American Heart Association.

WINTER 2020

POLICY REPORT

Linking Scientists, Clinicians and Policymakers to be a Relentless Force for a World of Longer, Healthier Lives.

WHAT'S INSIDE

LETTER FROM THE CHAIR

As Chair of the American Heart Association's Advocacy Coordinating Committee (AdCC), I am pleased to present to you this tenth issue of the Policy Report.

In this edition you will find the most recent policy publications of the association. The Report includes *The American Heart Association's 2020 Statement of Principles for Adequate, Accessible and Affordable Health Care* which builds on principles we originally issued in 1993 and again in 2008 to emphasize ensuring equitable access to adequate and affordable high value health care and addressing social determinants of health so everyone in the United States can live healthier, longer lives.

Recommendations for Cardiovascular Health and Disease Surveillance for 2030 and Beyond reviews and comments on existing recommendations for and current approaches to cardiovascular surveillance, identifying gaps and formulating policy implications and practical recommendations for transforming surveillance of cardiovascular disease and public health in the United States.

Also in this issue, *Call to Action: Rural Health: A Presidential Advisory from the American Heart Association and American Stroke Association* discusses the unique health needs of individuals residing in rural America and the American Heart Association's commitment to addressing the unique needs of rural communities and helping to eliminate health disparities.

Our statement on *Telecommunicator CPR* provides guidance and resources to create and maintain a T-CPR program that empowers telecommunicators to quickly identify out-of-hospital cardiac arrest and provide instructions for lay rescuer CPR.

Housing and Cardiovascular Health summarizes how living in healthier neighborhoods has been shown to help families build prosperity, pursue healthy lifestyles and achieve greater overall wellbeing.

Finally, our statement on *Adverse Childhood Experiences (ACEs)* will highlight why the significant relationship between ACEs and cardiovascular disease should be of concern to healthcare systems and policy makers in the United States.

As always, we welcome your response and feedback on this Policy Report, as well as all the work that we do to uphold the American Heart Association's mission. Please continue to contact us at **policyresearch@heart.org**.

Sincerely,

Dr. Keith Churchwell, FAHA
Chair, Advocacy Coordinating Committee

HOW TO USE THIS REPORT

- Use data from the policy report in your organization's internal communications to support statements regarding cardiovascular disease (CVD) and brain health.
- Send a copy to your professional contacts in the public, private and nonprofit sectors who support the Association's mission or have a stake in cardiovascular and brain health.
- Share with your connections in local media markets by referencing how Association policy translates into improved health outcomes and can be tied to broader health policy issues.
- Use social media icons to quickly share policy updates and statistics with your network.

ADVANCING HEALTHCARE REFORM: THE AMERICAN HEART ASSOCIATION'S 2020 STATEMENT OF PRINCIPLES FOR ADEQUATE, ACCESSIBLE AND AFFORDABLE HEALTH CARE

The American Heart Association (AHA) has consistently prioritized the needs and perspectives of patients in taking positions on health care reform. In order to fulfill our mission "to be a relentless force for a world of longer healthier lives," we recognize continuous improvement is needed in the delivery of health care, with the acknowledgement that the health care system overall must remain sustainable and effective at delivering optimal patient care.

The AHA's vision for healthcare reform describes the foundational changes needed for the health system to serve the best interests of patients, and achieve health care and coverage that is adequate, accessible, and affordable for everyone living in the United States."

The AHA is committed to advancing the dialogue around health care reform and has prepared this updated statement of our principles for health care that is adequate, accessible, and affordable for everyone living in the United States. Our vision for reform is placed in the context of the advances in coverage and care that have occurred following the passage of the Affordable Care Act, the rapidly changing landscape of health care delivery systems, and our evolving recognition that efforts to prevent cardiovascular disease can have synergistic benefit in preventing other diseases and improving overall health and well-being.

Principle 1: All people living in the United States, regardless of health condition, should have comprehensive, understandable, and affordable healthcare coverage.

Principle 2: All people living in the United States should receive quality, affordable patient-centered health care.

Principle 3: All people living in the United States should have guaranteed access to evidence-based preventive services without or with minimal cost-sharing, regardless of how they gain coverage.

Principle 4: Race, gender, and geographic disparities in health and health care must be eliminated.

Principle 5: Public health infrastructure should be strengthened to effectively engage diverse stakeholders in multiple sectors, adequately respond to social determinants of health, and support the elimination of systemic inequities in health and health care.

Principle 6: The United States' health care workforce should continue to grow and diversify through a sustained national commitment to culturally competent public health and medical education and clinical training.

Principle 7: Support of biomedical and health services research should be a national priority, and inflation-adjusted funding for the National Institutes of Health, the Centers for Disease Control and Prevention, and other agencies must be maintained and expanded.

