Cardiovascular Health Community of Practice

Heart Disease and Stroke Prevention, Detection, and Control in Local Health Departments

September 2019

NACCHO
National Association of County & City Health Officials

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Background

Heart disease, stroke and other cardiovascular diseases are the leading causes of death, disability, and healthcare costs in our country. It accounts for approximately 1 in 4 deaths in the United States, is the leading cause of health disparities, and contributes almost a billion dollars a day annually in medical costs.[1]

While much of this is preventable, several local and national initiatives have been launched to help alleviate the burden of cardiovascular disease. Local health departments (LHDs) play a critical role in identifying local-level strategies to advance policy, systems, and environmental changes to reduce the risk factors for cardiovascular disease, as well as reduce health disparities through community and health system interventions.

With support from the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO) is leading a Community of Practice designed to work with large health departments to spur the dissemination of promising practices and advance those policy, systems, and environmental approaches that have been effective in reducing the burden of chronic disease, specifically by addressing cardiovascular disease.

An assessment was conducted to understand the facilitators, challenges, lessons learned, and resource needs of LHDs that are engaged in cardiovascular disease prevention work.

The assessment included five questions and was distributed online via Qualtrics Survey Software™. Each health department self-reported current and ongoing activities. The assessment was open from April 24 through May 21, 2019.

A total of 37 of the U.S.' largest metropolitan health departments were contacted to complete the assessment, achieving a 51% response rate.

Cardiovascular Disease Prevention Efforts

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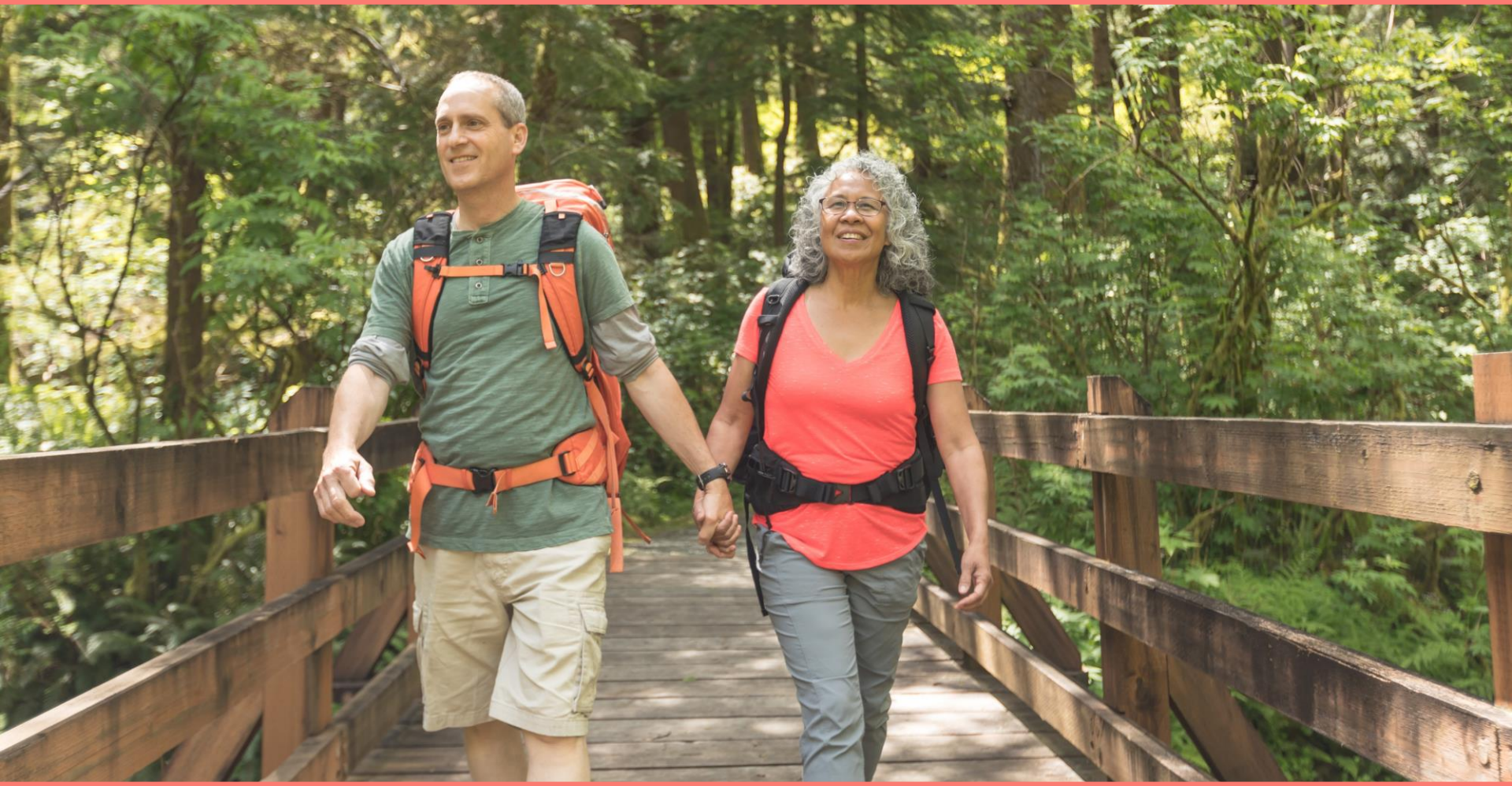


