Million Hearts
Changing the Heart Health of the Nation

Promising Innovations: Million Hearts and Minority Health

September 13, 2012

Agenda

Topic	Presenter
• Introduction	Dr. Cara James
• Impact of Heart Disease/Stroke	Dr. J. Nadine Gracia
• Million Hearts Program Overview	Dr. Janet Wright
• Highlighted Partner	Association of Black Cardiologists
• Highlighted Partner	Indian Health Service
• Q&A	Million Hearts™ Team
• Closing Remarks	Dr. Cara James

Impact of Heart Attack/Stroke on Minority Health

J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary for Minority Health (Acting)
U.S. Department of Health and Human Services

Million Hearts™ Overview

Janet Wright MD FACC, Executive Director
CDC and CMS Innovation Center

Million Hearts™

National initiative co-led by CDC and CMS

Partners across federal and state agencies and private organizations

Prevent 1 million heart attacks and strokes by 2017

http://millionhearts.hhs.gov

Heart Disease and Strokes
Leading Killers in the United States

- **Cause 1 of every 3 deaths**
- **Over 2 million heart attacks and strokes each year**
  - 800,000 deaths
  - Leading cause of preventable death in people <65
  - $444 B in health care costs and lost productivity
  - Treatment costs are ~$1 for every $6 spent
- **Greatest contributor to racial disparities in life expectancy**

Where We Are
Where We Are Going

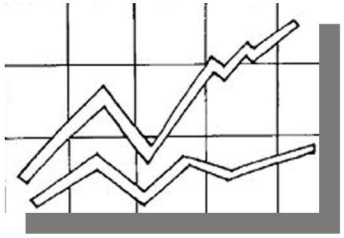
Intervention	Baseline 2011	Target 2017	Clinical target
Aspirin for those at high risk	47%	65%	70%
Blood pressure control	46%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	23%	65%	70%
Sodium reduction	~ 3.5 g/day	20% reduction	
Trans fat reduction	~ 1% of calories	50% reduction	

MMWR: Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors — US 2011, Early Release, Vol. 60
Unpublished estimates from Prevention Impacts Simulation Model (PRISM)

Key Components of Million Hearts

CLINICAL PREVENTION
Optimizing care

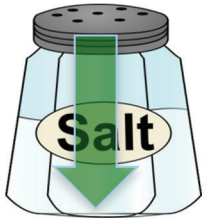
Excellence in the ABCS



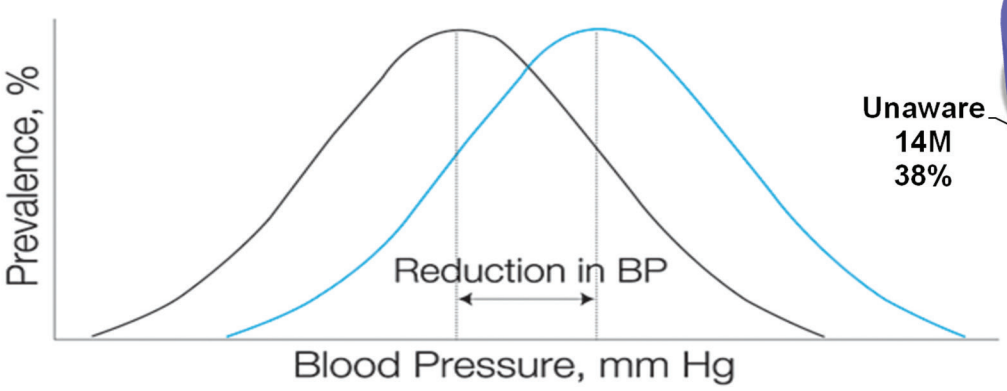
Health IT and Measurement

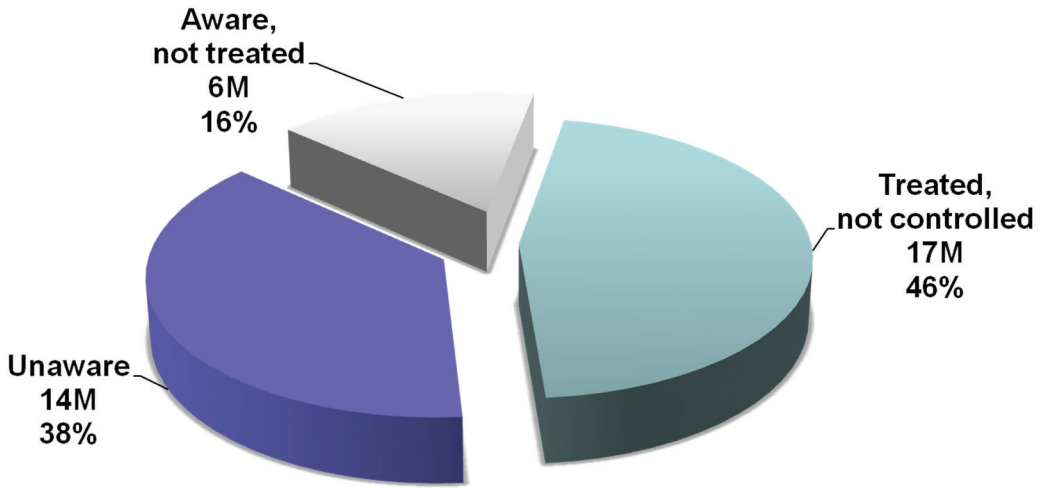
Care System Effectiveness

COMMUNITY PREVENTION
Changing the context



37 of 68 Million Americans with Hypertension Are Un-Controlled
Small SBP Reductions Can Save Many Lives





