# Accelerating Community-Level Prevention of Cardiovascular Disease

John M. Clymer

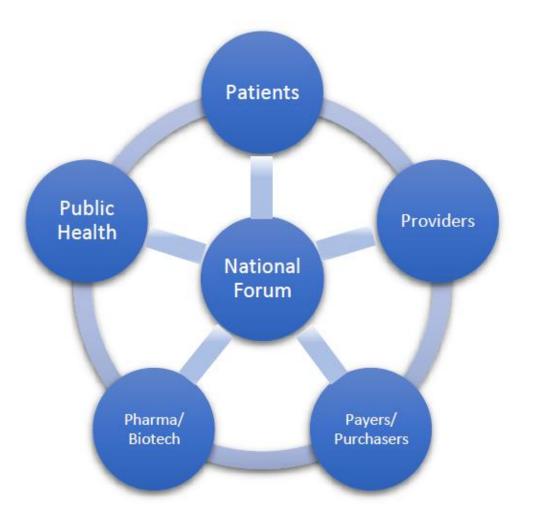
**Executive Director** 

@JohnClymer @I

@NatForumHDSP



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# We spark conversation.



## THE WALL STREET JOURNAL.

#### Heart Attack at 49—America's Biggest Killer Makes a Deadly Comeback

Younger people, women and nonsmokers are more likely to be victims of the crisis in cardiovascular health, driven by skyrocketing obesity and diabetes



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#### NATION

#### 'A distinctly American phenomenon': Our workforce is dying faster than any other wealthy country, study shows

Jorge L. Ortiz USA TODAY

Published 11:00 a.m. ET Nov. 26, 2019 | Updated 12:13 p.m. ET Nov. 26, 2019

The engine that powers the world's most potent economy is dying at a worrisome pace, a "distinctly American phenomenon" with no easily discernible cause or simple solution.

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And while life expectancy in those other industrialized nations continues to inch up, it has been going in the opposite direction in America, decreasing from a peak of 78.9 years in 2014 to 78.6 in 2017, the last year covered by the report.

By comparison, accordin years. Japan's is 84.1, Fr the rate of progress in th

Steven Woolf, director er the decline go well beyor that's a factor.

"It would be easier if we which distinguish the U. 35 causes of death." Between 1999-2017, midlife deaths from hypertensive diseases increased by 78.9%, and those linked to obesity by 114%.

#### The Washington Post

Democracy Dies in Darkness

+

#### 'There's something terribly wrong': Americans are dying young at alarming rates

#### By Joel Achenbach

November 26, 2019 at 11:00 a.m. EST

Death rates from suicide, drug overdoses, liver disease and dozens of other causes have been rising over the past decade for young and middle-aged adults, driving down overall life expectancy in the United States for three consecutive years, according to a strikingly bleak study published Tuesday that looked at the past six decades of mortality data.

The <u>report</u>, published in the Journal of the American Medical Association, was immediately hailed by outside researchers for its comprehensive treatment of a still-enigmatic trend: the reversal of historical patterns in longevity.

Despite spending more on health care than any other country, the United States has seen increasing mortality and falling life expectancy for people age 25 to 64, who should be in the prime of their lives. In contrast, other wealthy nations have generally experienced continued progress in extending longevity. Although earlier research emphasized rising mortality among non-Hispanic whites in the United States, the broad trend detailed in this study cuts across gender, racial and ethnic lines. By age group, the highest relative jump in death rates from 2010 to 2017 – 29 percent — has been among people age 25 to 34.

The findings are sure to fuel political debate about causes and potential solutions because the geography of rising death rates overlaps to a significant extent with states and regions that are hotly contested in the run-up to the 2020 presidential election.

## NATIONAL FORUM

FOR HEART DISEASE & STROKE PREVENTION

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#### The Washington Post

Democracy Dies in Darkness

## Yes, Americans are feeling the squeeze. It's coming from health care.

By Robert J. Samuelson

Dec. 1, 2019 at 6:30 p.m. EST

The idea that most middle-class Americans have been treading water economically is conventional wisdom. It is already playing a role in the 2020 campaign, as the Democratic presidential candidates propose policies (Medicare-for-all, free college tuition at state schools, subsidies for child care, to mention a few) intended to relieve the financial stress on millions of middle-income families.

But the conventional wisdom is wrong — or at least misleading. Although the squeeze is not a myth, it's highly localized: uncontrolled medical spending. This is crowding out other spending, from wages to defense budgets. If we don't stabilize health costs (and there is little sign that we will), we should expect the squeeze to continue indefinitely. Income inequality would also probably worsen.

We now have a new study from economist <u>Richard Burkhauser</u> of Cornell University that illuminates health care's peculiar role. A standard benchmark of economic well-being is median income: It is the earnings in the middle of any distribution of income figures. The higher the median, the better off people are assumed to be. In recent decades, the median income of U.S. households has grown slowly, stagnated or declined. In 2018, according to the Census Bureau, the median household income was \$63,179; in 1999, it was \$61,526.