Citation: Warner JJ, Benjamin IJ, Churchwell K, Firestone G, Gardner TJ, Johnson JC, Ng-Osorio J, Rodriguez CJ, Todman L, Yaffe K, Clyde WY and Robert A. Harrington On behalf of the American Heart Association Advocacy Coordinating Committee. Advancing Healthcare Reform: The American Heart Association's 2020 Advisory From the American Heart Association. *Circulation*. 2020. CIR.0000000000000759, https://www.ahajournals.org/doi/10.1161/CIR.0000000000000759

Cite #AHAPolicy

3 THINGS TO KNOW

1. AHA has a history of leading efforts to improve access to quality health care, issuing principles for healthcare reform in 1993 and in 2008.

2. Despite recent access gains and improvements in the treatment of chronic disease, elevations in the quality of care and outcomes have not been experienced equitably across populations, necessitating further action to comprehensively improve the health system.

3. Consistent with our mission to be a relentless force for longer, healthier lives, our 2020 principles describe the foundational changes needed to achieve health care that is adequate, accessible, and affordable for everyone living in the United States.

TELECOMMUNICATOR CARDIOPULMONARY RESUSCITATION (T-CPR)

3 THINGS TO KNOW

1. Every year, more than 350,000 Americans suffer out-of-hospital cardiac arrest (OHCA), most of whom do not receive life-saving, lay rescuer CPR.

2. A effective T-CPR program empowers telecommunicators to rapidly identify OHCA and provide just-in-time instructions for lay rescuer CPR.

3. T-CPR programs should be available in every jurisdiction, and their performance should be measured and reported.

Telecommunicators are the true first responders and a critical link in the cardiac arrest Chain of Survival. Telecommunicators have the opportunity to identify a patient in cardiac arrest and provide initial care by delivering CPR instructions over the telephone, or "telecommunicator CPR," while quickly dispatching emergency medical services.

This statement provides guidance and resources to construct and maintain a telecommunicator CPR program, outlines the minimal acceptable standards for timely and high-quality delivery of telecommunicator CPR, and identifies strategies to overcome common implementation barriers.

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HOUSING AND CARDIOVASCULAR HEALTH

Living in a healthier neighborhood has been shown to help families build prosperity, pursue healthy lifestyles, and achieve greater overall wellbeing. Lack of access to healthy homes and housing instability are known to have negative impacts on health. Residing in unsafe and socially isolated neighborhoods is associated with negative poor health outcomes. Neighborhoods that lack access to health services, healthy food, and safe spaces for physical activity make it harder for residents to maintain healthy lifestyles and place them at an increased risk for cardiovascular disease. Unhealthy in-home conditions can expose residents to toxins, allergens, and hazards that are associated with poor health outcomes. Investing in development that improves environmental health and is inviting to people of various backgrounds and abilities can both enhance neighborhood diversity and improve population health outcomes.

With the price of healthy homes dramatically increasing, more low-income individuals are exposed to high levels of stressors. The most affordable housing is often located in unsupportive neighborhoods with unhealthy housing conditions. Additionally, those who face homelessness or housing instability – defined as having no permanent place of residence, struggling to pay rent, living in overcrowded conditions, or moving frequently – are at an increased risk for poor health outcomes and quality of life. Although many seek public or subsidized housing, these homes are often poorly regulated and have unhealthy housing conditions. The legacy of policies like "redlining"—the process of zoning cities to create racially-segregated neighborhoods and restrict certain populations' access to healthier neighborhoods—has had persistent and long-term negative impacts on communities of color, despite being illegal for decades. Research shows that racial minority neighborhoods have poorer social, natural, healthy food, and active environments and are generally less supportive of health. Individuals who experience homelessness or lack of housing stability are more likely to experience uncontrolled hypertension, CVD related-mortality, and other chronic conditions.

The American Heart Association (AHA) supports efforts that promote the equitable development and preservation of affordable housing in good condition, to promote population health and overall wellbeing. The AHA supports expanding access to healthy home ownership by ending discrimination in home loans and leasing, improving the conditions of publicly- and federally-subsidized housing, increasing housing affordability, and working to integrate health and housing services for patients in need. Policymakers across all levels of governments can work with communities to ensure that neighborhoods are safe and socially supportive, promote economic mobility, and connect residents to the resources they need to achieve and maintain good health.

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3 THINGS TO KNOW

1. Healthy homes are well-maintained structurally sound homes that are located in supportive neighborhoods free from environmental hazards, pests, contaminants, and other pollutants.
2. Healthy neighborhoods may be defined as safe and socially-supportive, providing easy access to jobs and schools, healthy food, healthcare, social services and amenities, green open spaces, and public and active transportation options.
3. Discrimination in the mortgage lending market, high housing costs, and poor housing conditions persist. Healthy housing is becoming increasingly un affordable for many people living in the United States.

