

Table 17. Guide to Improving Cardiovascular Health at the Community Level

Strategies and Goals	Recommendations
<p>Assessment</p> <p>Goal: All persons and communities should know that CVD and stroke are the leading causes of death and disability in men and women.</p> <p>Education</p> <p><i>General Health Education</i></p> <p>Goal: All communities should provide information to their members about the burden, causes, and early symptoms of CVD and stroke.</p> <p>Goal: Communities should provide materials and programs to motivate and teach skills for changing risk behaviors that will target multiple population subgroups.</p> <p><i>School and Youth Education</i></p> <p>Goal: All schools should have research-based, comprehensive, and age-appropriate curricula about cardiovascular health and ways to improve health behaviors and reduce CVD risk.</p>	<ul style="list-style-type: none"> • Determine and make available data on the burden of CVD and stroke mortality at the local level (city or county). • Identify groups defined by sex, race/ethnicity, socioeconomic status, or geographic location that are at especially high risk of CVD and stroke within each community. • Assess the levels of major preventable causes of CVD and stroke in the community, including lifestyle behaviors (eg adverse nutrition, cigarette smoking, sedentary lifestyle) and risk factors (hypertension, atrial fibrillation, diabetes, elevated blood cholesterol, and obesity). <ul style="list-style-type: none"> • Mass media (television, radio, newspapers) should disseminate results of surveillance about the burden of CVD and stroke in the community. • Mass media and local media (eg pamphlets, brochures) should emphasize the importance of lifestyle behaviors and risk factors on cardiovascular health. • Public education campaigns should make the community aware of guidelines for primary and secondary prevention of CVD and stroke. • Mass and local media should emphasize the early warning signs of myocardial infarction and stroke. • Ongoing education programs should provide training of lay members in cardiopulmonary resuscitation. • All citizens should know how to access the emergency medical care system. <ul style="list-style-type: none"> • A guide to community resources (services and programs) for prevention, diagnosis, and treatment of CVD and stroke should be available. • Communities should support and publicize research-based programs for CVD risk reduction that are targeted to key population subgroups, especially disadvantaged groups and people at all levels of readiness to change. • Communities should promote the use of website programs for risk reduction by making website access to such programs available in public libraries and schools. • Food advertising directed to youth should be limited to foods that meet health guidelines. • Television shows for children should promote physical activity during commercial breaks. <ul style="list-style-type: none"> • School curricula should include lessons about risk factors for CVD and stroke and the extent of heart disease and stroke in the community. • Research-based curricula about effective methods of changing health behaviors should be implemented.