Reduction in BP, mm Hg	% Reduction in Mortality		
	Stroke	CHD	Total
2	−6	−4	−3
3	−8	−5	−4
5	−14	−9	−7

National Health and Nutrition Examination Survey (NHANES), 2005-2008
Whelton, PK, et al. JAMA 2002;288:1882; Stamler R, et al, Hypertension 1991:17:I-16

Needs and Seeds
Prevention, Detection, Treatment, Control

- Awareness regarding performance gaps & actions
- Skills: Measure and analyze; quality improvement
- Standardized protocol or algorithm
- Blanket of BP monitors to capture *patterns* in BP
- Timely, easy, and low cost linkage between measurement & advice
- Effective team care models
- Improved Access and persistence to meds
- Business case

The Future State

- Lower sodium foods are abundant and inexpensive
- BP monitoring starts at home and ends with control
- Data flows seamlessly between settings
- Professional advice when, where, how, and from whom it is most effective
- No or low co-pays for medications
- High performance on BP control is rewarded

Adding web-based pharmacist care to home blood pressure monitoring increases control by >50%

Green BB, et al. JAMA 2008;299:2857-67

Public-Sector Support

- Administration on Aging
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Heart, Lung, and Blood Institute
- National Prevention Strategy
- National Quality Strategy
- Office of the Assistant Secretary for Health
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Veterans Affairs

Private Sector Support

- Academy of Nutrition and Dietetics
- Alliance for Patient Medication Safety
- America's Health Insurance Plans
- American Academy of Nurse Practitioners
- American College of Cardiology
- American Association of CV and Pulmonary Rehabilitation
- American Heart Association
- American Medical Association
- American Nurses Association
- American Pharmacists' Association and Foundation
- Association of Black Cardiologists
- Association of Public Health Nurses
- Georgetown University School of Medicine
- Kaiser Permanente
- Medstar Health System
- National Alliance of State Pharmacy Assns
- National Baptist Convention, USA
- National Consumers League
- Preventive Cardiovascular Nurses Association
- Samford McWhorter School of Pharmacy
- SUPERVALU
- The Ohio State University
- UnitedHealthcare
- University of Maryland School of Pharmacy
- Walgreens
- WomenHeart
- YMCA of America
- Maryland Dept of Health and Mental Hygiene
- New York State Dept of Health
- New York City Dept of Health & Mental Hygiene
- Commonwealth of Virginia

Preventing Cardiovascular Disease: A Community Call to Action

Program Overview

Sponsored by the Association of Black Cardiologists, Inc.

ASSOCIATION OF BLACK CARDIOLOGISTS

Founded in 1974, the Association of Black Cardiologists, Inc., (ABC) is a nonprofit organization with an international membership of 2,500 health professionals, lay members of the community (Community Health Advocates), corporate members, and institutional members. The ABC is dedicated to eliminating the disparities related to cardiovascular disease in all people of color. Today, the ABC's public and private partnerships continue to increase our impact in communities across the nation.

Our Mission

Our mission is to champion the elimination of cardiovascular disparities through education, research and advocacy.

Our Values

We believe that good health is the cornerstone of progress. We are firm in our resolve to make exemplary health care accessible and affordable to all in need, dedicated to lowering the high rate of cardiovascular disease in minority populations and committed to advocacy and diversity. We are guided by high ethics in all transactions and strive for excellence in our training and skills.

Our Vision

Cardiovascular Disease is No Longer a Leading Cause of Death.

The Association of Black Cardiologists, Inc. is fully accredited by the Accreditation Council for Continuing Medical Education (ACCME).

ABC – SPIRIT OF THE HEART

ABC
Association of Black Cardiologists, Inc.

INITIATIVE OVERVIEW

The *Spirit of the Heart Initiative* is comprised of three activities:

1) Community leader's forum
2) Health risk assessment/patient education activity
3) A faith-based educational activity

- Programs are currently planned for Dallas, Houston, and Austin, Texas as well as New York City, NY.
- The *Spirit of the Heart* program was developed to aid consumers in understanding that heart disease is preventable, and heart healthy practices are important for longevity.

According to Dr Icilma Fergus, President-Elect and Chair, Community Programs, *"This program has made measurable differences in our previous years, including legislation leading to health care reform. In one city, a participant shared with us that we saved their life through this 'new' information*."

- The core program content for this initiative is developed by key opinion leaders of the ABC ensuring that the most up-to-date guidelines and recommendations for lifestyle modification and treatment are presented in a format appropriate for lay audiences. The program is co-chaired by a local healthcare provider and an ABC member. A local organizing/planning committee is established and composed of representatives from faith-based communities, medical associations, hospitals and healthcare associations, school systems, media outlets, local sports figures and celebrities, educational institutions, businesses and government agencies, and other significant community partners. This committee assists with audience generation, venue selection, additional partner identification, and program development.