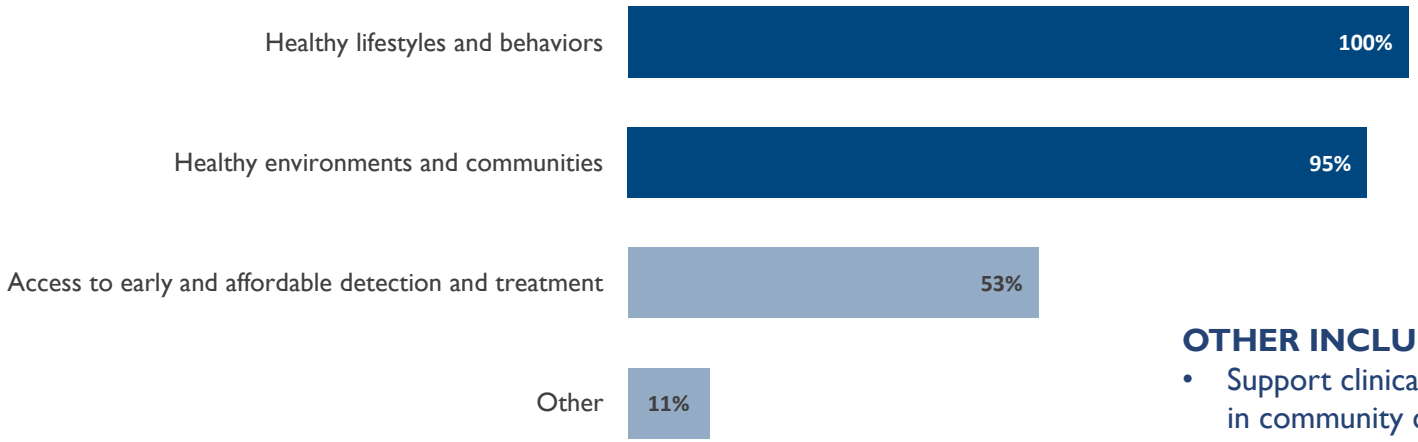
LHDs engage in diverse best practice strategies to prevent heart disease, stroke, and other cardiovascular diseases.

The top two strategy areas local health departments engage in are healthy lifestyles and behaviors (100%); and healthy environments and communities (95%).

Over half of local health departments include access to early and affordable detection and treatment as a strategy in their efforts.

Cardiovascular Disease Prevention Efforts in which LHDs Engage

Percent of respondents, n=19



OTHER INCLUDES:

- Support clinical transformation strategies in community clinics and connect patients to community health workers
- Access to insurance and patient navigation

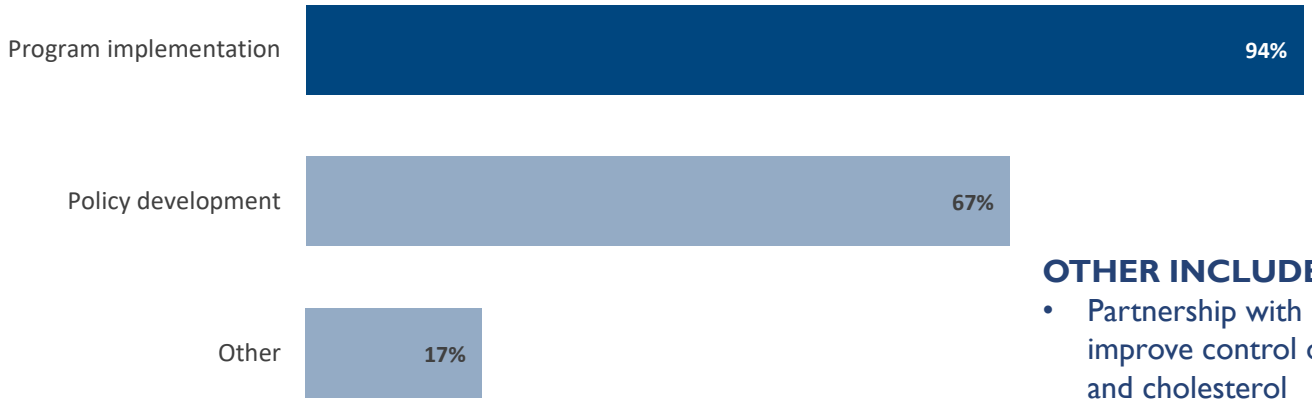
Program implementation is not uncommon when providing cardiovascular disease prevention services in local health departments.