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#### The "Silver Tsunami:" Aging of Baby Boomers creates dangerous wave of heart disease, heart failure

A Report from the National Forum for Heart Disease & Stroke Prevention

AUTHOR Stephen Sidney, MD, MPH, FAHA Director of Research Clinics Kalser Permanente Northern California Division of Research

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https://www.wsj.com/articles/heart-failure-deaths-rise-contributing-to-worsening-life-expectancy-11572411901

HEALTH | HEALTH & WELLNESS

#### Heart-Failure Deaths Rise, Contributing to Worsening Life Expectancy

Rate surges as population ages and health of younger generations worsens

*By Betsy McKay* Oct. 30, 2019 1:05 am ET

Deaths from heart failure, one of the nation's biggest killers, are surging as the population ages and the health of younger generations worsens.

The death rate from the chronic, debilitating condition rose 20.7% between 2011 and 2017 and is likely to keep climbing sharply, according to a study published Wednesday in the journal JAMA Cardiology.

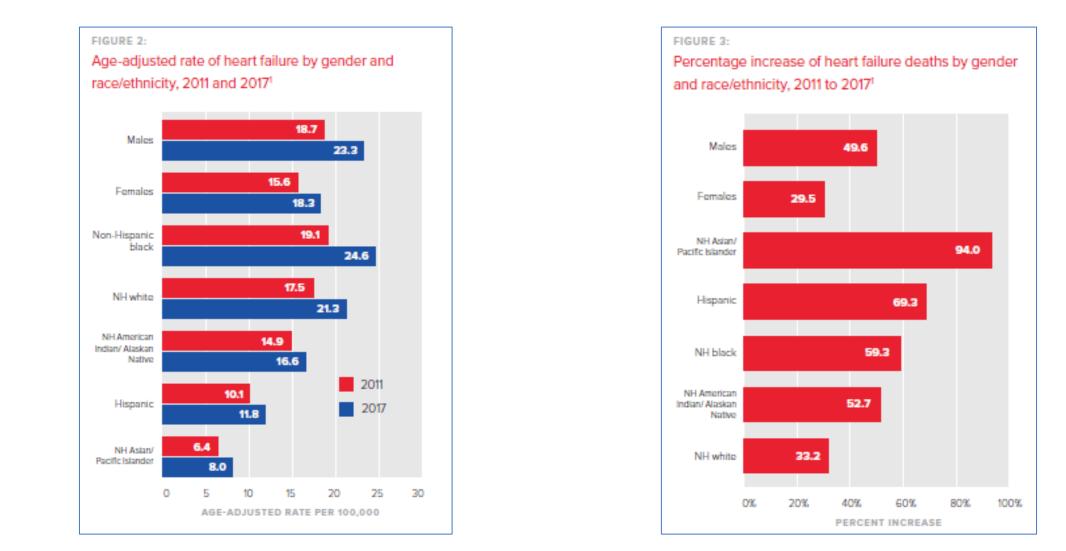
The rapid aging of the population, together with high rates of obesity and diabetes in all ages, are pushing both the rate and number of deaths from heart failure higher, the study said. Most deaths from heart failure occur in older Americans, but they are rising in adults under 65, too, the study showed. The findings help explain why a Newsletter Sign-up decadeslong decline in the death rate

from cardiovascular disease has slowed substantially since 2011 and started

"Heart failure cost the U.S. healthcare system \$30.7 billion in 2012 and is projected to cost about \$70 billion in 2030, according to a report released Wednesday by the National Forum for Heart Disease & Stroke Prevention, an organization that works to end cardiovascular health disparities."



NATIONAL FORUM



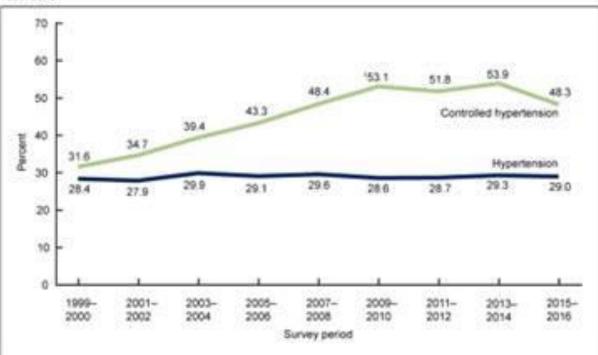
Sidney, Stephen, et al. The "Silver Tsunami:" Aging of Baby Boomers Creates Dangerous Wave of Heart Disease, Heart Failure. National Forum for Heart Disease & Stroke Prevention, 2019

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## Hypertension Control Trends

Figure 5. Age-adjusted trends in hypertension and controlled hypertension among adults aged 18 and over. United States. 1999-2016



"Significant increasing trend for 1999-2010, p + 0.001

NOTES. Hypertension estimates are age adjusted by the litrest method to the 2000 U.S. Consus population using age groups 18–39, 40–89, and 60 and over Estimates of controlled hypertension are age adjusted by the direct method using computed weights based on the autopopulation of persons with hypertension in the 2007–2008 National results and Number Examination Survey, using age groups 18–39, 40–59, and 60 and over. Access data table for Equina 5 at: Hits: /www.obc.gov/ts/hardinationalised/statemethod/2007, fable pdf#5.