Association of Black Cardiologists, Inc.

PROGRAM MISSION

The ABC, in partnership with its respective local affiliates and representatives, develops the overall program mission.

- The partners and affiliates are invited to build a program designed to engage community leaders in a 'call to action' to improve cardiovascular disease outcomes in their communities
- Improve educational base for health-seeking behavior
- Engage interdisciplinary participants to respond to improving cardiovascular disease outcomes in the communities through faith-based partners.
- *Spirit of the Heart* is an educational program that touches the community where "call to action" has significant history in integrating social, economic, cultural, and political dimensions of the life cycle– including health.

Spirit of the Heart

Program Objectives

- Increase patient awareness of the high prevalence of heart disease and their risk factors, including cholesterol.
- Improve strategies for identifying high risk patients
- Emphasize the importance of effective risk factor modification.

Initiative Activities

- Community Leaders Forum
- Patient Education Event/Heart Health Risk Assessment Activity
- Faith-Based Education Program

ABC
Association of Black Cardiologists, Inc.

The Community Leaders Forum

Is structured to:

- Engage community leaders in the planning, implementation and execution of a community 'call to action'
- Discuss local incidence and prevalence
- Identify resources; develop partnerships
- Suggest sustainable action plans
- This forum provides a unique opportunity to educate, empower, and mobilize influential members of the community around issues of cardiovascular health and access to care. The Forum will consist of a dinner presentation and discussion. Commonly asked questions and answers will be documented for broader dissemination. There will be presentations from policy, community and spiritual communities on cardiovascular disease prevention and health advocacy with a call to action. Invited guests will be challenged to promote health as an advocate, support the other educational activities associated with the program, identify appropriate venues, other partners, including the faith-based education program.

The Patient Education Event/Heart Health Risk Assessment Activity

Will include FREE testing for:

- blood pressure,
- non-fasting glucose,
- BMI, and
- cholesterol levels, including LDL, HDL, and triglycerides. This activity also includes a survey/questionnaire.
  - The *Patient Education Event/Heart Health Risk Assessment Activity* is the centerpiece of the *Spirit of the Heart* Initiative. This activity provides for patients referrals to and follow-up opportunities with healthcare providers. A full body of knowledge exists demonstrating that these can improve the quality of health, save money in terms of increased programs worker productivity, and affect morbidity and mortality. For patients and consumers of health services, these activities can the quality of life while adding to more productivity that can garner improved resources.
  - This one-day cardiovascular (CV) risk assessment and heart education day will convene preferably on a Saturday in an easily accessible, central location. In addition to the risk assessment, follow- up counseling for out of normal range participants will also be available. Additional counseling may include nutrition and medication compliance counseling.

Spirit of the Heart

The ABC *7 Steps to a Healthy Heart* information will be provided to all participants and may be included as focus areas during counseling.

ABC
Association of Black Cardiologists, Inc.

The Faith-Based Education Program

Further enhances this program series. The *Spirit of the Heart* Initiative culminates with mini health messages (a scripted presentation by a local physician, other healthcare provider, or community health advocate) at participating faith-based sites.

This activity:

- Provides 'pulpit' information to congregations by healthcare professionals around lifestyle and behavior modification, nutrition, and healthcare seeking tips;
- Has a consistently captive audience; and allows for on-going presentation of information about CVD and its related risk factors.

The presentations reflect the ABC 7 *Steps to a Healthy Heart*. Members of the congregation receive educational materials on lifestyle behaviors that promote cardiovascular health. A script will be developed for those members who speak in churches with options for a weekly bulletin/email blast message for delivery to each of the parishioners through one or both of these messaging vehicles. The local program chair and planning committee will identify local worship sites, facilitate the coordination with the site representative, identify/recruit health messengers, as well as develop and coordinate the appropriate messages for church bulletin or email message blasts for the nine week messaging period.

Spirit of the Heart

CardioSmart®

American College of Cardiology

Put your **Heart Health** to the **Text.**

☐ **CardioSmartTXT™ *PREVENT***
Text **PREVENT** to **CARDIO (227346)**

Receive two text messages a week providing you with practical tips, advice and daily reminders about preventing heart disease. ***PREVENT*** will be your partner in improving cardiovascular health.

☐ **CardioSmartTXT™ *QUIT***
Text **QUIT** to **CARDIO (227346)**

Receive text messages before and after your desired quit date to help you quit and stay off of cigarettes. ***QUIT*** will be your partner in smoking cessation.

☐ **CardioSmartTXT™ *DEJA***
Text **DEJA** to **CARDIO (227346)**

Reciba mensajes de texto antes y después de su fecha para dejar de fumar, para ayudarle a dejar y mantenerse lejos de los cigarrillos. ***DEJA*** será su colaborador en la cesación de fumar.

Visit *www.CardioSmart.org*
for more information.

CardioSmartTXT is made possible thanks to grants from The Coca-Cola Company and Subway.

ABC
Association of Black Cardiologists, Inc.

