



of Cardiovascular Disease Prevention

Priority strategies for states to address the risk factors for heart disease and stroke

High blood pressure, high cholesterol, diabetes, smoking, and a high sodium diet continue to put more people at risk for heart disease and stroke. To address these risk factors, the Centers for Disease Control and Prevention (CDC) is focusing on the ABCS of cardiovascular disease prevention—appropriate **A**spirin use, **B**lood pressure and **C**holesterol control, **S**moking cessation, and reduced **S**odium intake.



Aspirin Therapy

Background and Rationale: The United States Preventive Services Task Force recommends taking aspirin for the prevention of cardiovascular disease and as a component of preventive medical services, within specific age and gender parameters.

Strategies:

Primary Health Care Systems:

Promote provider adherence to current guidelines regarding the use of aspirin therapy.

Partners: State Hospital Associations, Primary Care Associations, Medicare Quality Improvement Organizations, State Pharmacy Associations, Pharmaceutical Companies, EMS Associations, American Heart Association, Chain Drug Store Associations



High Blood Pressure (HBP) & High Blood Cholesterol (HBC) Control

Background and Rationale: HBP and HBC are leading risk factors for heart disease and stroke. Because policy and systems strategies that impact HBP control can also impact HBC, these two areas are combined.

Strategies:

Primary Health Care Systems:

- Promote use of EHR with registry function, decision support, and electronic reminders.
- Promote multi-disciplinary health care systems.
- Promote provider adherence to current Joint National Committee/Adult Treatment Panel guidelines and other evidence-based hypertension and cholesterol guidelines.
- Promote systems to support self management.
- Promote system changes which integrate and sustain use of community health workers and other health care extenders into health care settings.
- Promote linkage between health care systems and community resources.
- Promote specialized blood pressure and cholesterol clinics.

Partners: Primary Care Association, Medicare Quality Improvement Organizations, Foundations, Insurers, Diabetes Prevention and Control Program, American Heart Association, National Business Coalition Members

Workplaces: Collaborate with other chronic disease programs and business coalitions to promote healthy workplace policies and environments.

Partners: Nutrition, Physical Activity and Obesity Program, Communities Putting Prevention to Work, Diabetes Prevention and Control Program, Tobacco Control Program, State and Regional Business Coalition on Health, Chamber of Commerce, Manufacturing Association, Governor's Council on Health

Payers:

- Promote the reduction or elimination of co-pays or deductibles for HBP and HBC screening and control, including monitoring, medications, counseling, and lifestyle interventions.
- Promote reimbursement for self-management support provided by pharmacists, community health workers, and other health extenders.
- Promote payment incentives for quality improvement to control HBP and HBC.

Partners: Self-Insured Employers (e.g., State Government), Third Party Insurers, Medicaid, and other State Health Department Programs

Communities:

- Promote use of pharmacists, dentists, case managers, community health workers, and other health extenders to improve health outcomes.
- Promote linkage between patients, community resources, health care systems.
- Strengthen collaboration across chronic disease programs to promote healthy policies/environments, including integration of measures that reduce risks known to contribute to HBP and HBC.

Partners: Nutrition, Physical Activity and Obesity Program, Tobacco Control Program, Healthy Communities Program, Diabetes Prevention and Control Program, and other chronic disease prevention programs.

Efforts to address the “ABCS” is supported by the CDC’s Division for Heart Disease and Stroke Prevention Program (DHDSP) using policies, systems, and environmental changes to impact the general population and groups with increased burden or need. Where possible, evidence-based strategies have been linked to DHDSP’s *Outcomes Indicators for Policy and Systems Change: Controlling High Blood Pressure and Outcome Indicators for Policy and Systems Change: Controlling High Cholesterol*, and recommendations from the Institute of Medicine Report, *Population-Based Approach to Prevent and Control, Hypertension and Strategies to Reduce Sodium in the United States*.



Reduced Sodium Intake

Background and Rationale: The 2010 Dietary Guidelines for Americans recommends consuming less than 2,300 mg of sodium per day. Reducing excess sodium consumption in the population can reduce the rate of hypertension and the burden of cardiovascular disease.

Strategies:

Policy, Systems, and Environmental Change Strategies:

- Promote adoption of procurement policies and practices that limit sodium intake.
- Promote availability of lower sodium food options in worksites and government institutions; promote prominent placement of fresh produce.
- Promote expansion of consumer information labeling initiatives that include sodium.

Earned Media: Inform decision makers and opinion leaders of the need to reduce sodium intake. Earned media should be designed to support an identified policy or system change.

Partners: Key Policymakers at State and Local Levels, Corporation Leaders (e.g., food producers, grocers, restaurants), Consumer Associations, SHD programs, Nutrition Experts, and Food Vendors



Justus-Warren Heart Disease & Stroke Prevention Task Force

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Smoking Cessation

Background and Rationale: Cigarette smoking is the leading cause of preventable death in the United States, accounting for approximately 443,000 deaths or 1 of every 5 deaths in the country each year. In its 2009 report, *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, the Institute of Medicine concluded that data consistently demonstrates that exposure to secondhand-smoke increases the risk of coronary heart disease and heart attacks.

Strategies:

Primary Health Care Systems:

- Promote a comprehensive clinical approach to smoking cessation that includes screening for tobacco use, cessation counseling, and pharmacotherapy.
- Promote referrals to State quit lines and other community resources for comprehensive cessation counseling.
- Promote the availability of no or low cost cessation medication.

Partners: Tobacco Control Programs, American Cancer Society, American Heart Association, American Lung Association, primary care providers, hospital associations, Federally Qualified Health Centers

Workplaces and Communities: Support smoking bans as an effective means of reducing exposure to secondhand smoke. Promote referral to State quit lines.

Partners: Tobacco Control Programs, American Cancer Society, American Heart Association, American Lung Association, business coalitions

Payers: Payers (e.g., Self-Insured Employers, Third Party, and Medicaid)

- Promote access to cessation products by reducing or eliminating co-pays or deductibles.
- Promote reimbursement for clinical and community services related to smoking cessation.

Partners: State Tobacco Control Programs, American Cancer Society, American Heart Association, American Lung Association, public and private insurance corporations

For more information about how to prevent heart disease and stroke, visit CDC’s Division for Heart Disease and Stroke Prevention website at www.cdc.gov/dhdsp.