Respondents were asked about ways in which their health department advances their cardiovascular health work in their jurisdiction.

A total of 94% of local health departments conduct their cardiovascular disease prevention work via program implementation. A total of 67% include policy development. Others include a focus on community-clinical linkages and building public-private local partnerships.

Ways in which LHDs Advance their Cardiovascular Disease Prevention Work

Percent of respondents, n=18



OTHER INCLUDES:

- Partnership with clinical practices to improve control of hypertension and cholesterol
- Collaborating with local partners
- Support clinical care transformation activities; integrated community health workers in public housing to address HTN

Key Partners

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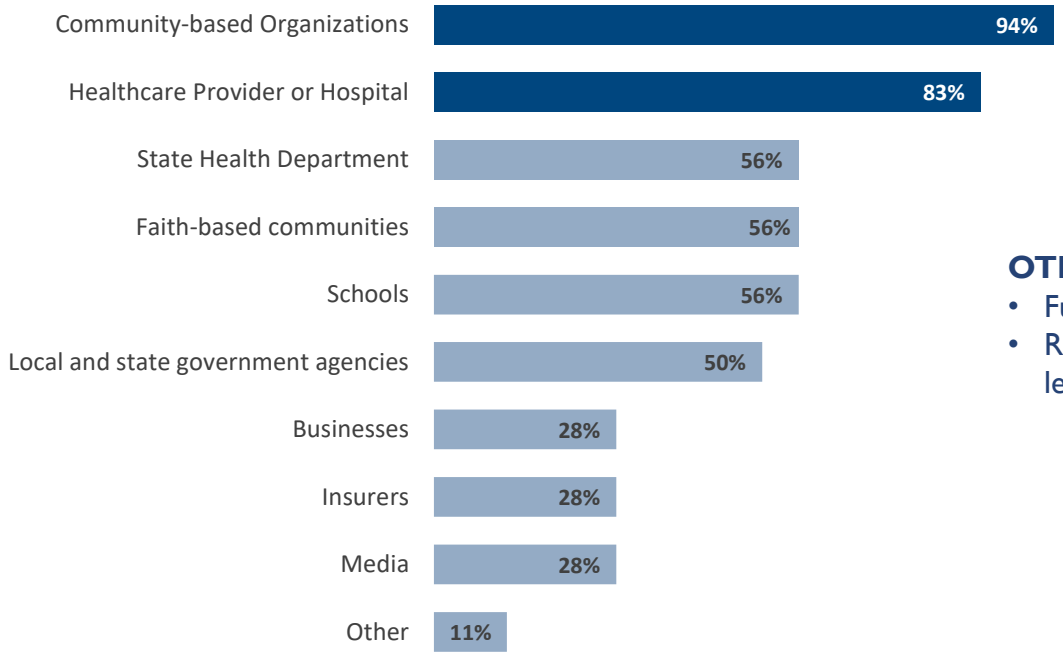
More LHDs reported partnering with community-based organizations and healthcare providers or hospitals.

Coordination and collaboration among LHDs and broad participation by public-private stakeholders and community organizations is essential to implementing programs and developing policies to advance cardiovascular disease prevention efforts.

Although the majority of respondents partner with community-based organizations and healthcare providers or hospitals, over half also collaborate with their state health department, schools, and faith-based communities. Less than 30% indicated they partner with local business, insurers, and/or media.