CardioSmart

- Created by the American College of Cardiologists, and was developed with the mission to engage, inform, and empower patients to take control of their lifestyle choices and medical treatment.
- The program operates on the idea that the physician-patient relationship is key to achieving healthy patient outcome.
- The program can be used by any adult with a cellular device, giving them access to accurate and un-biased information.
- The program gives consumers and patients with the tools to enable to enable them to be active participants in their own care.

JOIN THE CAUSE

For more information on Spirit of the Heart and/or other ABC programs please visit the Association of Black Cardiologists website

http://www.abcardio.org/

Association of Black Cardiologists

2400 N Street NW

Washington, DC 20037

(800)753-9222

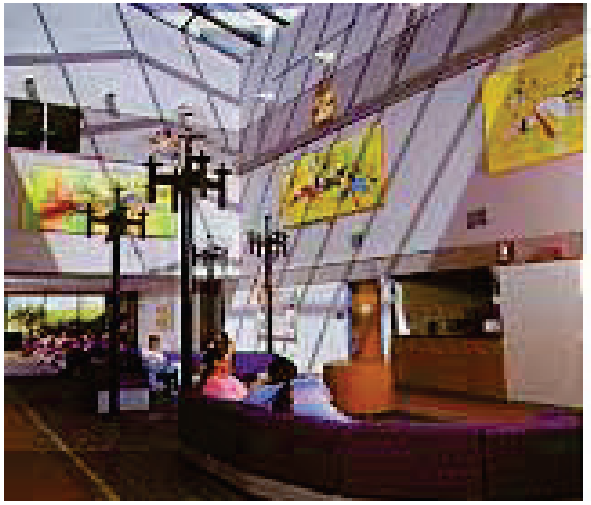
Indian Health Service
Division of Diabetes
Treatment and Prevention (DDTP)

Addressing CVD Risk in American Indian and Alaska Native People: Hypertension

American Indian and Alaska Native (AI/AN) People

- 2.9 million AI/AN people in 2010 (U.S. Census)
- Indian health care system serves 566 federally-recognized tribes, with 2 million AI/AN people residing on or near reservations.
  - ~1/2 IHS-run facilities
  - ~1/2 tribally-run facilities

Indian Health Care System



	Hospitals	Health Centers	Alaska Village Clinics	Health Stations
HIS	29	68	N/A	41
Tribal	16	258	166	74

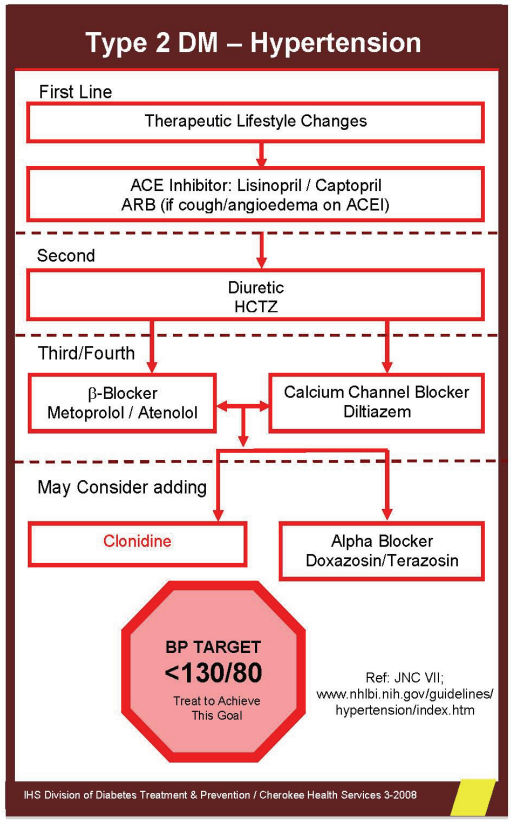
The IHS also supports 33 Urban Clinics.

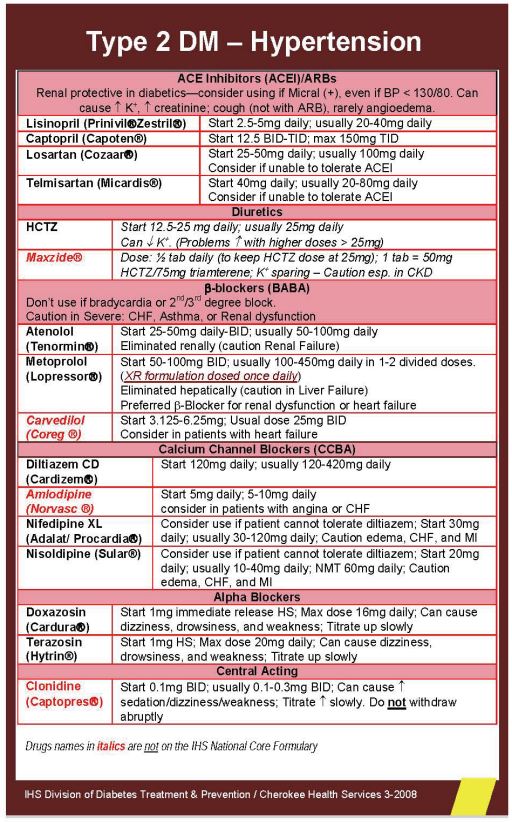
Diabetes and CVD in AI/AN People

- **Diabetes Prevalence in adults:**
  - 16.1% in AI/AN
  - 7.1% in non-Hispanic whites
- **CVD and Diabetes in AI/AN People**
  - CVD is a devastating and costly complication of diabetes.
  - Strong Heart Study: CVD risk even more closely connected to diabetes in AI/AN people than in general population.
  - Essential to ↓ CVD risk factors in people with diabetes.
- **IHS DDTP Response to CVD**
  - Provide resources & training on treating CVD risk factors.
  - Monitor care and outcomes, including CVD risk factors, with annual Diabetes Audit.

