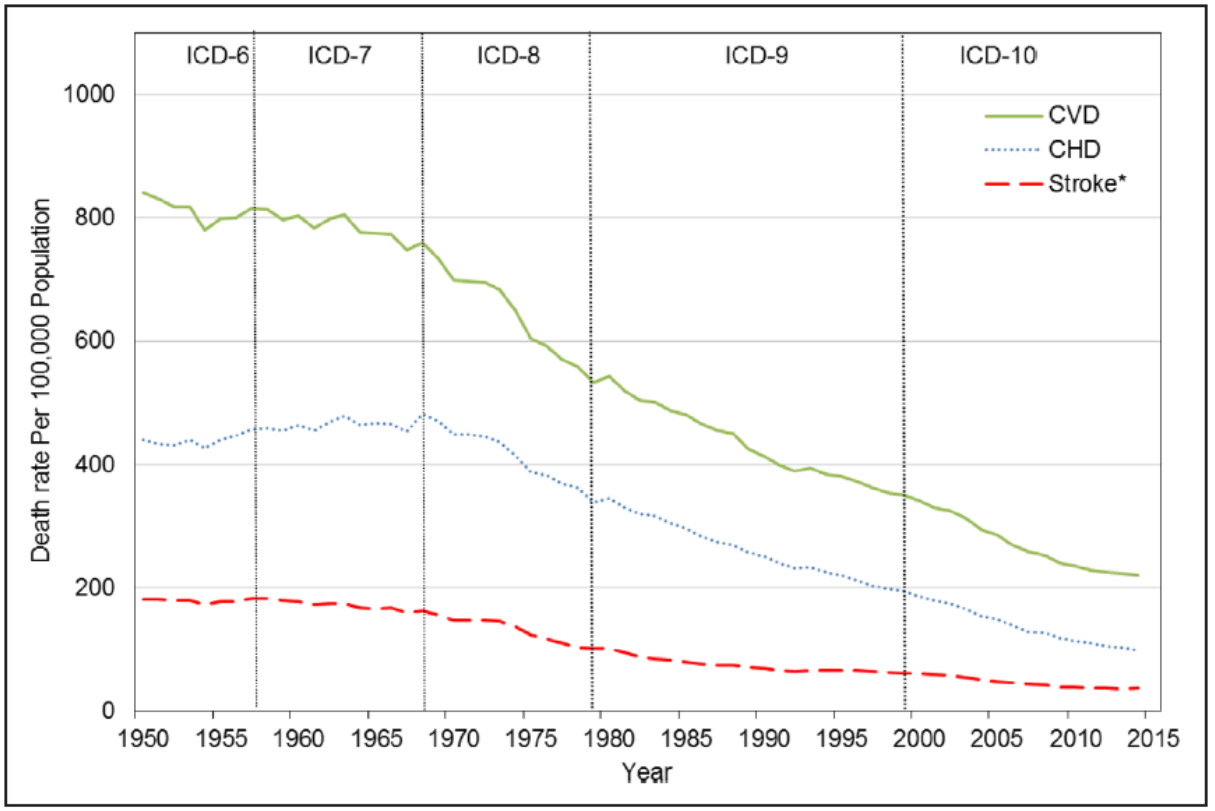
Heart Disease and Stroke Trends 1950-2015



Mensah GA, Wei GS, Sorlie PD, et al. Decline in Cardiovascular Mortality – Possible Causes and Implications. Circulation Research. 2017;120:366-380.

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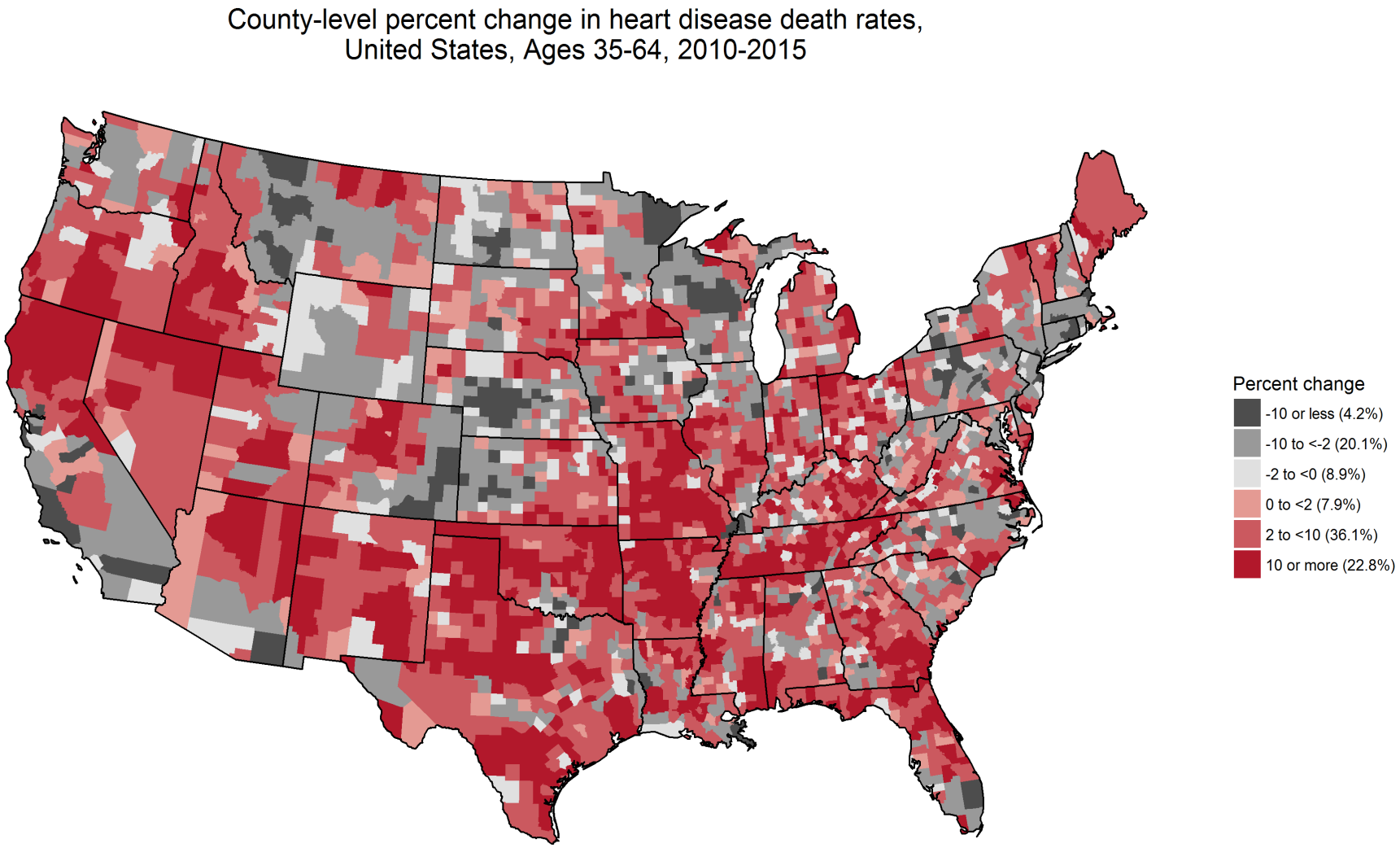
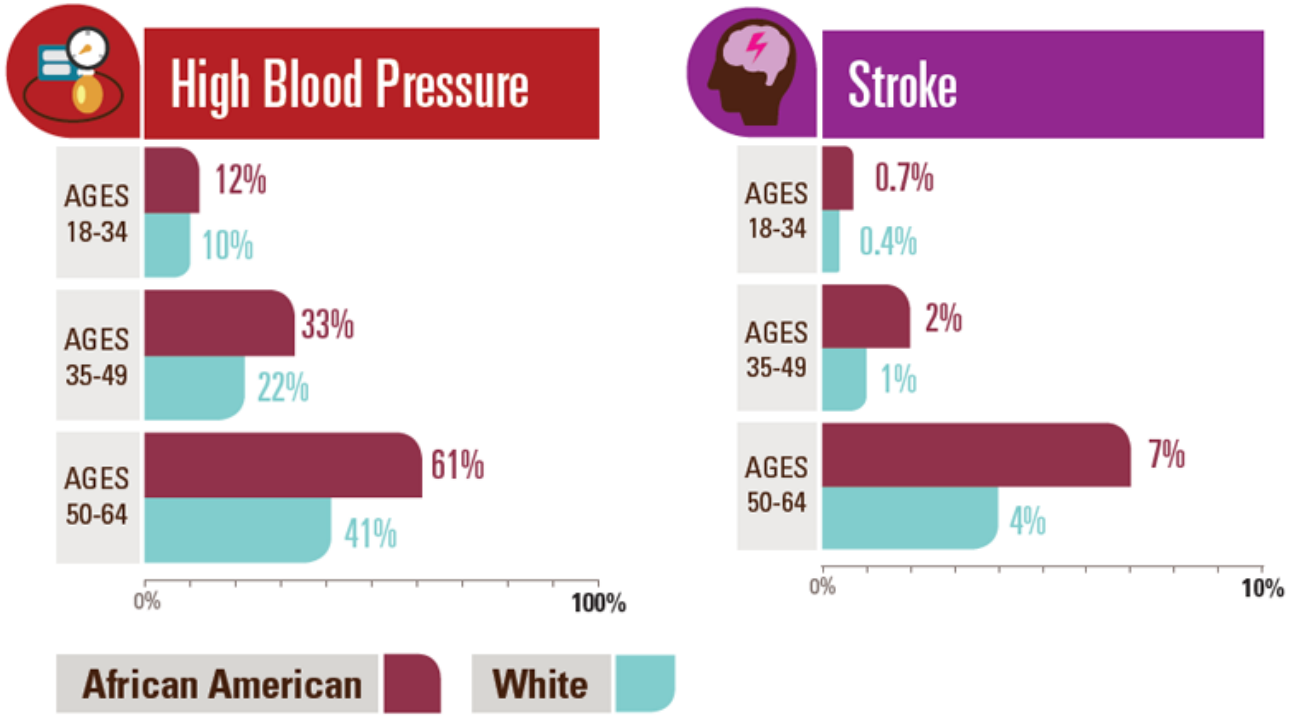
Increases in CVD Mortality 2010-2015 in 35-64 year olds



