



# State Heart Disease and Stroke Prevention Programs Addresses Heart Attack Prevention



## Heart Attack Facts

- About 1.2 million Americans suffer a heart attack each year in the United States, including an estimated 700,000 who will have a first heart attack and 500,000 who will have a recurring heart attack.<sup>1</sup>
- On average, someone in the U.S. suffers a heart attack every 26 seconds and every minute someone dies of a heart attack.<sup>1</sup>
- About four out of ten people who have a heart attack will die from one. Of serious concern is that about two thirds of the people who die when their heart suddenly stops working, have no previous symptoms of this disease.<sup>1</sup>
- Coronary Heart Disease (CHD) is the primary cause of premature, permanent disability among the U.S. workforce. The estimated average number of years of life lost due to a heart attack is 14.2 years.<sup>1</sup>
- The estimated cost of CHD in 2006 is \$142.5 billion in combined direct and indirect costs.<sup>1</sup>
- Risk factors that can be modified or controlled include high blood pressure, high cholesterol, diabetes, smoking, obesity, physical inactivity, and excessive alcohol intake.

## State Heart Disease and Stroke Prevention Program Take Action

Examples of activities to implement in Health Care, Work sites, Communities, and Schools include:

- Promoting health care environments that improve quality of care by increasing adherence to guidelines for the primary and

### Examples of State Programs in Action

Florida has a statewide network of trained regional coordinators that promote provider adherence to clinical guidelines for heart attack.

Alaska, Alabama, Colorado, Connecticut, Georgia, Illinois, Kentucky, Montana, New York, North Carolina, and Wisconsin are addressing continuous quality of care in hospitals for preventing new and recurrent heart attacks. They have trained hospital staff on the American Heart Association (AHA) and the American Stroke Association's (ASA) *Get With the Guidelines*<sup>SM</sup> program.

Arkansas, Florida, Louisiana, Maine, Minnesota, Missouri, Oklahoma, and Utah promote health system supports, such as reminders of care, use of clinical performance measures, and use of case management services to increase adherence to recommended heart attack treatment guidelines.

Maine has 55 hospitals participating in nurse case management interventions for patients who have had heart attacks.

Nebraska partners with its Office of Women's Health on a signs and symptoms of heart attack campaign.

The Montana and West Virginia state programs have partnered with the states' Quality Improvement Organizations, the American College of Cardiology (ACC), physicians, nurses, and hospital administrators to implement quality of care improvement projects and increase adherence to the ACC/AHA practice guidelines for heart attack patients.

Arkansas, Wisconsin, North Carolina, Virginia, Colorado, District of Columbia, Georgia, Utah, and Ohio partner with Community Health Centers to improve the quality of care for patients with heart disease, heart attack, and stroke being served by the centers.

Wisconsin and its Women's Center for Cardiovascular Research produced the documentary video, "A Silent Threat: African American Women and Heart Disease" which features women who have suffered strokes or heart attacks and offers prevention strategies.

Connecticut partners with its Office of Emergency Medical Services, to train the state's Emergency Medical Services providers on stroke and heart attack treatment guidelines. The program partners with the Greater Hartford Health Ministry to educate African Americans about the signs of stroke and heart attack.

secondary prevention of heart attack, e.g. physician reminder system. **Potential Partners:** primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization.

- Partnering with their American Heart Association affiliate and state quality assurance organization to promote health system policy changes related to improving risk-reduction counseling, and other prevention measures, and appropriate treatment of patients with CHD. Increase access to quality care in federally funded community health centers to eliminate CHD disparities among priority populations with higher rates of disease. **Potential Partners:** primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization.
- Promoting policies for treating heart attack as an acute emergency; provide immediate diagnostic evaluation and treatment. **Potential Partners:** hospitals, medical associations, American Heart Association (AHA) affiliate.
- Providing education, training, and public awareness by educating the public about heart attack symptoms and the importance of seeking prompt emergency assistance to reduce heart attack death and disability. Fast action saves lives: clot-busting drugs and other treatments can reduce the chance of death by 25%. Public education should target younger adults. Since younger adults might dismiss a heart attack as disease of the elderly and delay their response to symptoms, it is vital to increase their awareness of the signs and symptoms of heart attack, the need for emergency response (i.e., calling 9-1-1), and the importance of immediate transport to an emergency facility for treatment. **Potential Partners:** hospitals, AHA affiliate, local media, Red Cross, medical, nursing, and faith associations, priority population organizations, PTA, Department of Education School Health Programs.
- Strengthening prevention through increased awareness and education about risk factor and lifestyle changes that affect high blood pressure, high cholesterol, diabetes, and smoking through policy and environmental changes. Assure detection and follow-up services for control of blood pressure and cholesterol in the work site and community. Reinforce the Coordinated School Health Program. **Potential Partners:** AHA affiliate, business, industry and human resource management, employee associations, unions, PTA, Department of Education School Health Programs, fire departments, faith organizations, local minority nursing association, and local health departments.
- Advocating for health care coverage that includes primary and secondary prevention services and rehabilitation services for heart attack survivors. **Potential Partners:** AHA affiliate, business, industry and human resource management, employee associations, unions, third party payers, health care providers, local policy makers.

\* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

## References

1. American Heart Association. Heart Disease and Stroke Statistics – 2006 Update. Dallas, TX: American Heart Association; 2006.