DDTP Resources and Training

- IHS Standards of Care
- Best Practices
- Algorithms
- Training:
  - Face to face
  - On-line
  - Webinars
- Education Materials
- Website: http://www.diabetes.ihs.gov





http://www.diabetes.ihs.gov – Home Page

Division of Diabetes Treatment and Prevention

Leading the effort to treat and prevent diabetes in American Indians and Alaska Natives

Thursday, April 12, 2012

HOME

ABOUT US

PROGRAMS
- SDPI
- Model Diabetes Programs
- IDEP

PEOPLE
- DDTP
- ADCs
- TLDC

LEARN Hubs
- CKD
- Foot Care
- Glucose Management
- Physical Activity

TRAINING
- Web-Based
- AADE Partnership
- External Trainings
- Conferences

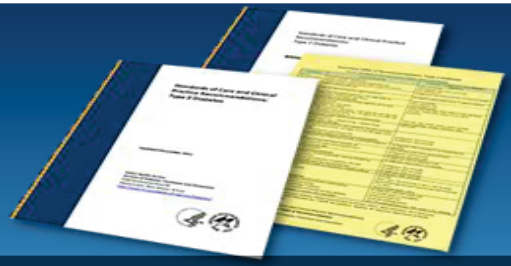
RESOURCES
- Audit
- Fact Sheets
- Instant Downloads
- Mobile Video Podcasts
- Online Catalog
- Patient Education Materials
- Podcasts
- Provider Resources

TOOLS
- Best Practices
- Clinical Guidelines
- Curricula
- DM Treatment Algorithms
- Quick Guide Cards

SITE MAP

Tools – Clinical Guidelines Update

Standards of Care: Type 2 Diabetes – Revised edition has new and enhanced sections about diabetes in youth, women of childbearing age and caring for patients with multiple comorbid conditions. Expanded tools and provider resources, plus better navigation.



1 2 3 4 5 6

Go To Guidelines

Provider Resources

Clinical Tools
- Diabetes Treatment Algorithms
- Quick Guide 'How To' Cards
- Diabetes LEARN

Clinical Guidelines
- Standards of Care and Clinical Practice Recommendations [PDF - 540KB]
  - Summary Table of Recommendations [PDF - 145KB]
  - Additional Tools and Resources [PDF - 260KB]
  - Bibliography [PDF - 245KB]

All CME Trainings
- Diabetes Foot Care
- Preventing Amputations in Diabetes
- Obstructive Sleep Apnea and Diabetes
- Diabetes Standards of Care and Treatment Targets
- Managing CKD
- Screening and Monitoring CKD
- CKD Nutrition

SDPI Spotlight

Community-Directed Programs
Application Information – Information and resources for **FY 2012** Continuation Application.

Reporting Requirements
FY 2011 Annual Progress Report - Templates and Resources.

FY 2012 Mid-Year Progress Report – Information and resources.

Open period for reporting for Cycle 2 begins May 1st!

Training Opportunities – Online seminars specific to grant requirements.

Mark your calendars now for upcoming SDPI Required Trainings:
July 11, 2012 @ 1 PM MDT
October 10, 2012 @ 1 PM MDT

Optional SDPI Training Series
Tipping the Motivational Balance for Change! Darryl Tonemah, PhD

Diabetes Prevention & Healthy Heart Initiatives
Information.

What's New

Advancements in Diabetes Seminars
Session information – CME/CE Series

Upcoming Sessions:

May 23, 2012 @ 1 PM MDT
Individualizing Diabetes Targets: One Size Does Not Fit All
Ann Bullock, MD

The IHS Diabetes Care and Outcomes Audit 2012
The WebAudit is now open and the RPMS/DMS patch is available.

2011 Best Practice Addendum
[PDF - 232KB] – Provides the most current information on the Required Key Measures along with examples of ways to obtain the measures.

Diabetes Foot Care Hub – April is Foot Care Awareness Month, great time to update your knowledge and skills for diabetes foot care treatment and prevention.

MY NATIVE PLATE

An Easy Way to Help Your Family Know How Much to Eat

Helping your family eat in a healthy way is EASY!

Remember these 3 steps:

1. Use a 9-inch plate or 9-inch area of a larger plate.
2. Divide into quarters.
   - 1/4 plate is fruits
   - 1/4 plate is vegetables
   - 1/4 plate is grains or starch
   - 1/4 plate is meat, fish or poultry
3. Stack food no higher than 1–1 and a half inches.