Vaughan AS, et al. Widespread recent increases in county-level heart disease mortality across age groups. *Ann Epidemiol*. 2017 Oct 28. pii: S1047-2797(17)30868-2

Young Blacks/African Americans are living with diseases more common at older ages



Blacks/African Americans ages 35-64 are 50% more likely to have high blood pressure than whites.

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Source: Behavioral Risk Factor Surveillance System, 2015;
Cunningham TJ, Croft JB, Liu Y, Lu H, Eke PI, Giles WH. Vital Signs: Racial Disparities in Age-Specific Mortality Among Blacks or African Americans — United States, 1999–2015. MMWR Morb Mortal Wkly Rep 2017;66:444–456.

Priority Populations in Million Hearts®

Letitia Presley-Cantrell, PhD,
Branch Chief
Program Development and Services Branch

Centers for Disease Control and Prevention.

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National Perspective: Division for Heart Disease and Stroke Prevention Programs

Letitia Presley-Cantrell, PhD
Chief
Program Development and Services Branch
Division for Heart Disease and Stroke Prevention

Priorities

- Implement effective strategies at the state and local level
- Reduce health disparities
- Improve metrics and surveillance

Common Public Health Approach

Either

Targeted approach to reduce health disparities

Or

Broad approach to achieve population-wide health impact

Dual Approach

Both

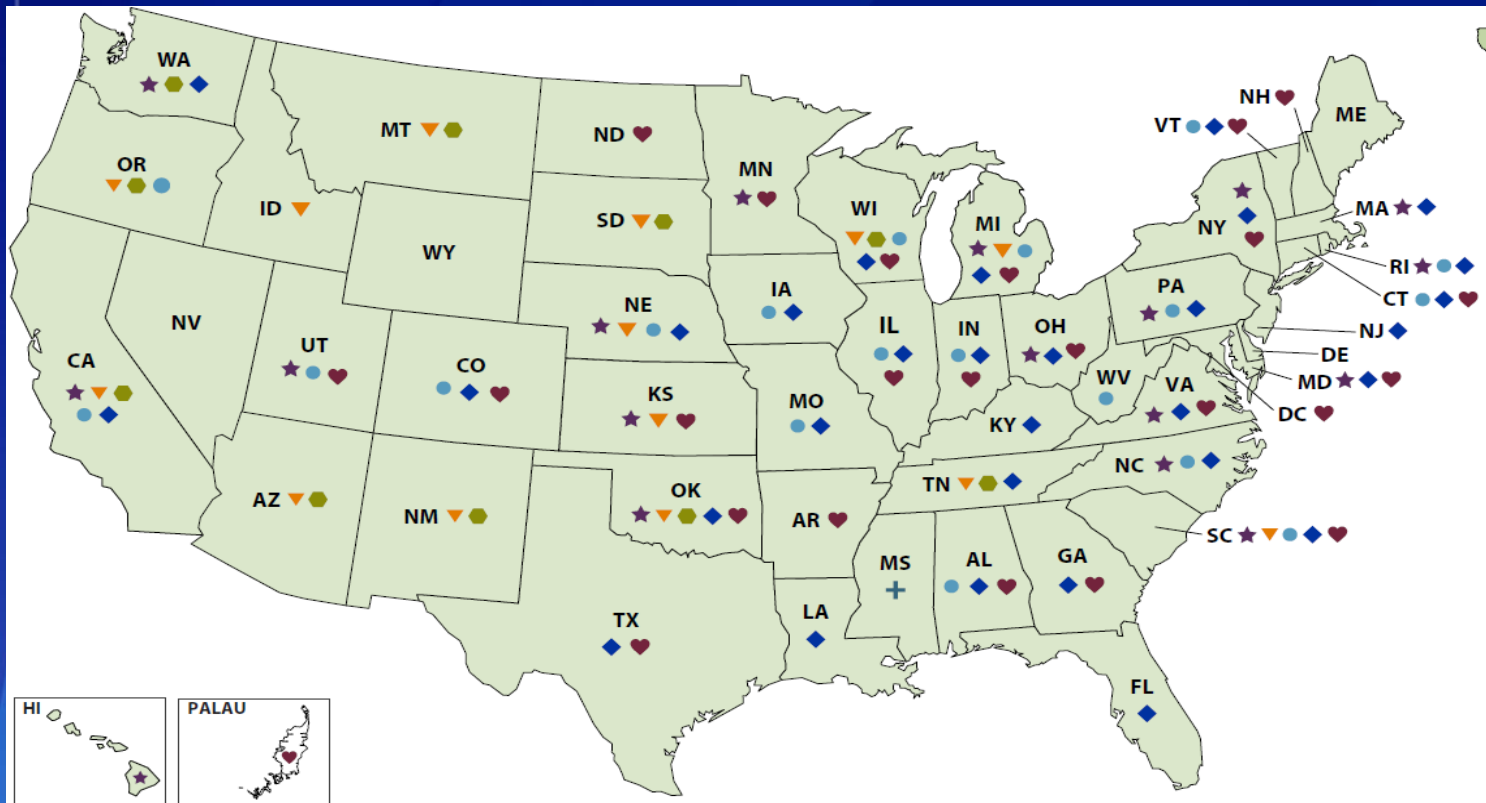
And

Targeted interventions as needed

+

Population-wide interventions with a health equity lens

Division for Heart Disease and Stroke Prevention's Program Development and Services Branch Chronic Disease Programs Investment Map



- **State Public Health Actions** *(All 50 states and DC)*[1]
- **Local Public Health Actions** *(17 states, 4 city health departments)*
- **Good Health and Wellness in Indian Country Tribes and Organizations** *(12 tribes, 11 tribal organizations)*
- **Good Health and Wellness in Indian Country Tribal Epidemiology Centers** *(12 centers)*
- **WISEWOMAN[2] States** *(19 states)*
- **WISEWOMAN[2] Tribal Organizations** *(2 tribal organizations – Southcentral Foundation [SCF]* and Southeast Alaska Regional Health Consortium [SEARHC]**)*
- **YMCA of the USA Program** *(30 states)*[3]
- **ASTHO[4] Heart Disease and Stroke Prevention Learning Collaborative States and Territories** *(22 states, DC, US Virgin Islands, Palau, Guam, and the Northern Mariana Islands)*
- **Mississippi Delta Health Collaborative**

[1] In FY2017, DHDSP funded statewide initiatives in all 50 states and the District of Columbia to prevent, manage, and reduce risk factors associated with heart disease and stroke.