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<p>Goal: All schools should implement age-appropriate smoking behaviors.</p> <p>Goal: All schools should provide teaching of early warning signs of myocardial infarction and stroke and appropriate initial steps of emergency care.</p> <p><i>Worksite Education</i></p> <p>Goal: All work sites should provide materials and services to motivate and assist employees to adopt and maintain heart-healthy behaviors.</p> <p>Goal: All work sites should provide instruction in early warning signs of myocardial infarction and stroke and appropriate initial steps of emergency care.</p> <p><i>Healthcare Facility Education</i></p> <p>Goal: All healthcare facilities should make available research-based, effective educational materials and programs about changing and maintaining risk factors/risk behaviors, ways to prevent CVD and stroke, and early warning signs of CVD and stroke.</p> <p>Community Organization and Partnering</p> <p>Goal: All communities will have an action plan for CVD and stroke prevention and control with specific targets and goals.</p> <p>Goal: All communities will provide materials and services for risk behavior and risk factor change that are research-based whenever possible.</p> <p>Assuring Personal Health Services</p> <p>Goal: Increase the percentage of people at risk who will effectively reduce risk factors to goal levels as established by AHA Guidelines for Primary and Secondary Prevention of heart disease and stroke.</p>	<ul style="list-style-type: none"> • Students should learn skills needed to achieve regular practice of healthful behaviors, and parents should learn how to support their children's healthful behaviors. • Specific curricular materials for healthy nutrition and physical activity should be offered. • Physical education should be required at least three times a week in grades K-12, with an increasing emphasis on lifetime sports/activities. Implementation of research-based curricula is recommended. • Meals provided at schools should include alternatives conducive to cardiovascular health. • Students should know how to activate the emergency medical system. • Cardiopulmonary resuscitation instruction should be provided to students at appropriate ages. • Work sites should promote increased physical activity in the day's work (eg stair climbing). • Workers should have access to research-based effective materials and services to help them adopt and maintain heart-healthy behaviors. • Workers should know how to activate the emergency medical system. • Cardiopulmonary resuscitation instruction should be available to all workers. • Print and other media should be available in healthcare facilities to describe CVD and stroke risk factors and their early warning signs. • Guides for primary and secondary prevention should be made available for all patients. • Educational materials should be modified to accommodate for limited literacy, cultural and language diversity, sex differences, and dissemination flexibility. • Identify organizations and institutions in the community that can provide services and resources in prevention and care of CVD and stroke. • Create opportunities for citizens of all ages to become involved in community activities for CVD and stroke prevention. • Educate community organizations about effective research-based materials and services and make these available. • Assure access to screening, counseling, and referral services for CVD and stroke risk factors for all persons. • Modify educational materials to accommodate for limited literacy and for culture and language diversity.
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<p>Goal: Increase the percentage of patients suffering acute coronary syndromes (eg myocardial infarction, cardiac arrhythmias) or cerebrovascular syndromes (eg stroke, transient ischemic attack) who receive appropriate acute interventions within the timeframe of maximal effectiveness.</p> <p>Goal: Provide training about smoking, physical activity, nutrition, and effective behavior change counseling methods in medical schools and appropriate residency programs.</p> <p>Environmental Change</p> <p>Goal: Assure access to healthy foods so that all members of the community can meet national dietary recommendations for saturated fat (<10% of calories), sodium, grains (>6 day, with >3 being whole grain), fruits (>2 servings/day) and vegetables (>3 servings/day).</p> <p>Goal: Assure access to safe, appropriate, and enjoyable forms of physical activity so that people of all ages can meet national guidelines for moderate and vigorous physical activity.</p> <p>Goal: Assure a tobacco-free environment for all citizens.</p>	<ul style="list-style-type: none"> • Provide tobacco users with telephone support interventions, including cessation counseling or assistance in attempting to quit or in maintaining abstinence. • Provide access to rehabilitation and risk factor control programs for CVD and stroke survivors. • Train emergency first responders in the use of automatic defibrillators (AEDs) and provide them with AEDs in accordance with AHA-recommended guidelines. • Equip high-density public locations and locations in which high-risk activities take place with AEDs, and have personnel trained in the use of AEDs, in accordance with AHA-recommended guidelines. • Require research-based curricula for the MD, nurse practitioner, PA, and RN degrees emphasizing skill building in behavior change related to smoking, diet, and exercise. • Grocery stores and food markets should provide selections of fruits, green and yellow vegetables, and grain products at reasonable costs. • Restaurants should increase offerings of and identify dishes that meet nutritional guidelines and provide nutritional labeling. • Schools should increase the access to and identify meals and snacks that contribute to better overall dietary quality and meet dietary guidelines. • Food services at work sites should identify and make available selections low in saturated fat and calories with expanded access to fruits, vegetables, and grain products. • Healthful foods should be promoted at all food sources by methods such as point-of-purchase displays. • Communities should support farmer's markets and community gardens. • Physical education programs should be supported within the school curricula and within community activity centers. • Every community should commit to providing safe and convenient means for walking and bicycling as a means of transportation and recreation. • Buildings should be designed so that stairwells are visible, convenient, and comfortable to use. Use of stairwells should be promoted through signs. • Work sites should provide employer-sponsored physical activity and fitness programs. • Schools should provide access to their physical activity space and facilities for all persons outside of normal school hours. • Work sites should have formal smoking policies that prohibit smoking or limit it to a separately ventilated area.
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<p>Policy Change</p> <p>Goal: Reduce initiation of tobacco use by adolescents and young adults.</p> <p>Goal: Provide adequate reimbursement for clinical preventive and rehabilitative services.</p>	<ul style="list-style-type: none"> • Local or state ordinances should prohibit smoking in public places or limit it to separately ventilated areas. • School facilities, property, vehicles, and school events should be smoke-free and tobacco-free. • Increase unit price for tobacco products through local or state excise taxes. • Tobacco advertising and promotions that influence adolescents and young adults must be eliminated. • Laws prohibiting the sale of tobacco products to minors must be enforced, and violators must receive penalties (eg fines, revoking of retail license). • Tobacco settlement monies should be used for tobacco control and other tobacco-related illnesses, rather than for general funds. • Insurance coverage should be provided for evidence-based treatments for nicotine dependency and for promoting healthful nutrition and physical activity. • Clinical preventive services and early outpatient cardiac rehabilitation should be covered by health insurance plans.
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Pearson TA, Bazzarre TL, Daniels SR, et al. American Heart Association Guide for Improving Cardiovascular Health at the Community Level: A Statement for Public Health Practitioners, Healthcare Providers, and Health Policy Makers From the American Heart Association Expert Panel on Population and Prevention Science. *Circulation*. 2003;107:645-651.