



American
Heart
Association®

PUGET SOUND

COMMUNITY PRIORITIES



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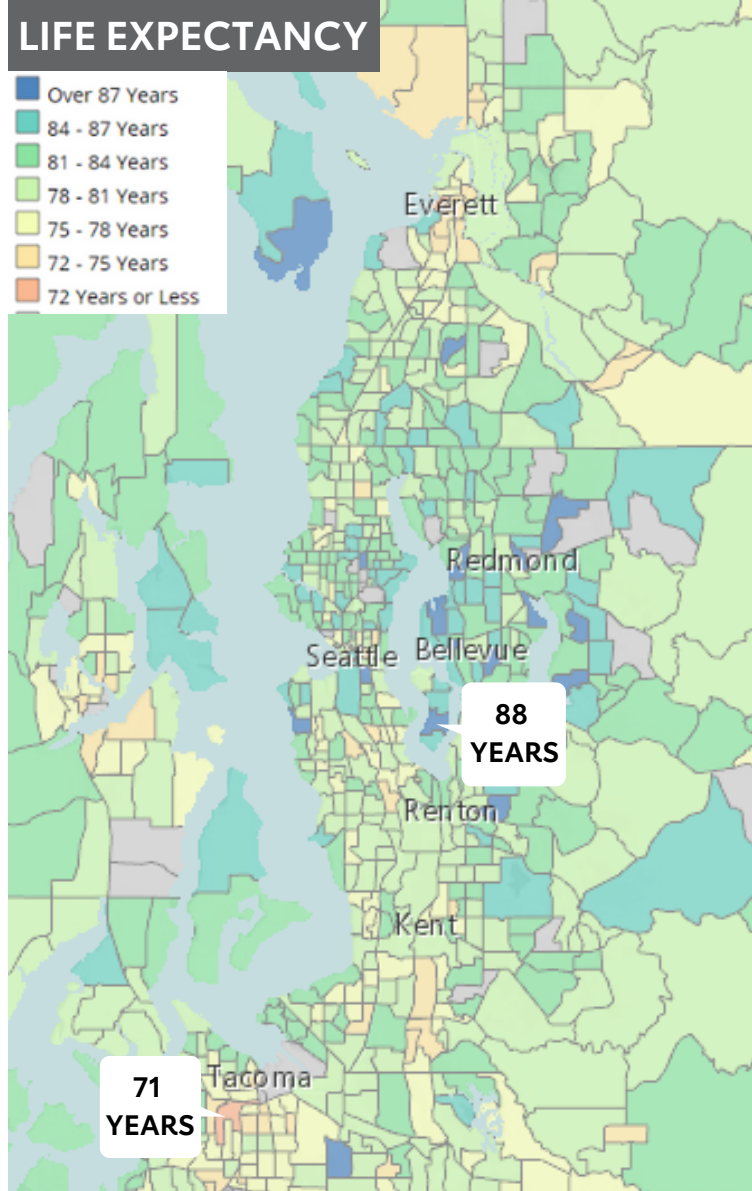


HEALTH OF PUGET SOUND

EMERGING TRENDS AND THREATS

COVID-19 is a threat to all; it increases health stress for those who are already burdened with pre-existing conditions and highlights long-term inequities in underserved communities. Lack of quality health care access, housing, jobs, and healthy food perpetuate health inequities in many Puget Sound communities. Generally areas of the Puget Sound with lower life expectancy also have reduced access to healthy food and physical activity layered on to social and economic barriers.

Across the Puget Sound life expectancy can vary as much as 21 years and sometimes just a few miles of distance equates to many more years of expected life.¹



PUGET SOUND MARKET PRIORITIES, GOALS AND PARTNERS

To continue to make progress in our priority areas, American Heart Association has reaffirmed our focus and has developed a list of policy, system, and environmental change opportunities. In addition, the AHA has identified collaborative partners to drive a shared agenda.

COMMUNITY IMPACT PRIORITY ISSUES



Blood Pressure Control: Advancing identification and management of high blood pressure through community and clinical strategies.



Nutrition Security: Connecting direct food service delivery and culturally relevant nutrition education through a shared vision and investing in the most innovative community solutions.



Stop Youth Vaping: Preventing and stopping the use of tobacco and e-cigarettes to decrease the downstream effects of preventable deaths from tobacco use.

PRIORITY: BLOOD PRESSURE CONTROL

WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?

1.65 million adults in the Puget Sound likely have high blood pressure. In the Puget Sound only 1 in 4 is diagnosed,² leaving many unaware they have high blood pressure. Nearly one third of people prescribed medication do not take it. Deaths and hospitalizations due to hypertension are highest among Black individuals and in the South Sound.

In the Puget Sound region, the percentage of adults with high blood pressure not taking blood pressure medication is 29%, slightly higher than Washington State (28%) and the United States (21.7%).³



Monique Shields of Tacoma developed pre-eclampsia when she was pregnant with her first son and her journey with high blood pressure began.

Hypertension and heart disease run in Monique's family, her father died of congenital heart disease one week before his 60th birthday and her mother is a heart survivor having had four heart surgeries and most recently receiving a pacemaker. Monique knew she needed to take action.

Monique is on a mission to reduce her risk of developing heart disease by incorporating 30+ minutes of exercise everyday, making healthy eating choices and consistently taking her blood pressure medication.

Monique volunteers for the American Heart Association to inspire others to take charge of their health and learn their key health numbers, including blood pressure.

IMPACT OPPORTUNITIES

Support clinical system changes to improve blood pressure control to include use of self-monitoring programs, more accurate screening, and adoption of guideline-based treatment protocols.

Increase community linkages and systematic collaboration to reduce barriers to BP management and increase identification.

Increase availability of BP self-monitoring devices through payors adopting coverage policies.

KEY PARTNERS

- Washington State Department of Health and Health Care Authority
- Community Health Centers
- Reducing Cardiovascular Disease Inequities Project in Pierce County



PRIORITY: NUTRITION SECURITY

WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?

Food insecurity has increased across the Puget Sound amidst the COVID-19 pandemic. Communities of color are disproportionately affected by food insecurity due to social and environmental factors such as unequal access to healthy, culturally relevant options.

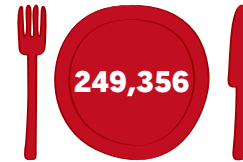


A recent survey uncovered that 27% of WA households experienced food insecurity.⁴

1 MILLION



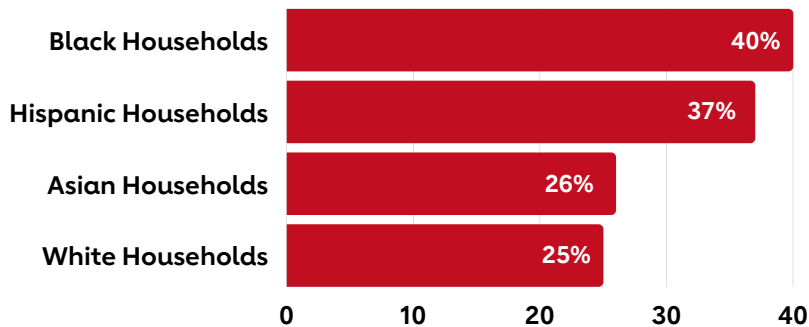
Close to one million people in WA receive SNAP food assistance. Nearly 2 out of 3 are children, elderly and people with disabilities.⁵



249,356 kids in the Puget Sound are eligible for free or reduced-price lunch.⁶

DISPARITIES IN FOOD SECURITY

Food Insecurity by Race in Washington State⁴



In a recent survey of WA households, many (43%) respondents said their diets worsened during COVID-19 with 32% rating their diet as fair or poor.⁴

About half of respondents reported consuming fruit or other vegetables fewer than once per day.⁴

Health impacts of food and nutrition security include increased risk of chronic diseases, negative pregnancy outcomes, long term negative effects on children's mental and physical health and more.⁷

IMPACT OPPORTUNITIES

Support adoption and implementation of dinner programs for youth.