[2] WISEWOMAN is an abbreviation for Well-Integrated Screening and Evaluation for WOMen Across the Nation.

[3] Some states have multiple participating YMCA programs. As of November 2017, there were 98 YMCA associations offering the program.

[4] ASTHO is an abbreviation for Association of State and Territorial Health Officials.

[5] CNMI is an abbreviation for Commonwealth of the Northern Mariana Islands.

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

Priority Populations: African-Americans and 35-64 years old.

- YMCA of the USA
- American College of Preventive Medicine

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YMCA of the USA

Heather Hodge, Senior Director for Chronic Disease Prevention and Health Care Integration
YMCA of the USA

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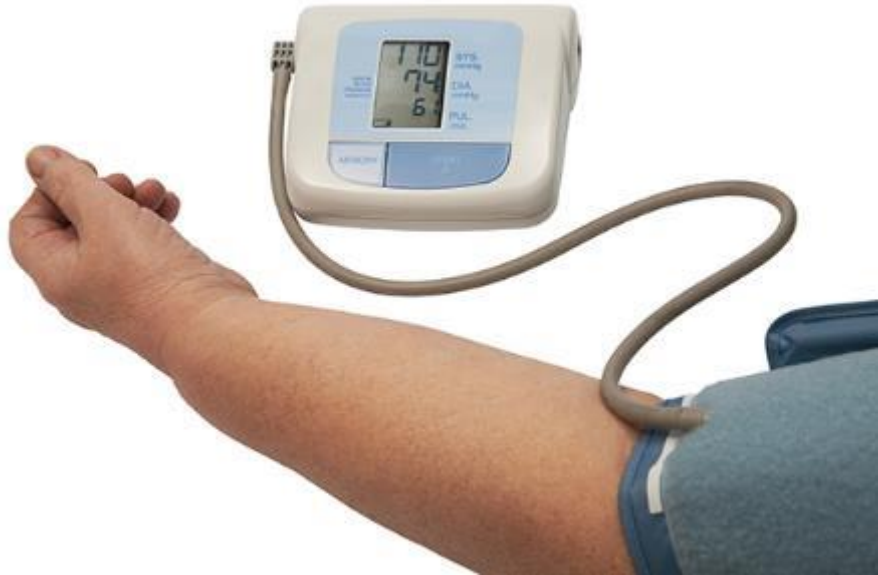
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TAKE ACTION TO IMPROVE HEART HEALTH

BLOOD PRESSURE SELF-MONITORING PROGRAM

HEATHER HODGE, M.ED., SENIOR DIRECTOR, CHRONIC DISEASE PREVENTION AND HEALTH CARE INTEGRATION

January 31, 2017



WHAT: THE BASICS

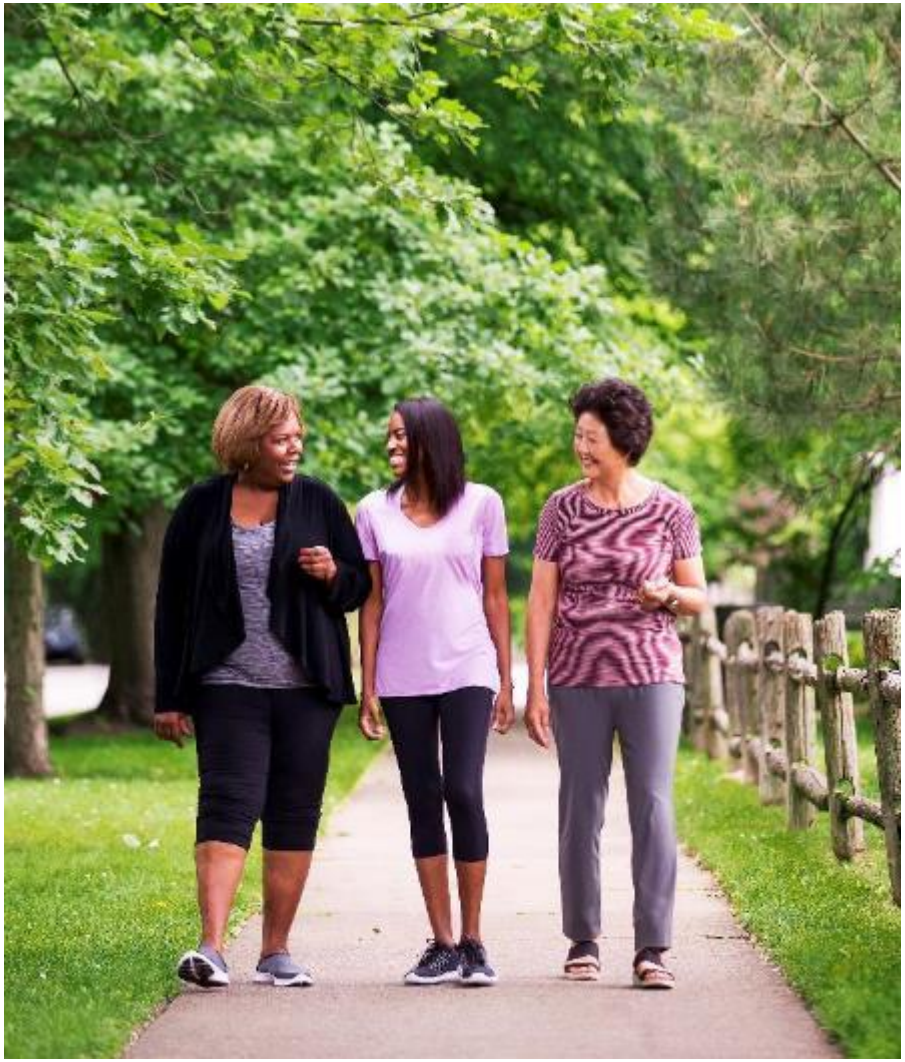
THE PROGRAM IS:

- Delivered in four-month cycles
- Participants receive support from trained Healthy Heart Ambassadors for the duration of the program
- Monthly nutrition education seminars
- Participants "self-monitor", or measure and track their own blood pressure at home
- Open to all community members; Y membership not required

PROGRAM GOALS:

- Reduction in blood pressure
- Better blood pressure management
- Increased awareness of triggers that elevate blood pressure
- Enhanced knowledge to develop healthier eating habits

WHO: PROGRAM PARTICIPANTS



ADULTS WITH HIGH BLOOD PRESSURE WHO:

- Are 18 years of age or older
- Have been told they have high blood pressure and/or are on anti-hypertensive medication
- Have not experienced a recent cardiac event
- Do not have atrial fibrillation or other arrhythmias
- Do not have or are not at risk for lymphedema

- A physician's referral is not required
- Medical clearance is not required

WHAT WE'RE SEEING… SO FAR

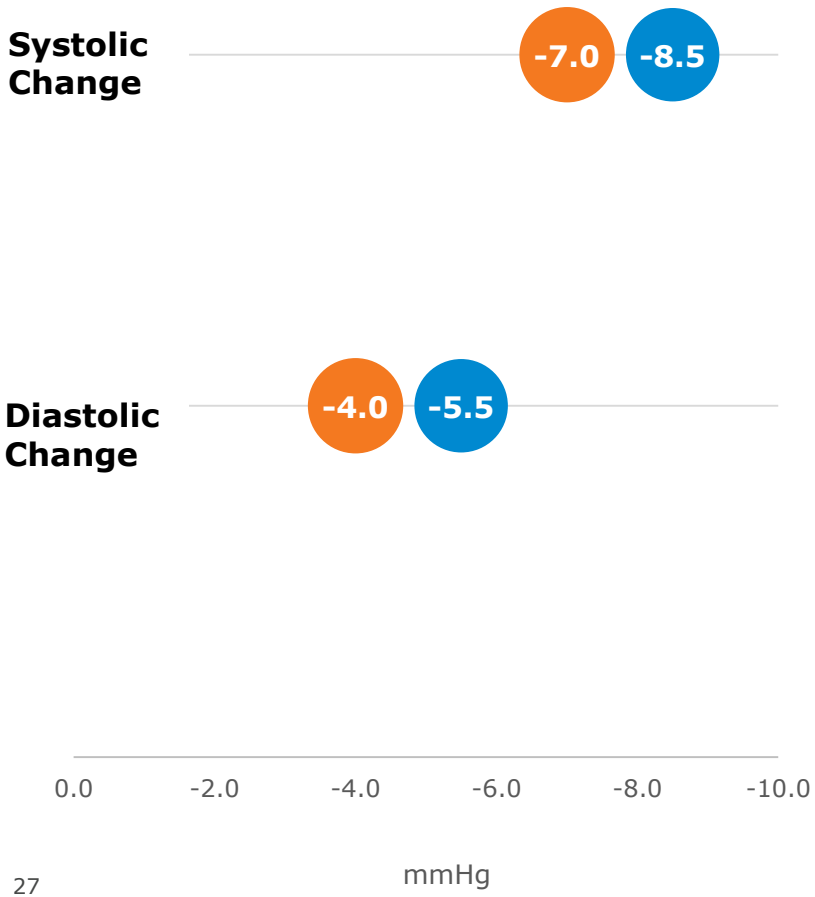
BPSM PARTICIPANTS

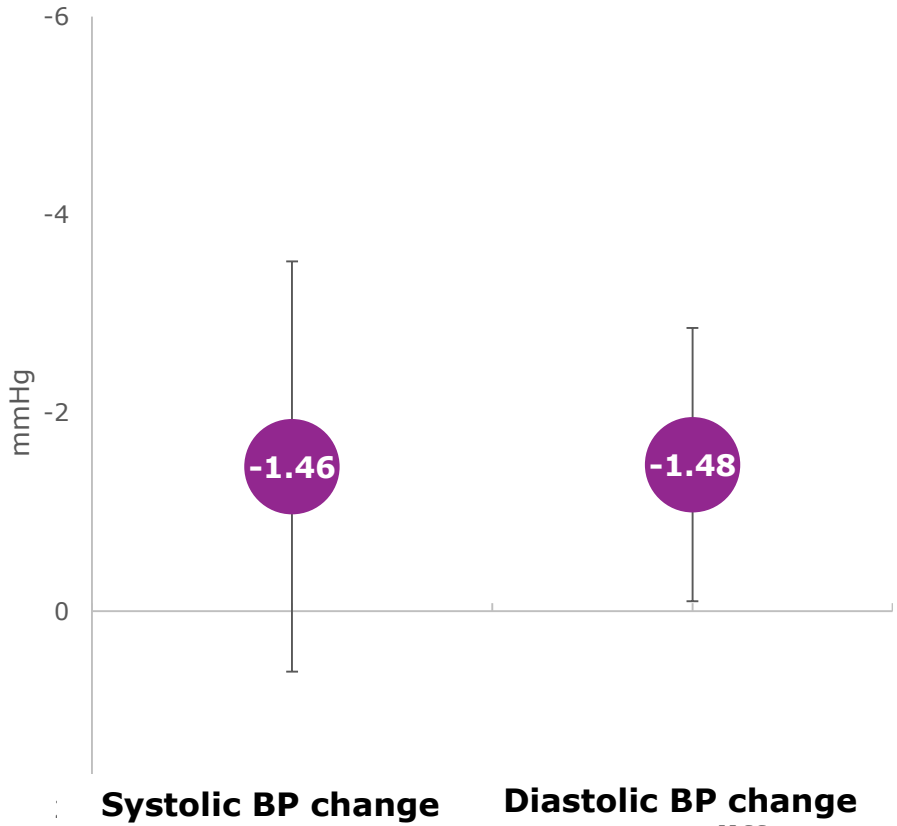
African American: N=1449 (31%)

White: N=2559 (55%)

IMPROVEMENT IN BP IS SIMILAR BETWEEN AFRICAN AMERICAN AND WHITE PARTICIPANTS

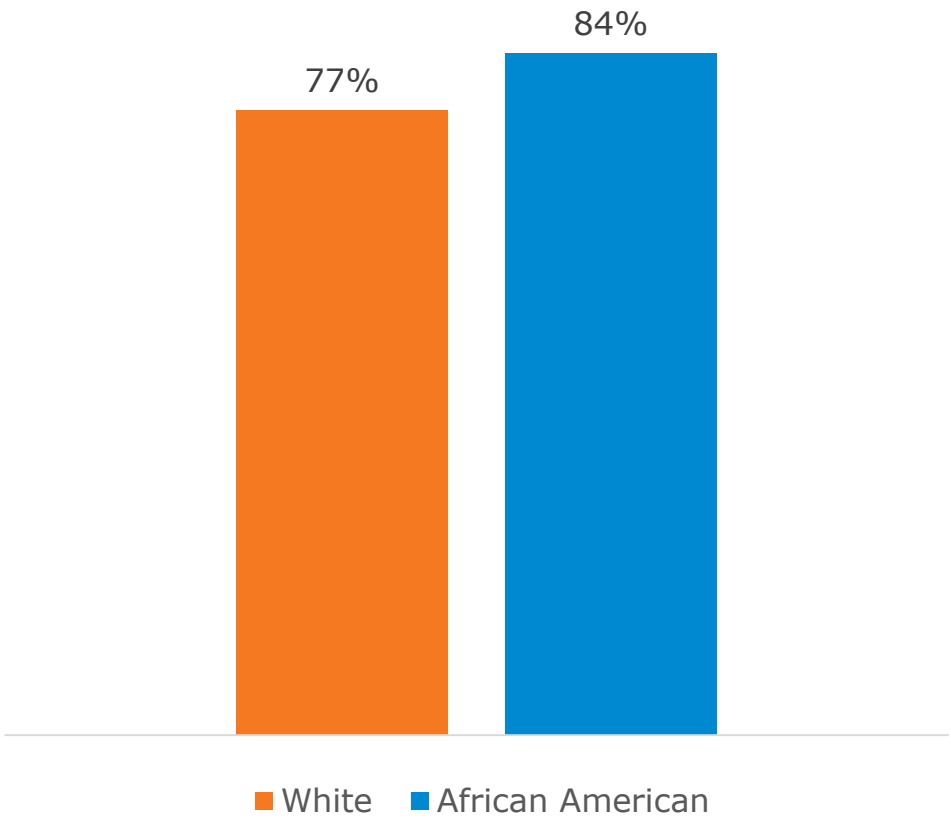
The change in diastolic blood pressure among African American participants is statistically different than change in White participants