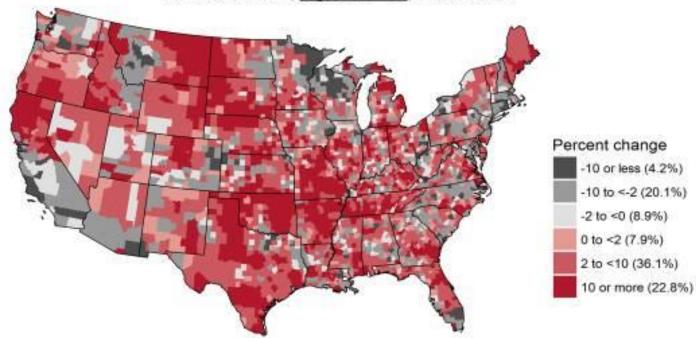
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SOURCE: NCHS. National Health and Number Examination Burvey. 1999-2018.

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## **Alarming Mortality Rate Changes**

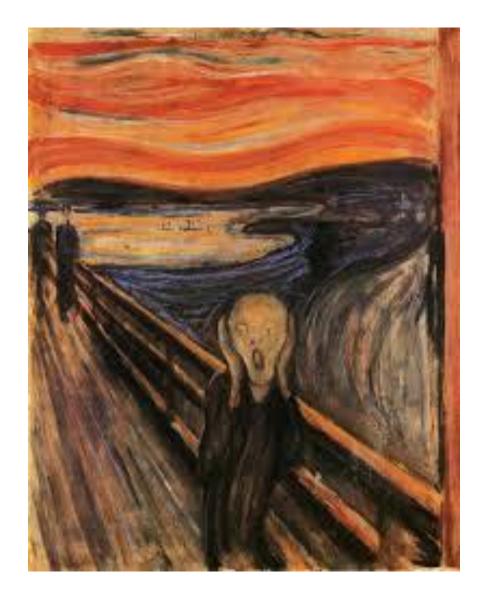
County-level percent change in heart disease death rates, United States, Ages 35-64, 2010-2015



Vaughan AS, Patel SA, Kramer MR, Schleb L, Casper M. Relationships of macro-level conditions with cross-sectional and temporal trends in county-level premature heart disease death rates, 2010-2015. Journal of Epidemiology and Community Health. 2019. Under review.

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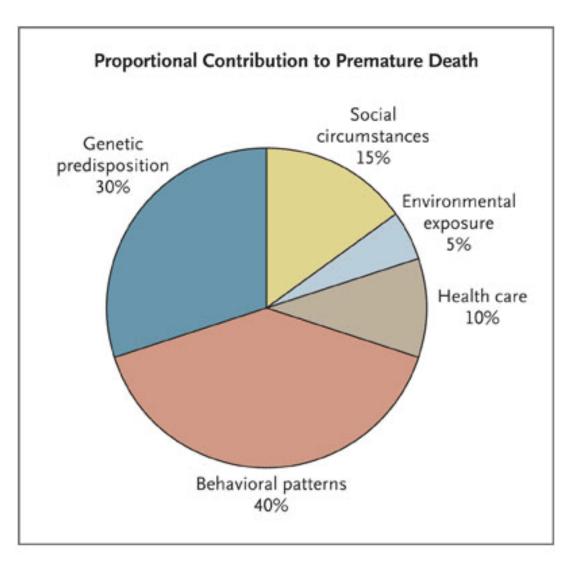


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# Where does health happen?





McGinnis JM, Foege WH, Actual Causes of Dealth in the United States, JAMA 1993; 270:2207-12. Mokdad AH, Marks JS, Stroup DF, Gerberding JL, Actual Causes of Death in the United States, 2000. JAMA 2004; 291:1230-1245

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## NEW YORK **BUSINESS JOURNAL**

### First New York City bans trans fats-now it's the whole USA

Jun 16, 2015, 1:16pm EDT

Former New York City mayor Michael Bloomberg, who honed in on multiple public health issues during his tenure, banned artificial trans fats from the city's restaurants in 2006. Other states and cities followed, including California, and now the rest of the country will too.

The Food and Drug Administration announced today that it has finalized its rules on partially hydrogenated oils and is giving the food industry three years to eliminate PHOs, the primary source of trans fats from the food supply in a move designed to prevent thousands of fatal heart attacks every year. The government agency had announced that it wanted to eliminate the artery-clogging fats linked to heart disease in late 2012, but now it has finalized its rules and appeuroed a timeline



ADAM ROUNTREE | BLOOMBERG These McDonald's McNuggets, fries and chicken were photographed the day New York City's trans fat



THE BALTIMORE SUN

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New law in Baltimore bars sodas from kids'

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MONDAY JAN. 7. 2019

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CA governor signs bill beverages in restaurant kids' meals

Healthy kids' meals build healthy habits for life



Nancy Brown, Chief Executive

Officer, American Heart Association

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Brown

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News / Maryland / Baltimore Cit

DALLAS, September 20, 2018 - American Heart Association CEO Nancy Brown issued the following comments on California Senate Bill 1192, the California Healthy by Default Kids Meals Beverages bill:

"California has made history today by becoming the first state to ensure that water or milk comes standard for kids' meals at all restaurants. The American Heart Association applauds California's leaders for making it easier for parents to raise healthy kids. We strongly encourage other states and communities to follow suit, and we call on restaurants nationwide to take immediate action on their own by removing unhealthy drinks from kids' meals.

The drinks kids are served at restaurants have an increasingly significant impact on their health-half of the meals in the United States today are purchased outside of home and children get an average of 25 percent of their calories from restaurant foods and beverages. If their meals come with sodas or other sugary drinks, our kids are at greater risk for heart disease and diabetes. But if their meals come with water or milk instead, we can help them build healthy habits that last a lifetime.

### NATIONAL FORUM FOR HEART DISEASE & STROKE PREVENTION

17





Chile Mocha New	tall <sup>354</sup> mL Cal	grande	
Pumpkin Spice Latta	4.45 270	<sup>grande</sup> <sup>473</sup> mL <i>Cal</i> 4.95 <i>350</i>	venti 591/709 mL Cal
Salted Caramel Mocha It's Back	4.45 300	4.95 380	5.45 440
Caramel Macchiato	4.45 370	4.95 470	5.45 470
White Chocolate Mocha	4.25 190	4.95 250	5.45 570
Caffè Mocha	4.25 370	4.95 470	5.25 310
Flat White	3.95 290	4.75 360	5.25 580
Caffè Latte	4.25 170	+./ <del>3</del> 360	5.25 450



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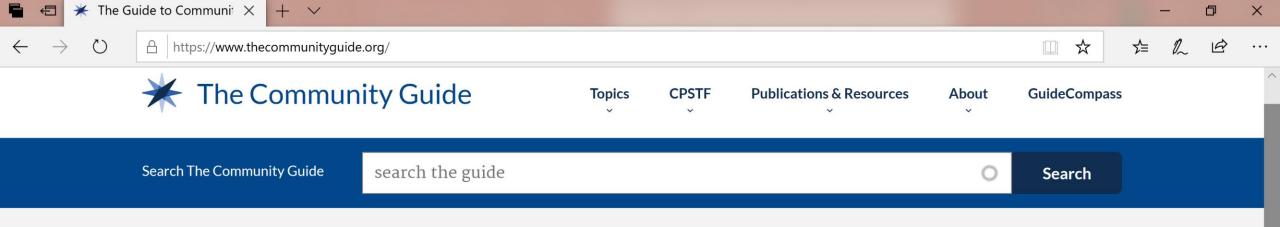
# American Heart Association



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#### Your online guide of what works to promote healthy communities

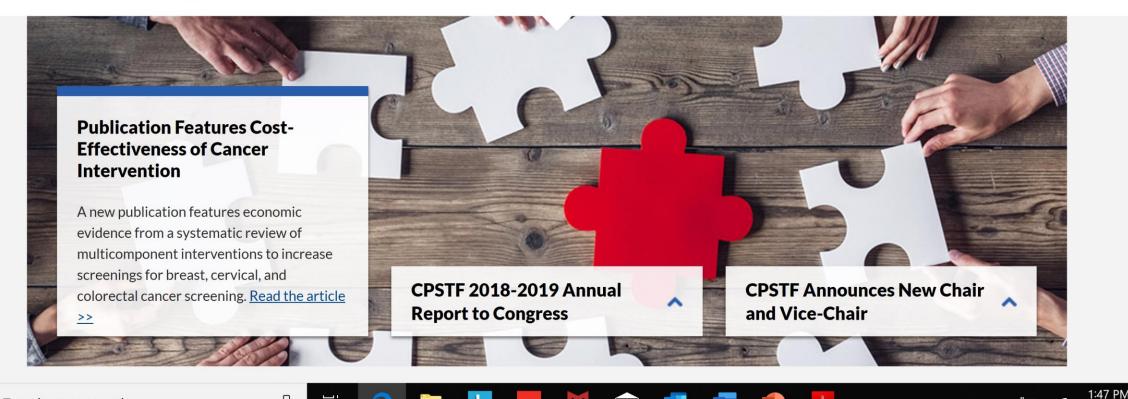
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About the Guide >

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## The Guide to Community Preventive Services (The Community Guide)

- Systematic reviews of interventions appropriate for communities and healthcare systems
- Methods for the broad consideration of evidence on effectiveness and other issues
- Reviews support the findings of the Community Preventive Services Task Force (CPSTF)



#### **Explore Popular Features of The Community Guide**



www.thecommunityguide.org

Topics with CPSTF Intervention Reviews and Recommendations (1996-2018)

Reviews Organized by Environment		
Health equity (Determinants of Health)		
Reviews by Risk Behavior	<b>Reviews by Specific C</b>	Condition
Alcohol abuse/misuse	Cancer	Oral Health
Tobacco use	Mental health	
Poor nutrition	Increasing Appropriate Vaccinations	
Physical inactivity	Violence	
Unhealthy sexual behaviors	Motor vehicle injuries	
Cardiovascular disease prevention	Diabetes	
Reviews Organized by Setting	<b>Reviews Organized by Life S</b>	tage
Worksite health promotion	Adolescent health	
Special Projects		
Health communication	Emergency preparedness	

## **Community Guide Reviews and CPSTF Recommendations for CVD Prevention**

<b>Community Guide Intervention Review</b>	Included Studies	CPSTF Finding
Team-based care for blood pressure control	52	Recommended based on strong evidence of effectiveness
Clinical decision support systems	45	Recommended based on sufficient evidence of effectiveness
Reducing out-of-pocket costs for CVD preventive services	13	Recommended-sufficient
Interactive digital interventions for blood pressure self-management	7	Recommended-sufficient
Interventions engaging Community Health Workers (CHWs)	31	Recommended-sufficient
Mobile health interventions for treatment adherence for newly diagnosed CVD patients	12	Recommended-sufficient
Self-measured blood pressure monitoring interventions to improve BP control	26 25	Alone: Recommended-sufficient With additional support: Recommended-strong

https://www.thecommunityguide.org/content/task-force-findings-cardiovascular-disease

## **Community Guide Resources**

Search The Community Guide

search the guide

O Search

Home » Systematic Review

#### Systematic Review

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Topic Cardiovascular Disease

Recommended April 2012

Audience Adults Healthcare Providers Older Adults

Setting Clinical/Health Systems Medical Home Rural Urban

Strategy Case Management Health Education Organizational Changes

## Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control

Snapshot

What the CPSTF Found Supporting Materials

Considerations for Implementation

#### Summary of CPSTF Finding

The <u>Community Preventive Services Task Force (CPSTF) recommends</u> team-based care to improve patients' blood pressure. Evidence shows team-based care increases the proportion of patients with controlled blood pressure and reduces systolic (SBP) and diastolic (DBP) blood pressure. Economic evidence indicates team-based care is cost-effective.

Studies included in the systematic review primarily used teams in which nurses and pharmacists collaborated with primary care providers, patients, and other professionals.

#### Intervention

Team-based care to improve blood pressure control is a health systems-level, organizational intervention that relies on multidisciplinary teams to improve the quality of hypertension care for patients.

Team-based care is established by adding new staff or changing the roles of existing staff who work with a patient's primary care provider. Teams include the patient, the patient's primary care provider, and other professionals such as nurses, pharmacists, dietitians, social workers, and community health Read more

#### **CPSTF Finding and Rationale Statement**



#### Cardiovascular Disease Prevention: Team-Based Care to Improve Blood Pressure Control

#### Summary of Community Preventive Services Task Force Recommendation



The Community Preventive Services Task Force (CPSTF) recommends team-based care to improve blood pressure control in patients with hypertension (high blood pressure). This is based on strong evidence of effectiveness in increasing the number of patients with their blood pressure under control compared to usual care.

#### What is Team-Based Care to Improve Blood Pressure Control?

Team-based care to improve blood pressure control relies on multidisciplinary teams at health-system and organizational levels to improve the quality of hypertension care for patients.

Each team includes a patient, the patient's primary care provider, and other professionals, such as nurses, pharmacists, dietitians, social workers, and community health workers. Team members share responsibilities, such as medication management, patient follow-up, and adherence and self-management support.

#### **Major Findings**

Overall, team-based care increased the number of patients whose blood pressure was under control compared to usual care. Teams were most effective when they included pharmacists and when team members could change patients' medications, either independent of the primary care provider or with their approval or consultation.

Team-based care decreased both systolic and diastolic blood pressure. It also was effective in improving patient outcomes for other cardiovascular disease risk factors, such as blood glucose and cholesterol levels

The available economic evidence shows team-based care is a cost-effective intervention for blood pressure control, with the median cost per quality-adjusted life year (QALY) gained falling below a \$50,000 benchmark for cost effectiveness.

#### Facts about High Blood Pressure

- Nearly 75 million U.S. adults have high blood pressure and only about half have their condition under control.<sup>1</sup>
- High blood pressure increases risk for heart attack, stroke, chronic heart failure, and kidney disease.<sup>2</sup>
- Cardiovascular disease costs the United States approximately \$316 billion each year in health care services, medications, and lost productivity from premature mortality.<sup>3</sup>

#### Learn More

Summary of Evidence and CPSTF Finding

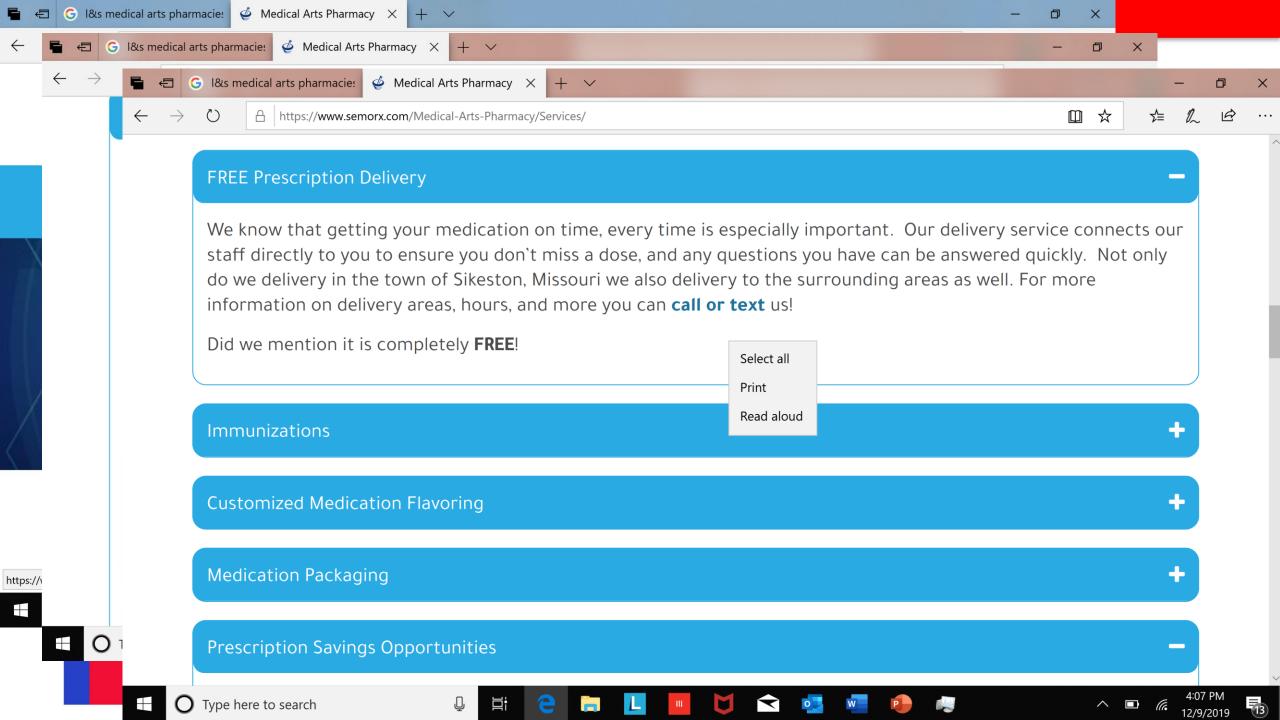
https://www.thecommunityguide.org/findings/cardiovascular-disease-team-based-care-improve-blood-pressure-control

CDC, High Blood Pressure https://www.cdc.gov/bloodpressure/index.htm Million Hearts Initiative http://millionhearts.hhs.gov/index.htm

<sup>1</sup> Merai R, Siegel C, Rakotz M, Basch P, Wright J, Wong B; DHSc., Thorpe P. CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension. MMWR Morb Mortal Wkly Rep. 2016 Nov 18;65(45);1261-1264.

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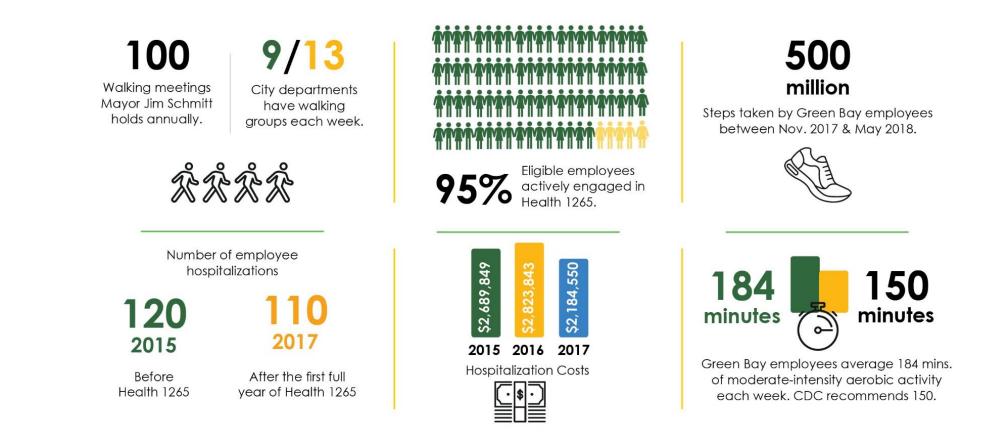






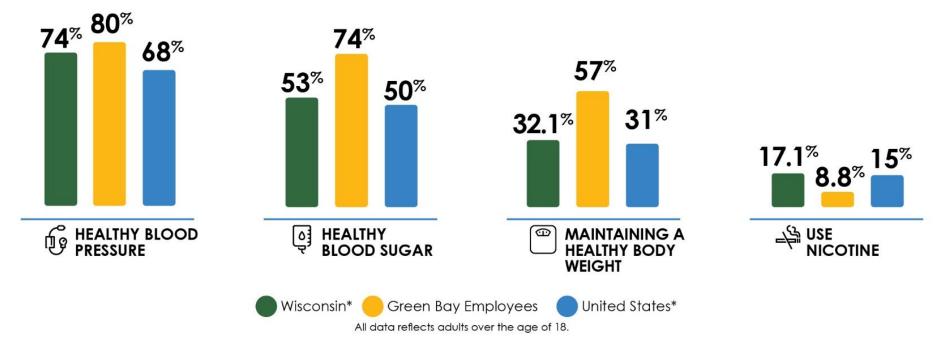


Move with the Mayor<sup>™</sup> paved the way for Green Bay employees to live healthier and reduce health care costs.





Move with the Mayor<sup>™</sup> paved the way for Green Bay employees to live healthier and reduce health care costs.

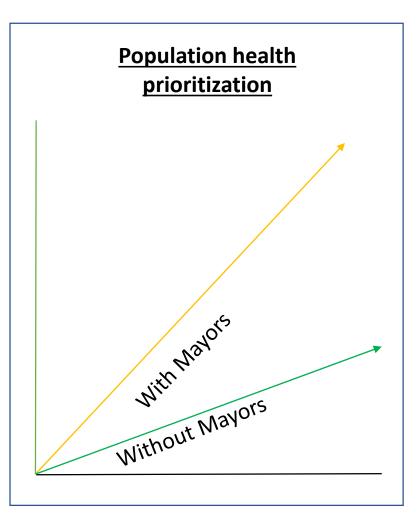


\*Data Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2018].



# Move with the Mayor<sup>™</sup>

- Mayors' catalytic power can accelerate collaborative action to improve health
- National Forum members can work with mayors to achieve mutually beneficial goals
- World Heart Day provides a platform for mayors to focus on cardiovascular health







#### Move with the Mayor<sup>™</sup> / U.S. Surgeon General's Call to Action Step it Up! Success Roadmap

#### Purpose of this Roadmap

The U.S. Conference of Mayors (USCM) endorses Step It Up!, the U.S. Surgeon General's Call to Action to Promote Walking and Walkable Communities. USCM urges cities to develop initiatives and programs that respond to the Call to Action.

Many mayors already use Move with the Mayor<sup>TM</sup> (MWTM), developed by the National Forum for Heart Disease & Stroke Prevention, to encourage people to walk and live active, healthy lifestyles.

Now the Move with the Mayor<sup>™</sup> / Step it Up! Success Roadmap blends elements of both initiatives, to help you identify and strengthen your city's programs and policies to improve health, including:

- strengths in promoting heart health by answering the U.S. Surgeon General's Call to Action and through MWTM; and
- · opportunities to make it possible for more people to live healthy lives.

By completing this roadmap you will determine your city's Step it Up! score. The National Forum will also use your scores to help improve our future MWTM programming in your city.

#### **Roadmap Instructions**

Please respond to each section of the roadmap and provide an answer for each question. We appreciate your taking the time to complete this roadmap. The challenge will run from <u>August 9 – October 9, 2019</u>. For all questions in the roadmap, **your city will receive the number of points indicated for every "Yes" answer**.

The following sections are included in the roadmap, with elements related to heart health promotion interwoven.

- 1. Make Walking a City Priority
- 2. Design Communities that Make Walking Safe & Easy for People of All Ages & Abilities
- 3. Promote Programs and Policies to Support Walking Where People Live, Learn, Work, Pray, & Play
- 4. Provide Information to Encourage Walking and Improve Walkability

Using the interactive PDF, your points for each section will be automatically totaled to determine your city's Step it Up! score.

Please send your completed roadmap to Debbie Martinez at <u>debbie.martinez@nationalforum.org</u> by October 14, 2019.

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#### Please consider only the time period of August 9, 2019 – October 9, 2019 when answering questions in the following sections.

#### 2. Design Communities that Make Walking Safe & Easy for People of All Ages & Abilities

Check the box to the right if the answer is 'Yes'.	YES
We (mayor's office) have engaged in community planning efforts to make communities more walkable. (3 points)	
Our parks and rec department participated in designing communities that support safe and easy places for people to walk. (3 points)	
Our public health department participated in designing communities that support safe and easy places for people to walk. (3 points)	
Our public works, transit, or transportation department participated in designing communities that support safe and easy places for people to walk. (3 points)	
Total Walkable Communities Score Max	12
Our City's Walkable Communities Score	0

#### 3. Promote Programs & Policies to Support Walking Where People Live, Learn, Work, Pray & Play

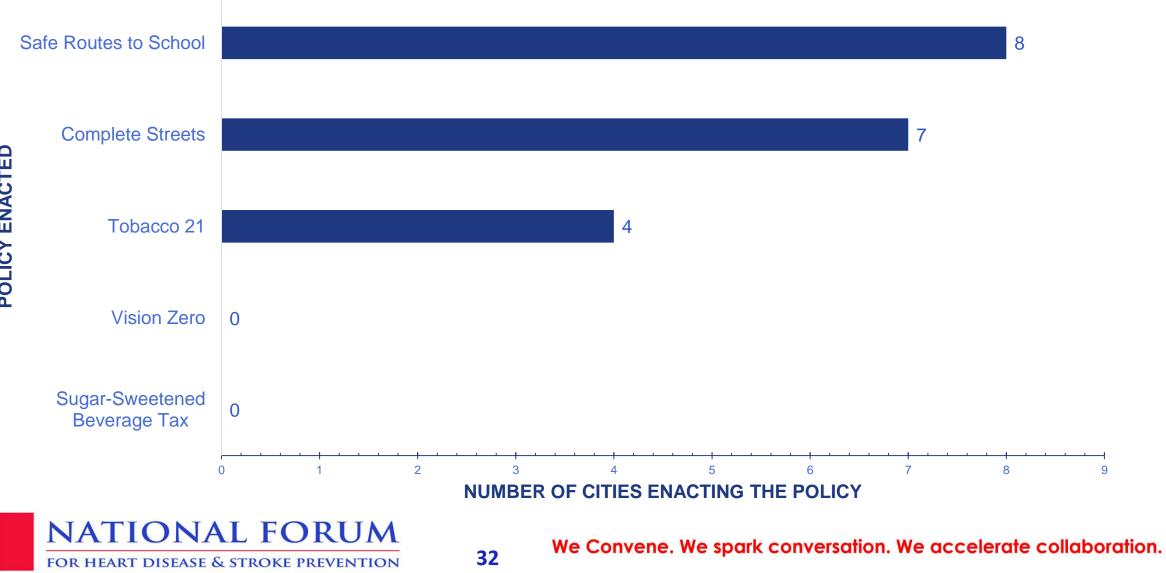
Blood Pressure / Cholesterol / Heart Healthy Activities	
We (mayor's office) led, or in collaboration with another department, did the following: Check the box to the right if the answer is 'Yes'.	YES
Hosted free/subsidized screenings for <b>blood pressure</b> (followed by directed feedback and clinical referral when appropriate) (3 points)	
Provided brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of <b>high blood pressure</b> (1 point)	
Hosted free/subsidized screenings for <b>cholesterol</b> (followed by directed feedback and clinical referral when appropriate) (3 points)	
Provided brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of <b>high cholesterol</b> (1 point)	
Provided brochures, videos, posters, pamphlets, newsletters, or other written or online information on the signs and symptoms of <b>stroke</b> (1 point)	
Provided brochures, videos, posters, pamphlets, newsletters, or other written or online information on the signs and symptoms of <b>heart attack</b> (1 point)	
Used World Heart Day to raise public awareness that most people can prevent heart disease and stroke, for example, with a social media post the week of September 29, using #MoveWithTheMayor (1 point)	
Celebrated World Heart Day with a Move with the Mayor event the week of September 29 (3 points)	
Total Heart Healthy Activities Score Max	14
Our City's Heart Healthy Activities Score	0

# NATIONAL FORUM

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## **CITY POLICIES**



**POLICY ENACTED** 

AT&T LTE

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#### Nan Whaley 🤣 @nanwhaley

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It's Step-tember, so I'm visiting ea major city facility to

ര 4:43 PM

90% 🚧 AT&T LTE

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NATIONAL FORUM

FOR HEART DISEASE & STROKE PREVENTION

#MoveWithTheMayor. We're starti with a walk at Dayton Internationa Airport - I got a tour of the termina improvements, along with some exercise!





Q #movewiththemayor

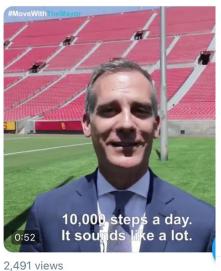
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Mayor Eric Garcetti 🤣 @May... · 9/28 Join us and #MoveWithTheMayor

🚶 Walk, 🌂 run, and 🕘 play your w a healthier heart!

#WorldHeartDay | @WorldHeartFed



It's a beautiful day to get c walk. During September, @NatForumHDSP encour employees to participate with the Mayor initiative! Today, employees came c during their lunch break a new finance team. #Hear #MoveWithTheMayor

@ 4:44 PM

City of Akron, Ohio 🤣

@AkronOhioMayor

90% 🛃

AT&T LTE



Tweet your reply

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#### We Convene. We spark conversation. We accelerate collaboration.

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