Key LHD Partners in Cardiovascular Disease Prevention Work

Percent of respondents, n=18



OTHER INCLUDES:

- Funders
- Residents and community leaders

Key Barriers

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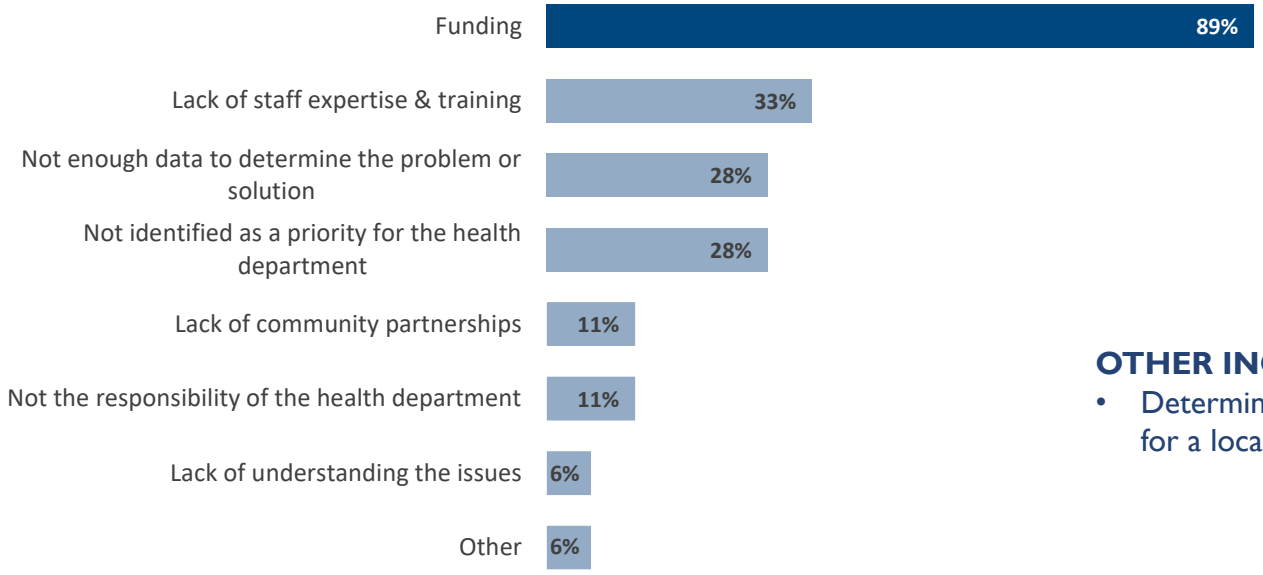
LHDs encounter barriers and challenges when advancing cardiovascular disease prevention work.

Respondents described the barriers frequently encountered by their LHDs when implementing cardiovascular disease prevention work. There were seven key areas where LHDs were challenged.

Most respondents (89%) indicated funding as a barrier. Lack of training, inadequate capacity to monitor and evaluate cardiovascular metrics, and lack of awareness of the severity of cardiovascular disease were identified as challenges among LHDs. Some respondents indicated a need for community partnerships and/or felt it was not the sole responsibility of the health department to advance cardiovascular disease prevention work.

Key Barriers to Advancing Cardiovascular Disease Prevention Work

Percent of respondents, n=18



OTHER INCLUDES:

- Determining appropriate role for a local health department

Technical Assistance Topics

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LHDs were asked to state what topics they are interested in receiving technical assistance to advance cardiovascular disease prevention efforts.

- Support for evaluation, data, and measurement
- Building partnerships to form collaboratives
- Guidelines for diagnosis and treatment
- Initiatives that promote healthy environments
- Understanding the relationship between mental health and cardiovascular health
- Initiatives that promote health equity
- Tips for funding and sustainability
- Finding and implementing best-practices & evidence-based programs
- Policy development (e.g. reimbursement policies)
- Training and education for staff
- Leveraging existing resources

Conclusions and Limitations

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Key Findings

100% of LHDs in large metropolitan areas engage their communities in cardiovascular disease prevention efforts through services that focus on healthy lifestyles and behaviors. 95% focus on healthy environments and communities. Most LHDs in large metropolitan areas provide cardiovascular disease prevention services through program implementation. A total of 67% advance their efforts through policy development. These approaches often overlap in different domains of best-practice strategies, such as environmental approaches, health systems interventions, and community-clinical linkages. Healthy environments and communities to help reduce heart attacks and stroke include creating smoke-free environments and increasing access to healthier foods. Strategies that result in early and affordable detection, improved disease management, and prevention of the onset of cardiovascular disease fall in health systems interventions and community-clinical linkages.

Most LHDs convene public health agencies at all levels to implement cardiovascular disease prevention strategies. A total of 50% or more partner with public organizations at the local and state level including health systems/ hospitals, schools, community- and faith-based organizations, as well as state health departments. Less than 1/3 of LHDs partner with private business, insurers, and media channels.