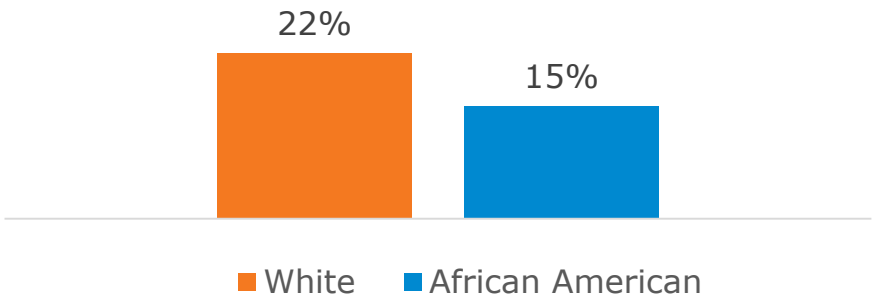


PERCENTAGE OF UNCONTROLLED BP (≥130/80) CHANGES BETWEEN BASELINE AND FOLLOW-UP

% starting with uncontrolled BP

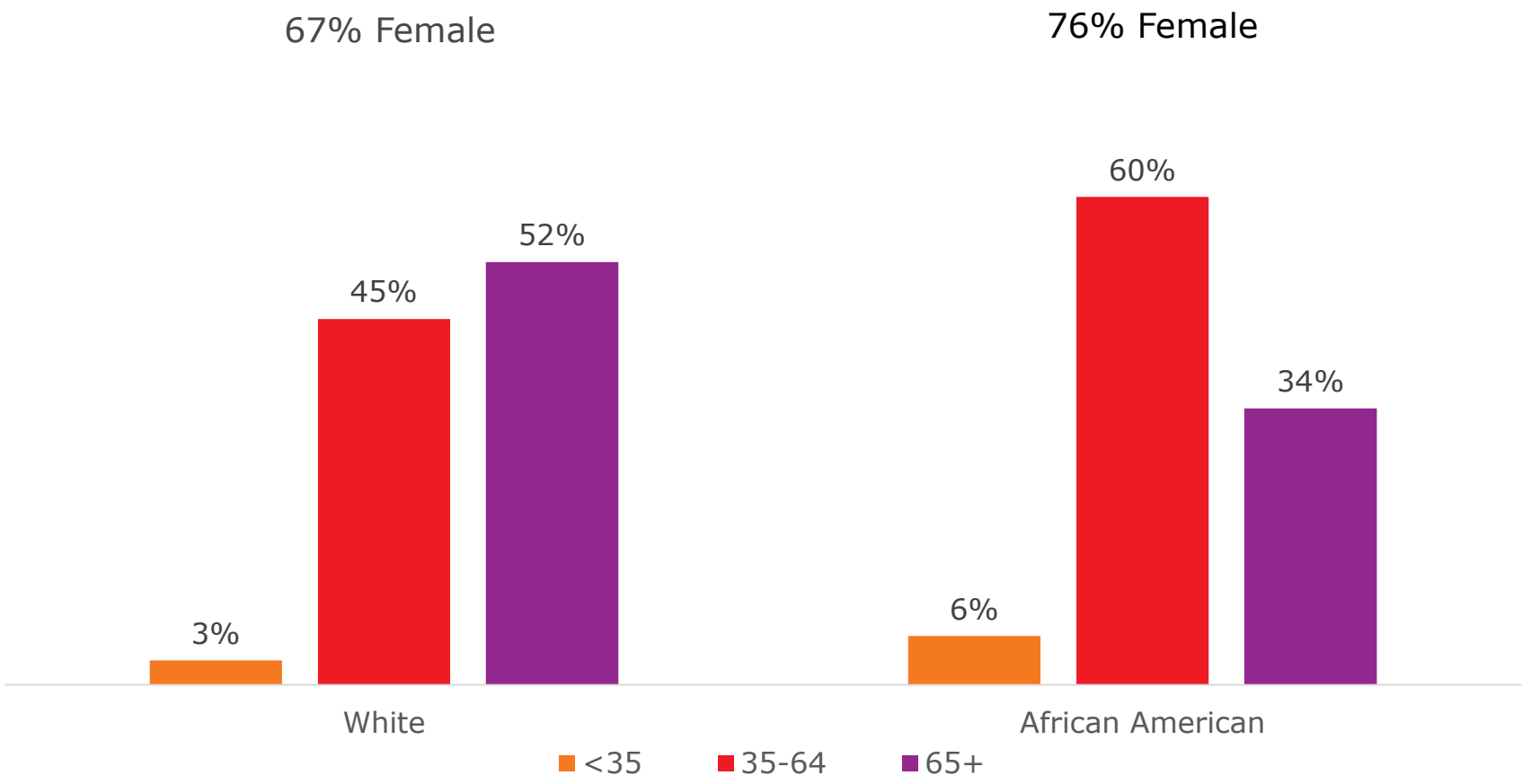


% of uncontrolled that gain control

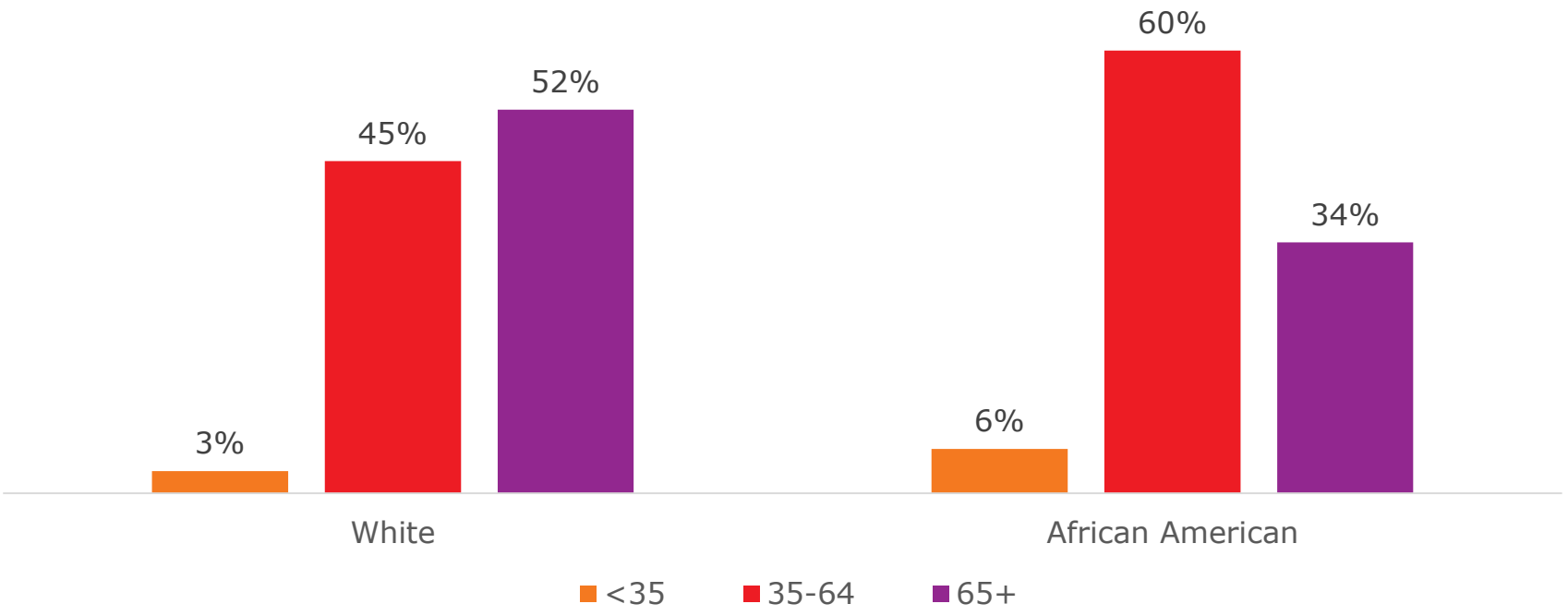


AGE

AGE DISTRIBUTION AND % FEMALE BY RACE



AGE DISTRIBUTION BY RACE AND OVERALL

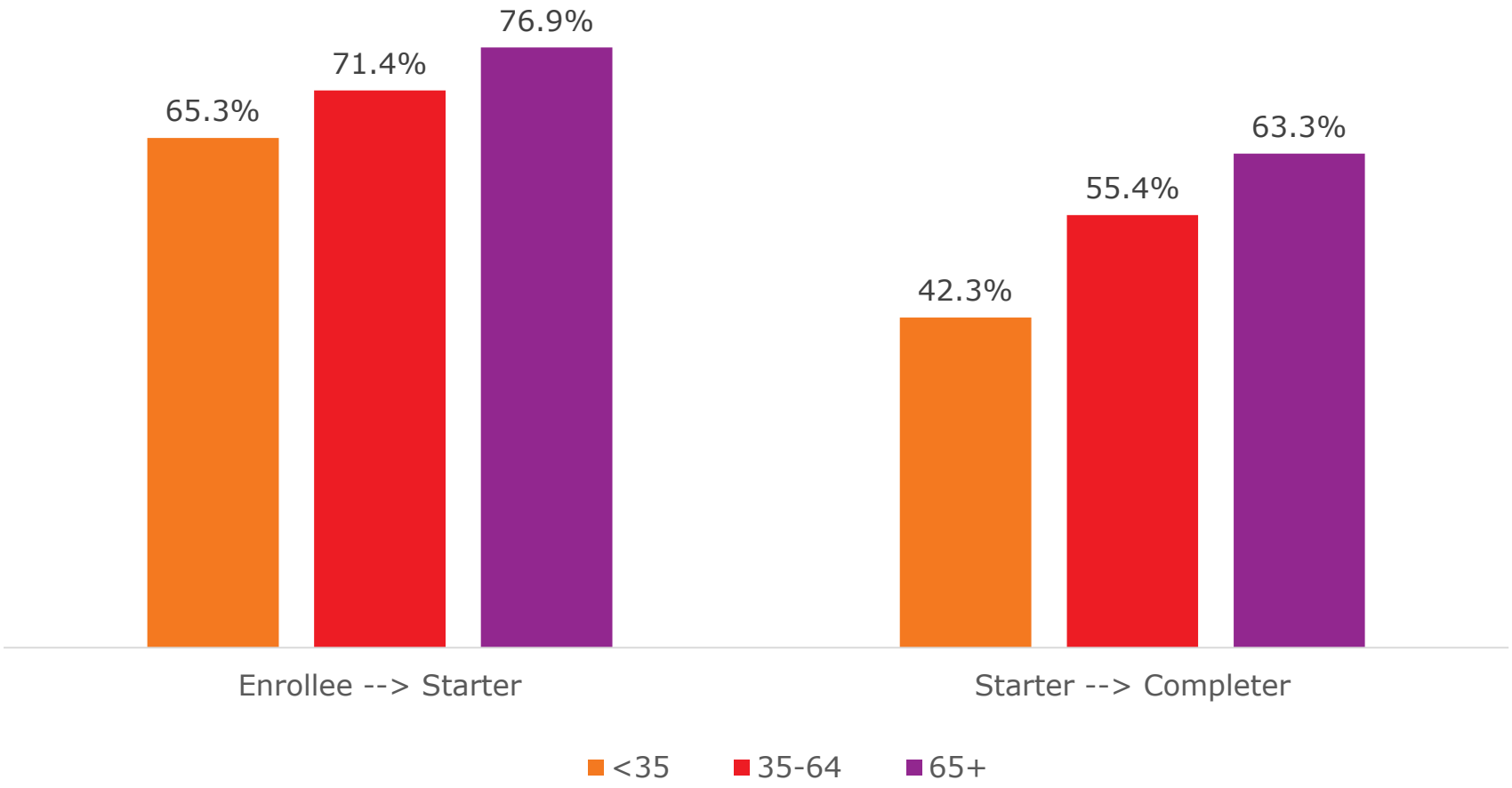


<35: N=194 (4%)

Overall -> **35-64: N=2295 (51%)**

65+: N=2041 (45%)

HIGHER ENGAGEMENT SEEN IN OLDER ADULTS IN THE BPSM PROGRAM



OUTCOMES BY AGE GROUP

	<35	35-64	65+	P-value
% uncontrolled at baseline	84.5%	**84.1%**	77.1%	<0.001
% on BP meds	47.1%	**73.8%**	83.9%	<0.001
% who become controlled[1]	14.3%	**17.4%**	21.4%	0.14
Avg. change in SBP[1] (mmHg)	-8.6	**-7.3**	-7.8	0.85
Avg. change in DBP[1] (mmHg)	-4.5	**-5.7**	-3.7	0.01

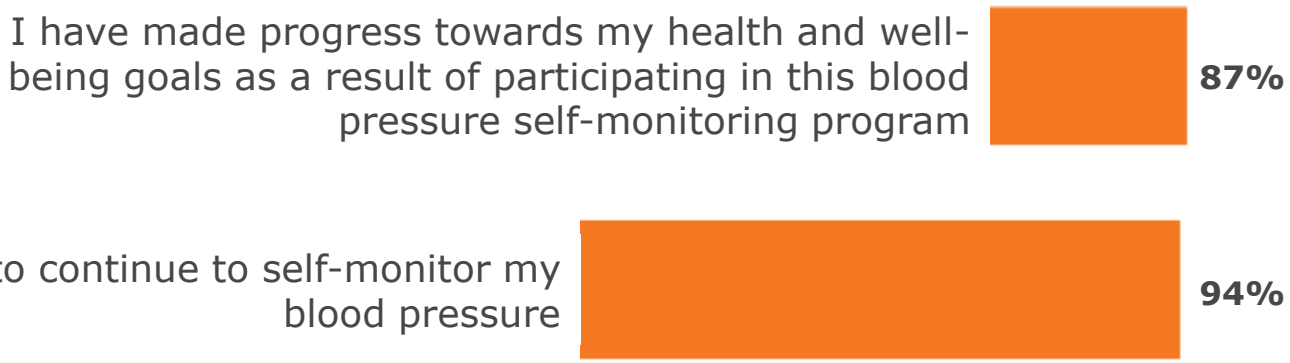
[1]of those starting with uncontrolled hypertension

DELIVERING OUTCOMES AT SCALE:
REACH

DECEMBER 2017	
Number of Y associations offering the program	80
Number of states delivering the program	28
Number of program sites 65% Y sites | 35% non-Y sites	176
Number of Healthy Heart Ambassadors trained	810
Number of participants enrolled	4,343

RESULTS

Participants were asked to provide feedback at the conclusion of the program about their plans to continue self-monitoring their blood pressure. Almost all program participants plan to continue to self-monitor their blood pressure and feel they made progress on their health and well-being goals.



DATA DEFINITIONS

Enrollee: An individual who is age 18+ at baseline, has an enrollment form, and has an initial blood pressure reading taken by a HHA

Starter: An enrollee with a second blood pressure measurement taken by a Healthy Heart Ambassador (HHA) within 4 months of enrollment

Completer: A starter who has at least 3 readings by HHA and two months between initial and final readings

Controlled hypertension: Systolic BP <130 and diastolic BP <80