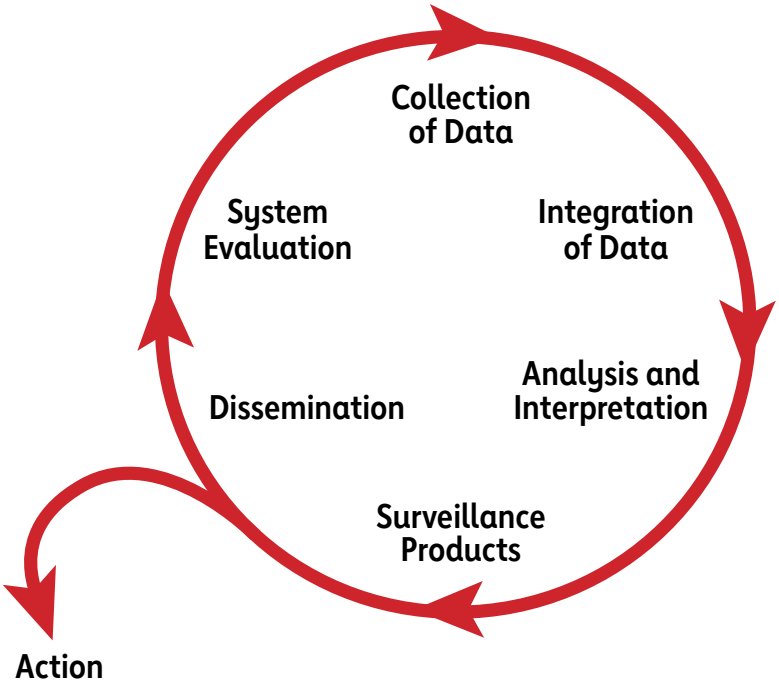
RECOMMENDATIONS FOR CARDIOVASCULAR HEALTH AND DISEASE SURVEILLANCE FOR 2030 AND BEYOND

3 THINGS TO KNOW

1. The aim of this policy statement is to review and comment on existing recommendations for and current approaches to cardiovascular surveillance, identify gaps, and formulate policy implications and pragmatic recommendations for transforming surveillance of cardiovascular disease and cardiovascular health in the United States.

2. The current status of cardiovascular disease surveillance does not adequately explain where gaps exist across the continuum of CVD care and prevention.

3. This statement was published along with the release of The AHA 2030 Impact Goal: A Presidential Advisory From the American Heart Association, which underscores the importance of cardiovascular health and cardiovascular disease surveillance systems for the acquisition of information sufficient to support implementation and evaluation.



Along with the release of The AHA 2030 Impact Goal: A Presidential Advisory From the American Heart Association, this statement reflects the AHA's burgeoning focus on the need for CVD surveillance systems that better reflect the current gaps in CVD systems of care. The aim of this policy statement is to review existing recommendations for and current approaches to cardiovascular surveillance, identify gaps, and formulate pragmatic recommendations for transforming CVD surveillance in the US. The development of community platforms coupled with widespread use of digital technologies, EHRs, and mobile health has created new opportunities that could greatly modernize surveillance if coordinated in a pragmatic matter. We describe the action and components necessary to create the cardiovascular health and cardiovascular disease surveillance system of the future, steps in development, and challenges that federal, state, and local governments will need to address.

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CALL TO ACTION: RURAL HEALTH: A PRESIDENTIAL ADVISORY FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION

Understanding and addressing the unique health needs of persons residing in rural America is critical to the American Heart Association's pursuit of a world of longer, healthier lives. Improving the health of rural populations is consistent with the association's commitment to health equity and its focus on social determinants of health to reduce and, ideally, eliminate health disparities. The Presidential Advisory summarizes existing data on rural populations, communities, and health outcomes; explores three major groups of factors underlying urban-rural disparities in health outcomes; proposes a set of solutions spanning health system innovation, policy, and research; and concludes with a Call to Action for AHA and other stakeholders to make rural populations a priority in programming, research and policy.

"Rural" generally describes areas with low or geographically diffuse populations; rural populations tend to be older,have lower population growth, and higher rates of poverty. While whites comprise almost 80% of the rural population, there is great racial and ethnic diversity in rural America by geography. There is a three-year life expectancy gap between rural and urban populations, with rural areas having higher death rates for CVD and stroke than urban areas; similarly, rural women face higher maternal mortality rates as compared to urban women, largely attributable to cardiovascular deaths. Rural areas have significantly higher rates of uncontrolled traditional cardiovascular risk factors compared with urban areas, including higher rates of tobacco use, physical inactivity and obesity, as well as

CALL TO ACTION: RURAL HEALTH: A PRESIDENTIAL ADVISORY FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION (CONTINUED)

higher rates of diabetes and hypertension. Rural areas also experience less favorable mental and behavioral health, which have been tied to CVD incidence, prevalence, and mortality in both adults and children.