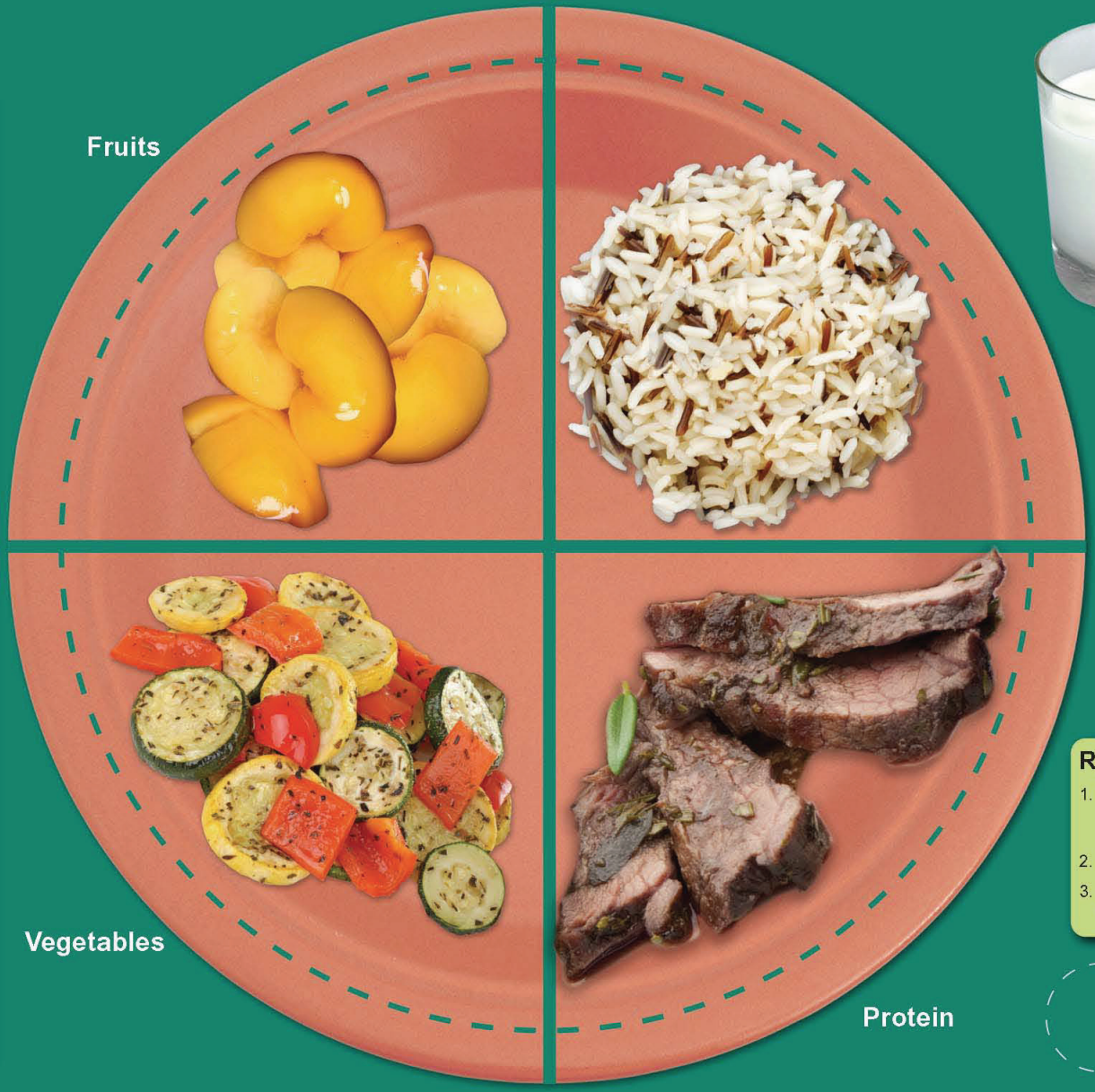
Pictured Here

- Canned peaches, no syrup
- Baked squash and peppers
- Steamed white and brown rice
- Baked deer meat with garlic
- Low-fat, nonfat, lactose-free or soy milk

Printed Placemats

Large, full-color, printed placemats will be available by fall 2012 at www.diabetes.ihs.gov, click on "Online Catalog." There is no charge for placemats or shipping.

Produced by: Indian Health Service, Division of Diabetes Treatment and Prevention, and based on the USDA My Plate. For more information, go to www.ChooseMyPlate.gov



Dairy

Remember:

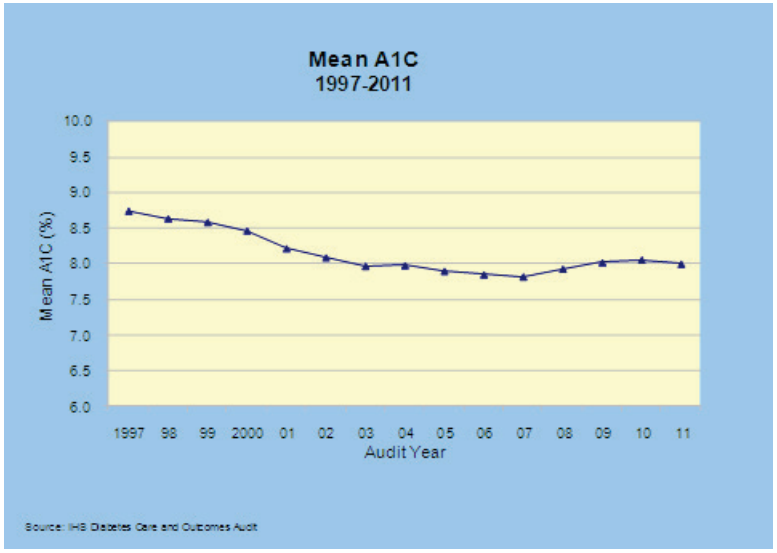
1. Use a 9-inch plate or 9-inch area of a larger plate.
2. Divide into quarters.
3. Stack food no higher than 1–1 and a half inches.

= 9" diameter

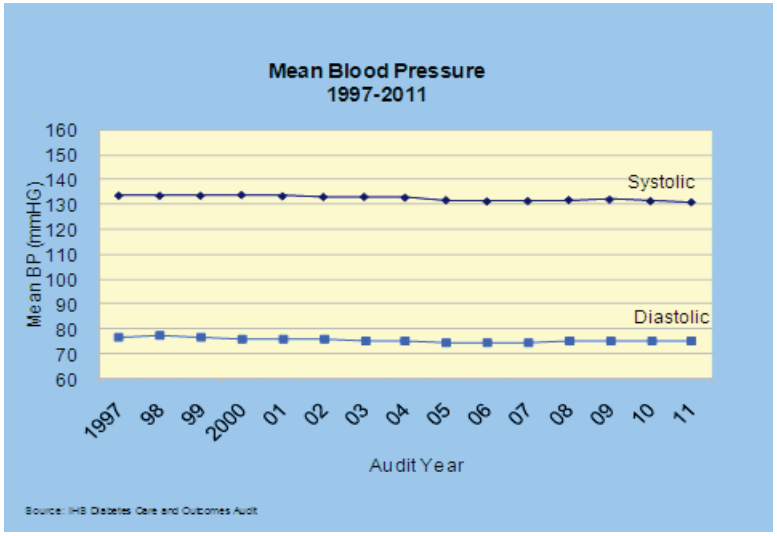
Diabetes Audit: Overview

- Assesses elements of diabetes care for AI/AN people.
- Started in the early 1990's.
- Closing the loop - using Audit results, facilities identify areas for improvement.
- Audit 2011
  - Number of Charts Audited: **92,949**
  - Number of Facilities: **335**
  - Data Collection Method – Electronic: **64%**
- Many data elements related to CVD risk, including HTN.

Diabetes Audit: Outcomes

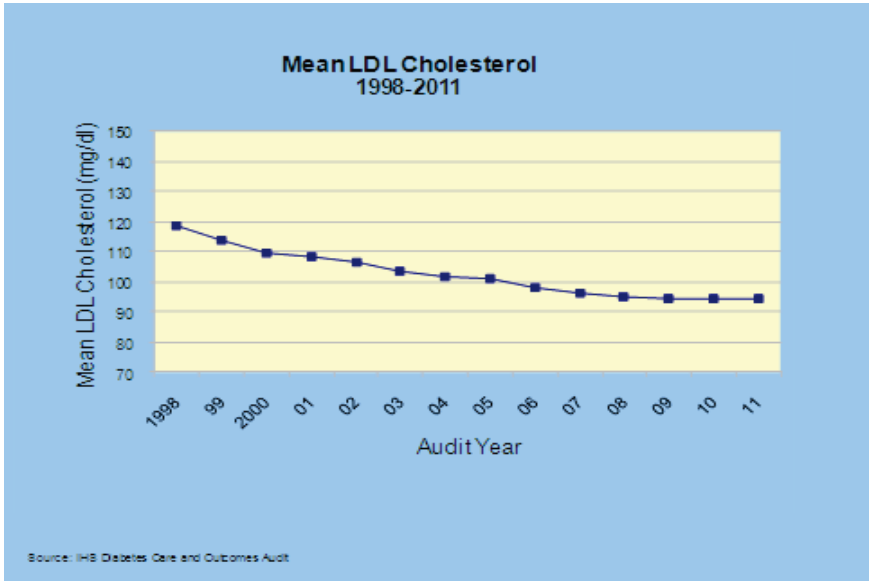


A1C decreased from 9.0% in 1996 to 8.0% in 2011. According to the NIH, every percentage point drop in A1C can reduce the risk of eye, kidney and nerve complications by 40%.