Funding is the most common barrier to advancing cardiovascular disease prevention work. Nearly 1/3 of LHDs felt there was a need for training and expertise in cardiovascular disease among their staff; not enough data to determine the problem or solution; and to some LHDs, cardiovascular disease was not a priority in their public health work.

Limitations

Due to the 51% response rate in this assessment, the presented responses may not reflect all large metropolitan LHDs implementing cardiovascular disease prevention programs and activities.

Recommendations

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Public health approaches implemented at many levels have the potential to reduce the risk of cardiovascular disease among entire populations. Initiatives nationwide from state and local public health actions to national collaboratives, associations, and organizations work together to support programs and activities to prevent and control heart disease and stroke. The following recommendations illustrate potential focus areas based on gaps captured by the assessment.

Leverage public-private partnerships with existing cardiovascular disease prevention efforts.

While many LHDs indicated their key partners are community-based organizations, there is an opportunity for public health agencies to broaden, strengthen and sustain their cardiovascular disease prevention activities by collaborating with private business, school systems, and local government agencies.

Additionally, LHD coordination with state cardiovascular disease prevention efforts is essential to successfully expanding evidence-based strategies at the local level. Few LHDs partner with their state health department, as a result may decrease awareness and leverage of cardiovascular disease prevention plans. Communication between LHDs and state and local partners and organizations is key in increasing LHD awareness of cardiovascular disease prevention efforts at all levels.

Recommendations

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Support evaluation efforts to help measure the impact and success of cardiovascular disease prevention initiatives.

Results from this assessment indicate that LHDs face barriers with evaluation, data, and measurement. Training tools and technical assistance such as sources to find data, selecting appropriate metrics to demonstrate successes, defining evaluation objectives and communicating data effectively are ways to support evaluation efforts.

Celebrate success and foster dissemination of cardiovascular disease prevention activities.

Sharing success stories is an effective way LHDs can learn from each other about best practices when leading cardiovascular disease prevention efforts.

LHDs can share their stories through NACCHO's Stories from the Field blog.

Visit https://www.nacchostories.org/ to learn more.

Local Health Departments in Action

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San Francisco Department of Public Health

In 2015, SFDPH launched the Hypertension Equity Workgroup to improve hypertension rates among Black/African Americans in San Francisco. Organizational commitment to health equity, diverse stakeholder engagement, and quality improvement frameworks were key components of the initiative.

"Our Hypertension Equity Workgroup represents diverse stakeholders including clinical staff, patient advisors, public health professionals, and community partners."

COUNTY OF LOS ANGELES
Public Health

Los Angeles County Department of Public Health

The Los Angeles County Department of Public Health partnered with the USC School of Pharmacy to expand their California Right Meds Collaborative, a pharmacist-led comprehensive medication management program as a strategy to improve the use of hypertension and high cholesterol medication. "Rather than attempt to build out internal capacity from scratch, working with partner organizations from different sectors and that have deep roots in the community has allowed DPH to leverage existing capacity."

Local Health Departments in Action

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Southern Nevada Health District

SNHD partnered with barbershops to deliver a hypertension screening intervention, the **Barbershop Health Outreach Project**. This barbershop initiative empowers African-American men to adopt healthier lifestyle choices and reduce their risk for heart disease and stroke.

"The program is a great push forward to empowering a community of men, the barbershop is a great tool to have a base and build the foundation for men's health."

Department of Public Health

Philadelphia Department of Public Health

The Philadelphia Department of Public Health worked to create **Get Healthy Philly,** an initiative with the aim of taking policy, systems, and environmental approach to preventing chronic conditions in Philadelphia.

"Figuring out how to change the context in which people make decisions about what they eat, how they move their bodies, and whether they smoke or not is the crux of our work. Our team was designed to work collaboratively across city departments and agencies, with community partners and with academic institutions and clinical partners to find and implement system solutions to these problems."

Acknowledgements

References

1. CDC, NCHS. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed Feb. 3, 2015.

FOR MORE INFORMATION, PLEASE CONTACT:

Johanna Segovia, MPH
Program Analyst
Community and Environmental Health Team
jsegovia@naccho.org

Stephanie Weiss, MPH
Senior Program Analyst
Community and Environmental Health Team
sweiss@naccho.org

NACCHO Cardiovascular Health:
https://www.naccho.org/programs/community-health/chronic-disease/cardiovascular

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW, 4th Floor
Washington, DC 20005
P: 202.783.5550
F: 202.783.1483
http://www.naccho.org