Inequalities in CVD, in part, relate back to the ways in which social determinants of health can negatively impact rural populations and it is widely accepted that SDOH have a profound impact on cardiovascular outcomes. Income, education, employment, housing, transportation and food insecurity each influence health outcomes, as does access to care and rural Americans face unique challenges in each of these areas.

Hospital and outpatient facility care, clinician supply, insurance coverage, and public health infrastructure all differ between urban and rural areas and impact overall and cardiovascular health for rural residents. Given the multi-factorial and highly complex nature of issues facing rural populations, broad, innovative, and sustained approaches are needed, including those related to care delivery, complementary policy reforms and supporting research.

The American Heart Association is committed to working with strategic partners to develop solutions to improve rural health in America. We pledge to work with stakeholders across the ecosystem in support of our collective goals.

Rural Health citation:

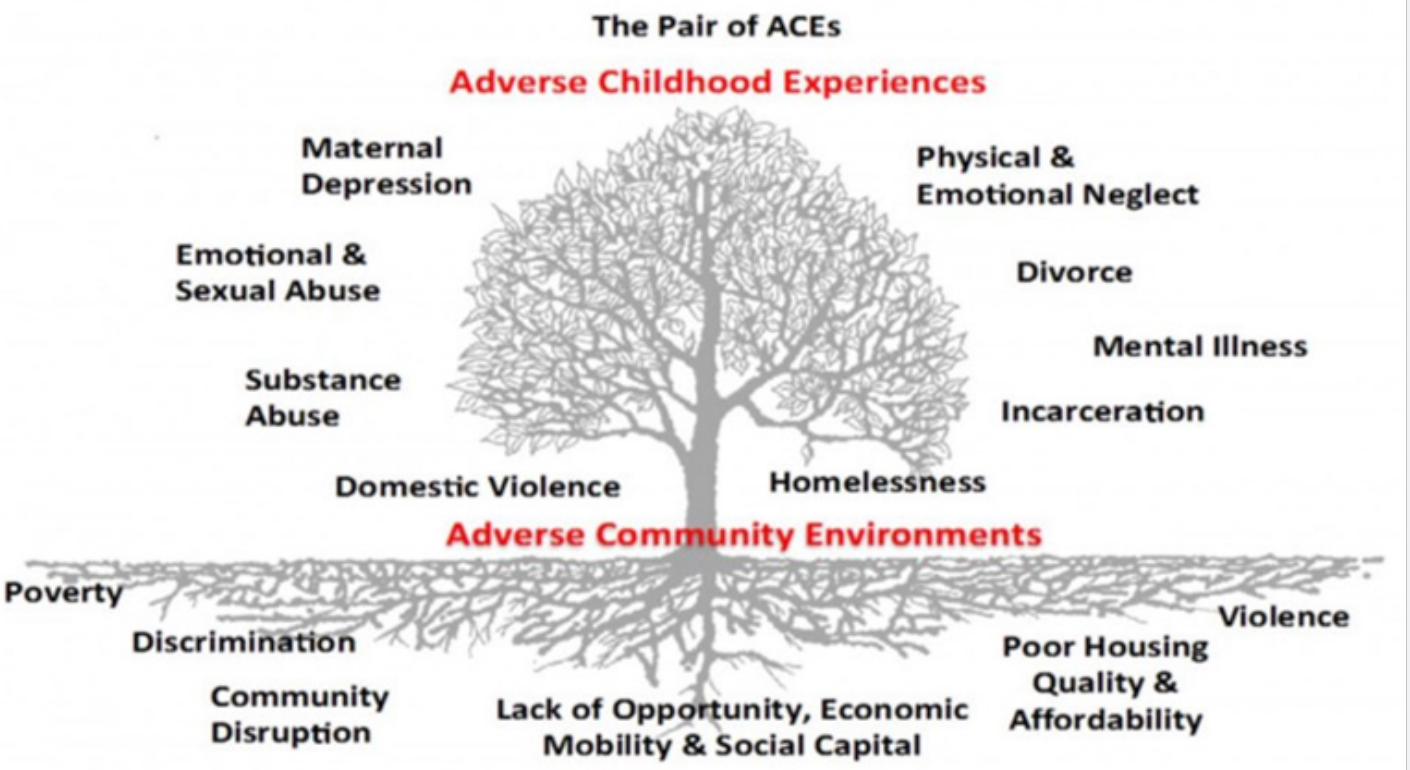
Harrington RA, Califf RM, Balamurugan A, Brown N, Benjamin RM, Braund WE, Hipp J, Konig M, Sanchez E, