

Community Impact Strategies

The American Heart Association, Washington is dedicated to reducing health disparities by addressing systemic inequities affecting heart and brain health. Informed by community experiences and local health data, we have outlined specific strategies and measurable goals toward our organization-wide 2028 impact goal.

2028 Impact Goal
Building on over 100 years of trusted leadership in cardiovascular and brain health, by 2028 the American Heart Association will drive breakthroughs and implement proven solutions in science, policy and care for healthier people and communities. The greatest discoveries in health must reach people where they are.

Community Impact Health Pillars

Health Factors
Improve control in blood pressure and other factors, including nutrition security and tobacco and e-cigarette prevention.

Quality of Care
Increase awareness, prevention and management of cardiovascular disease risk factors by encouraging health care organizations to participate in the American Heart Association’s primary care initiatives.

CPR Response
Build capacity to address out-of-hospital cardiac arrest in communities with lower rates of survival through CPR policies and programs.

Landscape Assessment: The Health of Washington

Based on an analysis of local health data, our strategies prioritize collaboration within HRSA-designated **rural regions** throughout the state and **South King County** neighborhoods. To reduce health inequities, our priority populations include **Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Black and Hispanic/Latino** individuals. We also aim to enhance engagement with **LGBTQ+** communities.

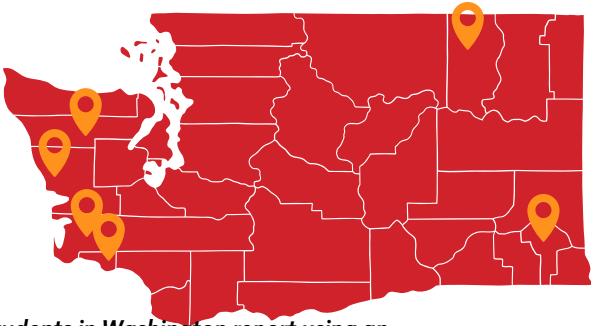
Health Factors

Nutrition Security
Rural counties and neighborhoods within South King County experience the highest food insecurity rates in the state.

Of all counties, Yakima residents experience the highest rate at 20%, followed by Adams and Franklin. While the overall rate for King County is 8%, South King County neighborhoods are disproportionately affected: South Beacon Hill, Georgetown, South Park (26.7%), Federal Way – North Corridor (24.3%), Tukwila (23.6%). Disparities are influenced by race and other social factors.



Blood Pressure
2.7 million adults in Washington—nearly half of the state's adult population—are estimated to have high blood pressure. Yet only 1 in 4 are diagnosed, leaving many unaware. Of all counties, Pacific County residents report the highest prevalence of hypertension at 42%, followed by Ferry (41%), Wahkiakum, Grays Harbor, Garfield and Jefferson (40%) counties. King County has the lowest prevalence (26%) of reported hypertension, but high rates exist in several neighborhoods with poor Social Vulnerability Index ratings: Auburn, Federal Way, Kent, Des Moines, South Center, Tukwila, Holly Park, parts of Renton and the International District.



Tobacco & Vaping
Tobacco and vaping are leading preventable causes of death and disease. 1 in 12 high school students in Washington report using an e-cigarette in the last 30 days. Disparities arise from the tobacco industry’s targeting of youth, low-income, marginalized individuals and the LGBTQ+ community. North African and Middle Eastern youth now have the highest use rates. At the core of the issue: Washington’s minimal investment in tobacco prevention and cessation and the availability of flavored tobacco products.

Quality of Care

Blood pressure control rates are lower at community health centers that provide critical access for under-resourced populations, including marginalized communities and those residing in rural areas. In Washington, among sites that adopt evidence-based blood pressure guidelines, community health centers see a 69% blood pressure control rate versus the collective 74.2%.

CPR Response

51% of Americans are not confident to perform CPR in a cardiac emergency.
In Washington, 98% of the population is served by hospitals and ambulance services participating in Cardiac Arrest Registry to Enhance Survival (CARES). Only 14% of sudden cardiac arrest victims in Washington survive and only 54% received bystander CPR. While these rates are higher than the national averages (10.5% and 42%, respectively), significant variations exist in survival rates across King County and rural Washington. In King County, 17.3% of people who experience a cardiac arrest in public survive. Of those, 73% received CPR by a bystander. These data imply that bystander CPR rates in other counties, including rural Washington, are far less than in King County.

The Path Forward

 Nutrition Security

Goals

Reduce food/nutrition insecurity in priority populations and geographic regions statewide.

Collaborate with community and clinical organizations to support the adoption of policy, system and environmental changes that increase access and utilization of nutritious, culturally relevant foods.

 Blood Pressure

Goals

Increase awareness of undiagnosed hypertension.

Increase high blood pressure control – especially among patients of Federally Qualified Health Centers.

Enroll all major primary care health systems and Federally Qualified Health Centers in Target: BP, resulting in a blood pressure control rate of 75% among all participating sites statewide.

Strategies

- Collaborate with community and clinical organizations to adopt food insecurity screening and referral protocols.
- Co-develop nutrition policies with food access organizations to help increase the availability of healthy, culturally relevant foods.
- Build food access organizations capacity to store and distribute produce.
- Expand access to culturally aligned food and nutrition education.
- Increase collaboration with Indigenous-led organizations, religious organizations, universities and colleges, organizations in Eastern Washington
- Explore new approaches that address food insecurity drivers (i.e. socioeconomic influencers of health screen/refer, produce prescription).
- Foster local food sovereignty and cultivation practices.

Strategies

- Collaborate with community organizations to implement blood pressure screening, education and referral initiatives.
- Facilitate self-measured blood pressure (SMBP) programs in primary care settings, with an emphasis on Federally Qualified Health Centers.
- Develop self-measured blood pressure (SMBP) programs tailored to pregnant and postpartum individuals in obstetric and midwifery clinics.
- Integrate community health workers and doulas into clinical blood pressure systems to support SMBP.
- Recruit and assist clinics to participate in Target:BP, providing support and funding to assist quality improvement efforts.

 Tobacco & Vaping

Goals

Decrease statewide tobacco and nicotine use to 3.9% of youth.

Eliminate the sale of flavored tobacco products, including menthol and electronic cigarettes.

Strategies

- Support school districts to adopt supportive discipline policies, tobacco screening and referral and other innovative prevention and response strategies.
- Collaborate with American Heart Association Government Relations and Advocacy teams to support legislative work to end sale of flavored tobacco products and increase prevention and cessation funding.
- Engage with state agencies to secure funding that supports policy, systems and environmental changes within school districts.

 CPR Response

Goals

Double statewide sudden cardiac arrest survival rate to 30%

Strategies

- Collaborate with community partners to collect data on CPR readiness in communities and schools.
- Coordinate with internal and external partners on CPR policies, organizational readiness and community education.
- Develop and implement Cardiac Emergency Response Plans (CERPs) within schools, school districts and community organizations.