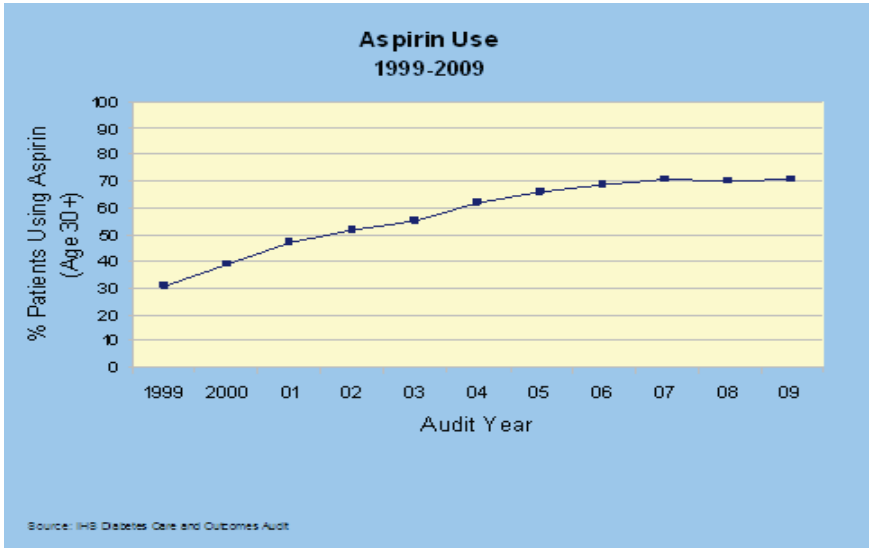


Blood pressure has been well-controlled - average in 2011 was 131/75 mmHg. Blood pressure control reduces the risk of cardiovascular disease among people with diabetes by 33-50% and reduces the risk of eye, kidney and nerve complications by about 33%.

Diabetes Audit: Outcomes (cont)



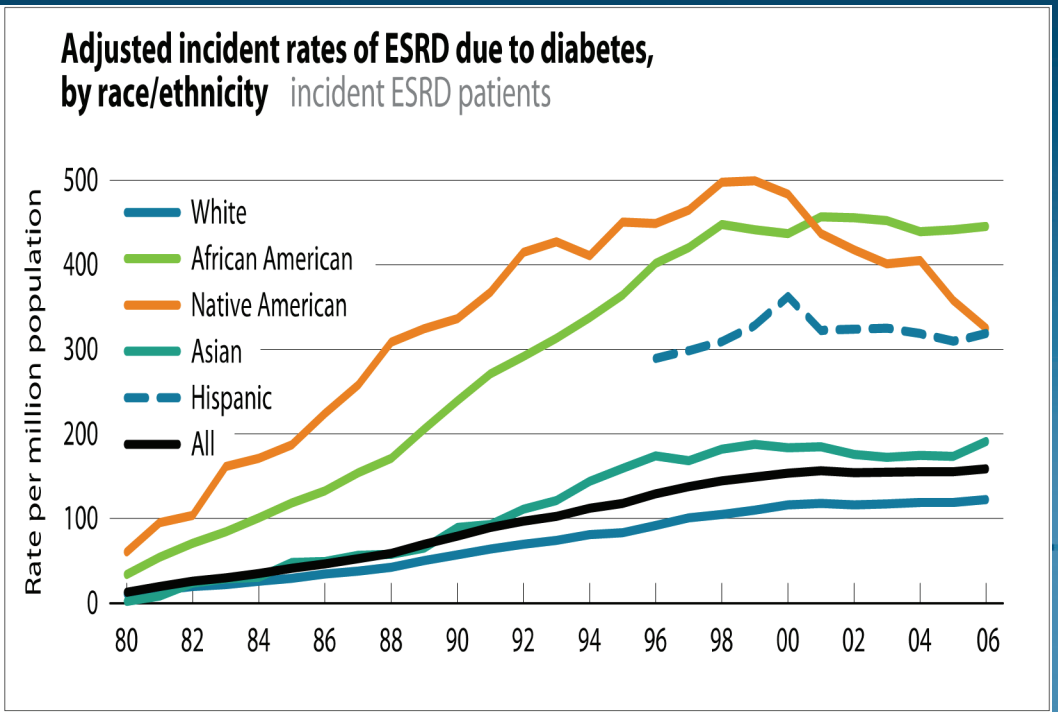
Average LDL cholesterol level decreased from 118 mg/dL in 1998 to 94 mg/dL in 2011. Improved control of LDL cholesterol can reduce cardiovascular complications by 20-50%.



The use of aspirin has increased significantly since 1999. While not all patients with diabetes should be prescribed aspirin therapy, it is indicated in those with known cardiovascular disease (CVD) and should be considered in those who are at increased risk of developing CVD.

ESRD in AI/AN People

- CVD rates are hard to measure. ESRD is a related outcome, with outcomes data available.
  - ESRD itself is an additional risk factor for CVD.
- Reductions in ESRD rates are likely the result of reductions in risk factors, especially:
  - Blood pressure control
  - Use of ACE inhibitors/ARBs



According to the United States Renal Data System (USRDS), between 1995 and 2006, the incidence rate of ESRD in AI/AN people with diabetes fell by 27.7%. This is a greater decline than for any other racial or ethnic group.

Source: United States Renal Data System, 2008

Key Points

- IHS DDTP has a long history of addressing CVD risk in AI/AN people with diabetes.
- Strategy:
  - Help facilities work on ABCS by providing resources and training.
  - Monitor risk factors with Diabetes Audit.
  - Disseminate evidence-based CVD approaches throughout the Indian health system.

Our Work Together: Take the Pledge

Million Hearts™

http://millionhearts.hhs.gov

Million Hearts @millionheartsus

millionhearts@cms.hhs.gov