Uncontrolled hypertension: Systolic BP ≥130 or diastolic BP ≥80

BUILDING AWARENESS

- Educate health care professionals and the community about the benefits of self-monitoring BP
- Educate health care professionals about the benefits of engaging community supports for lifestyle behavior change
- Identify relevant community resources for lifestyle support
- Connect Ys and community members to other programs or services
- Direct Ys who are not yet offering the YMCA's Blood Pressure Self-Monitoring program to Y-USA

For more information:

http://www.ymca.net/blood-pressure-self-monitoring

THANK YOU

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Chicago, IL 60606
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American College of Preventive Medicine

Danielle (Dani) Pere,
Associate Director
American College of Preventive Medicine (ACPM)

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Lifestyle Medicine & the Million Hearts Priority Populations

Danielle Pere, Associate Executive Director
American College of Preventive Medicine

Changing the Culture of American Medicine

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Preventive Medicine: Focusing Upstream

Our Impact

- ACPM is a national medical specialty society that represents physicians who work at the unique intersection of clinical care and population health.
- ACPM members have both an MD (or DO) and MPH and are trained as to care for both individuals and populations.
- Lifestyle Medicine is a core concept of Preventive Medicine

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Lifestyle Medicine - Defined

Definition

Lifestyle Medicine is the evidence-based therapeutic approach to prevent, treat and reverse lifestyle-related chronic diseases.

It uses comprehensive lifestyle interventions to address underlying disease risks, thereby decreasing illness burden and improving clinical outcomes within value-based medicine.

Lifestyle Factors

Nutrition
Physical Activity
Stress Management
Sleep

Social Support
Environmental Exposures
The Invisible Backpack

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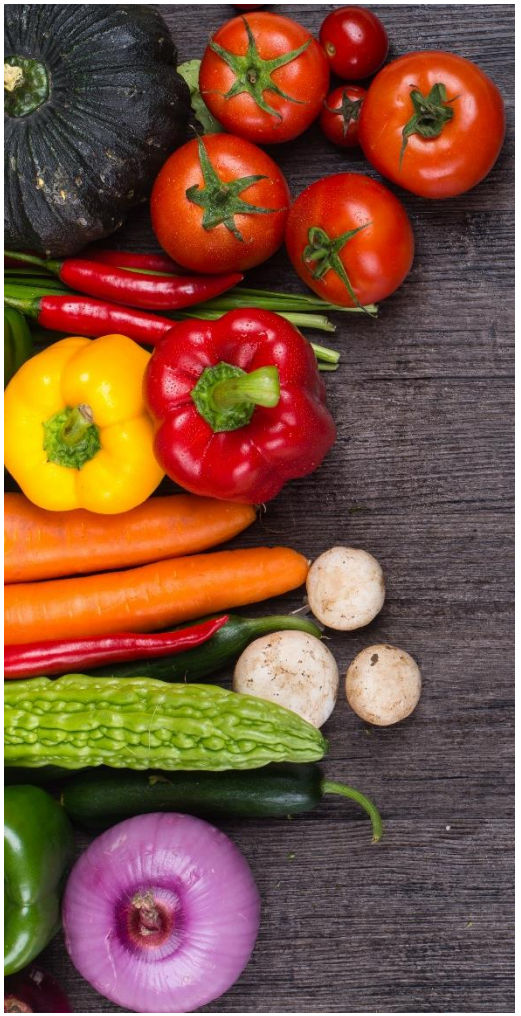
The Lifestyle Medicine Competencies Curriculum

- New comprehensive, evidence-based curriculum designed for physicians with an interest in learning the basic principles of lifestyle medicine
- Focus on how to incorporate lifestyle medicine into current clinical /population health practice
- Establishes a new standard for primary care focused on disease prevention, health promotion, and care coordination, supports new MACRA and MIPS focus
- First U.S. based continuing medical education (37 hours) curriculum that comprehensively addresses the knowledge and skill gaps doctors themselves cited as major barriers to counseling patients about lifestyle interventions
- Launched June of 2016



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The Lifestyle Medicine Competencies Curriculum Content

1. 15 Core Competencies
2. Nutrition
3. Physical Activity
4. Sleep Health
5. Emotional Wellness/ Stress Reduction
6. Tobacco Cessation
7. Alcohol Use Risk Reduction
8. Coaching Behavior Change
9. Basic and Advanced Weight Loss & LM Article Reviews

Electives

- Medical Nutrition Therapy
- Culinary Medicine
- **CVD and Stoke Prevention in Underserved Populations**

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Genesis of the Lifestyle Medicine Program

A Blue Ribbon Panel of 8 professional medical societies convened in 2010

ACPM	AMA
ACLM	ACP
AAFP	AOA
ACSM	AAP

Findings: a key impediment to improved care is a gap in physicians' education and training about lifestyle factors that lead to many of the leading chronic diseases. "Physician Competencies for Prescribing Lifestyle Medicine" (JAMA.2010;304(2):202-203)

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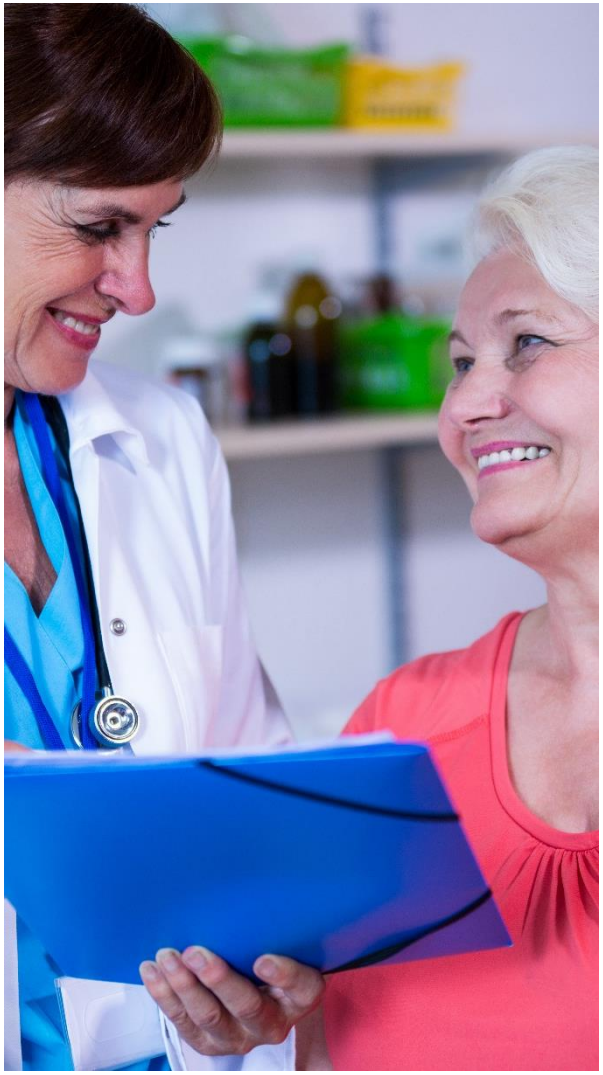
The Need for Continuing Medical Education



Fills the Gap In Physician training

- Lack of competency in prescribing
- Medical School and Residency Programs generally do not address Lifestyle Medicine in their programs

Patient Centered

Engages patients to take responsibility for their care via an effective physician-patient collaboration

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Genesis of the Lifestyle Medicine Program

COMMENTARY

JAMA, July 14, 2010

Physician Competencies for Prescribing Lifestyle Medicine

Liana Lianov, MD, MPH
Mark Johnson, MD, MPH

THE LEADING CAUSES OF DEATH FOR ADULTS IN THE United States are related to lifestyle—tobacco use, poor diet, physical inactivity, and excessive alcohol consumption.[1] US residents with these risk factors have plenty of room for improvement—including those who are asymptomatic and those living with chronic dis-

patients are advised to lose weight only 36% of the time during regular examinations, a proportion that improves only slightly to 52% if a patient already has obesity-related comorbidities.[7] Furthermore, only 28% of smokers reported that health care professionals had offered them assistance to quit smoking in the past year.[8] Findings such as these reveal 2 important facts: Physicians cannot ascribe the entire responsibility for inadequate lifestyle changes to their patients, and clinicians must accept some responsibility for deficiencies in the quality of health care. Acknowledging the

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American Medical Associate Resolution

> …urge physicians to acquire and apply the 15 clinical competencies of lifestyle medicine, and offer evidence-based lifestyle medicine interventions as the **first and primary mode** of **preventing** and, when appropriate, **treating chronic disease** within clinical medicine.

Adopted by American Medical Association House of Delegates, Chicago, June, 2012 [AMA Policy H-425.972]

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Private Sector Program Adoption

- Cummins Corporation – Fortune 500 Company
- 17 Preventive Medicine Residency Programs
- 2 Major U.S. Integrated Health Systems
- Private practice physicians/clinicians (around 850 individual U.S. learners)

University of South Carolina School of Medicine
UC San Diego School of Medicine
Stony Brook School of Medicine
Dartmouth-Hitchcock
Uniformed Services University of the Health Sciences
Tulane University School of Medicine
College of Public Health

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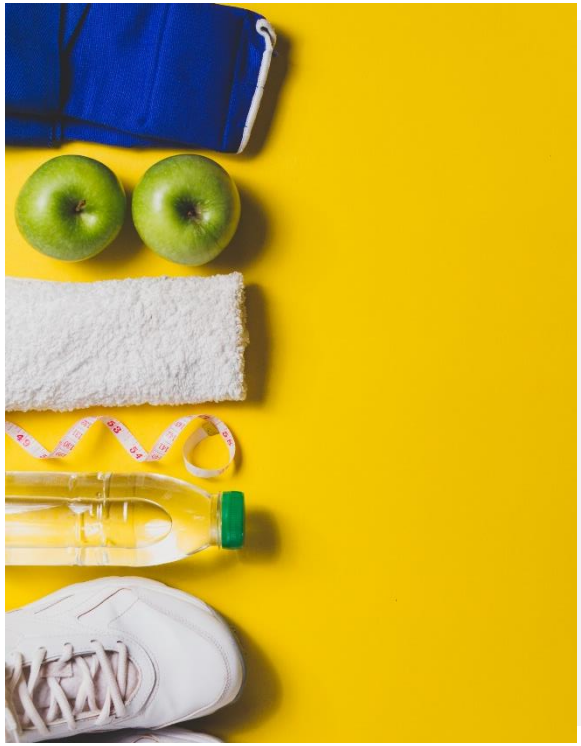
U.S. Government Sector Program Adoption



- **This Lifestyle Medicine Core Competencies program underpins training for CDC programs:**
  - WISEWOMAN cardiac and vascular education
- **Centers for Medicare & Medicaid Innovation/ CMS Million Hearts Innovation Awardees:**
  - Provided as a grantee benefit
- **Accepted for promotion via NIH's Foundation for Advanced Education in the Sciences 2017 course catalogue**