Increase availability of healthy and culturally appropriate food at pantries through adoption of nutrition policies.

Expand state and local funding for healthy food access programs.

Work with community and clinical organizations to adopt food insecurity screening and referral protocols.

Collaborate with farmer's markets to increase EBT use.

Pass policies to support healthy beverages for kids.

KEY PARTNERS

NW Harvest

Food Lifeline

Food Banks

Housing Coalitions

Food Access Organizations

Healthy King County Coalition

United Way

Food Innovation Network

Washington State Colleges

PRIORITY: STOP YOUTH VAPING



WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?

Tobacco is the leading preventable cause of death in the United States. 1 in 5 deaths in King County are caused by smoking.⁸ The number of youth using electronic cigarettes has skyrocketed, exposing them to high levels of nicotine.



One in 4 high school seniors in King County reported vaping in the past 30 days.⁹ Eight out of 10 teenagers who use tobacco started with a flavored product.¹⁰

IMPACT OPPORTUNITIES

Pass legislation to strengthen state laws to remove all flavored tobacco products from market.

Strengthen school tobacco policies and ensure they reinforce health rather than deepen inequities.

KEY PARTNERS

- Washington Poison Center
- Auburn Blue Ribbon Commission
- Auburn Tobacco Coalition
- Center for Multicultural Health

Join Us

The pursuit of health equity requires listening, collaboration, and coordination. We continue to evolve our efforts as we learn from volunteers, supporters, and partners to best support our community. If you would like to collaborate, please contact Cherish Hart at cherish.hart@heart.org.

¹ Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15

² Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

³ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10

⁴ Drewnowski, Adam, Otten, Jennifer J., Lewis, Laura R., Collier, Sarah M., Sivaramakrishnan, Brinda, Rose, Chelsea M., Ismach, Alan, Nguyen, Esther, Buszkiewicz, James. "Food Security and Access Amid COVID-19: A Comprehensive Look at the Second Survey of Washington State Households, Research Brief 9" (July 2021). Washington State Food Security Survey. <https://nutr.uw.edu/cphn/wafood/brief-9>

⁵ 2021. Whom Does SNAP Reach?. [ebook] Center on Budget and Policy Priorities, p.1. Available at <https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_washington.pdf>

⁶ Washington Office of Superintendent of Public Instruction. Child Nutrition Program Reports | Area Eligibility Data/Eligibility for Free and Reduced Price Meals. Child Nutrition Program Reports. <https://www.k12.wa.us/sites/default/files/public/childnutrition/reports/freereduced/2020-21AreaEligibilityReportUpdated.xlsx>

⁷ Food insecurity screening | Healthy food playbook. Food insecurity screening. Food insecurity screening | Healthy food playbook. <https://foodcommunitybenefit.noharm.org/resources/implementation-strategy/food-insecurity-screening>. Published 2018.

⁸ Public Health, Seattle and King Co. Inequities & Trends in Tobacco Use Among King County Youth & Adults. <https://kingcounty.gov/depts/health/tobacco/-/media/depts/health/tobacco-vapor/documents/tobacco-disparity-infographic.ashx>.

⁹ Public Health, Seattle and King Co. Vapor & E-Cigarette Use in Seattle & King County. <https://kingcounty.gov/depts/health/tobacco/-/media/depts/health/tobacco-vapor/documents/vaping-infographic.ashx>

¹⁰ Ambrose BK, Day HR, Rostron B, et al. Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014. JAMA. 2015;314(17):1871-1873. doi:10.1001/jama.2015.13802