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

FAES@NIH
Foundation for Advanced Education in the Sciences

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LM and the Million Hearts Priority Populations

Reducing CVD Risk Using LM

4 Continuing Medical Education Modules:

- **Module 1:** Review of the latest studies on how lifestyle change can improve hypertension and CVD outcomes.
- **Module 2:** Practical tips for implementing the lessons learned from these studies. Special considerations with regard to diet, physical activity, stress management, and sleep (e.g. salt and hypertension) for these conditions.
- **Module 3:** Managing patients with cardiovascular disease on the spectrum of socioeconomic status, ethnicity/culture, readiness to change, and severity/complexity of common comorbid conditions (such as depression).
- **Module 4:** Case studies of patients who represent typical target populations

Funded by CDC Division of Heart Disease and Stroke Prevention

WISEWOMAN™
Well-Integrated Screening and Evaluation for WOMen Across the Nation

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Funding Innovation in the Clinical Care Setting

In the Field

ACPM will award 2 grants to clinical care organizations to implement / strengthen strategies to increase hypertension awareness, screening, and referral to evidence based programs.

Grantees will develop tools and resources including, case studies, physician education materials and provider work flows. Findings presented at ACPM annual conference.

Funded by CDC Division of Heart Disease and Stroke Prevention

WISEWOMAN™
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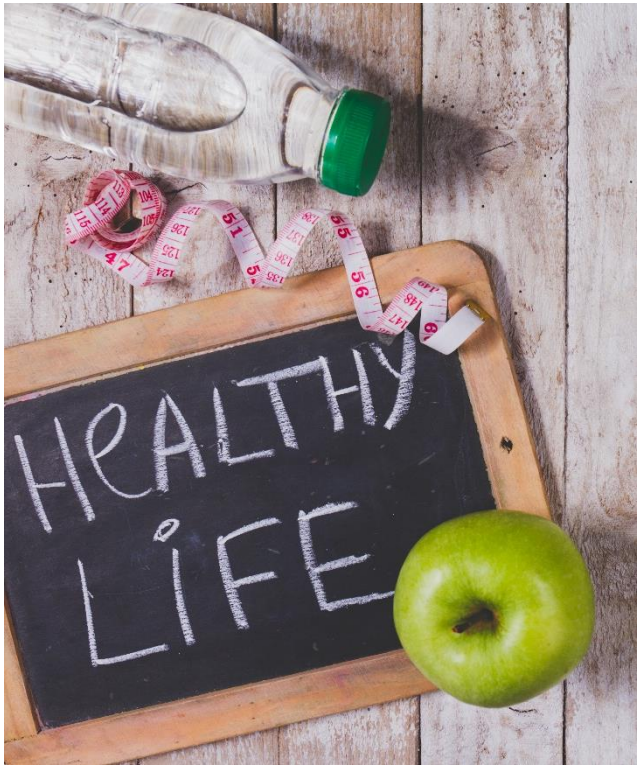
The Ongoing Journey



Upcoming Events:

Preventive Medicine Annual Medical Conference
May 22-26th, 2018 in Chicago
www.preventivemedicine2018.org

Healthy Aging Summit
Sponsored by HHS and ACPM
July 17-18th in Washington, D.C.
https://www.eventscribe.com/2018/ACPM-HAC/index.asp?launcher=1

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The Prescription of the Future

Exercise

Frequency: four times each week
Intensity: heart rate between 100 and 140
Time: at least 30 minutes each session
Type: walking

Nutrition

Type: cruciferous vegetables such as broccoli, kale and Brussel sprouts
Amount: 1 serving (1/2 cup cooked, 1 cup fresh)
Frequency: once daily

For More **Information**

Visit:

www.ACPM.org/lifestyle-medicine

Stay Connected:

dpere@acpm.org

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Q & A

Do you have a question for one of the panelist?

Please submit your questions in writing using the Q&A Panel located at the bottom right of your screen.

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Million Hearts® Partners Share

This is an opportunity for Million Hearts® Partners to provide an update on your organization's Million Hearts® actions.

Please submit your update in writing using the Q&A Panel located at the bottom right of your screen.

CDC and AHA Updates

- **Robin Rinker, MPH**
  Health Communications Specialist
  Division for Heart Disease and Stroke Prevention
  Centers for Disease Control and Prevention

- **April Wallace, MHA**
  Program Initiatives Manager
  The Million Hearts® Collaboration
  American Heart Association

Million Hearts®

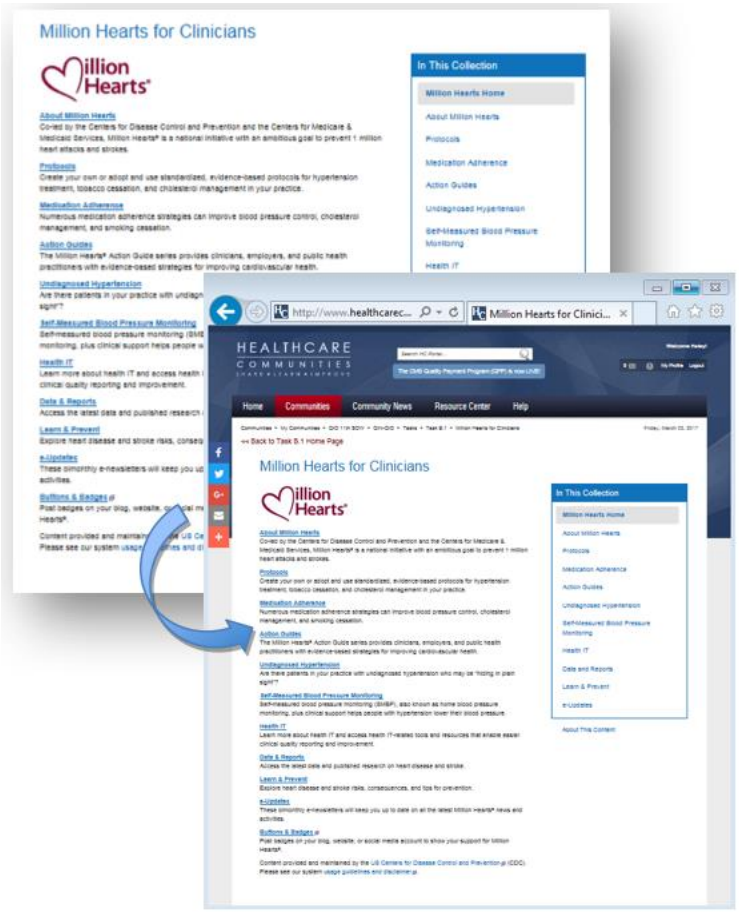
American Heart Month 2018

- Visit our event page at millionhearts.hhs.gov for sample social media messages
- Participate in our Facebook challenge beginning ***2/5***
- Join CDC Public Health Grand Rounds on Million Hearts® 2022 on ***2/20 at 1pm ET***
- Read the EPA & Million Hearts® blog on particle pollution and heart health
- Join NHLBI's #MoveWithHeart pledge on social media

Million Hearts®

Million Hearts® for Clinicians Microsite

- Features Million Hearts® protocols, action guides, and other QI tools
- Syndicates **LIVE** Million Hearts® on your website for your clinical audience
- Requires a small amount of HTML code—customizable by color and responsive to layouts and screen sizes
- Content is free, cleared, and continuously maintained by CDC



Available at https://tools.cdc.gov/medialibrary/index.aspx#/microsite/id/279017

American Heart Month

- **Feb. 2:** National Wear Red Day
  - The official hashtag in February is **#WearRedDay**.
- **Feb. 6:** Woman's Day Red Dress Awards
- **Feb. 7-14:** Congenital Heart Defect Week
  - National awareness week to raise awareness about CHD and recognize families and patients
- **Feb. 11-17:** Heart Failure Awareness Week
- **Feb. 22:** Heart Valve Disease Day

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Thank You!

Next Partner Call: April 17, 2018, 1 p.m. EST

Please submit any comments or feedback to Robin Rinker at vqb2@cdc.gov

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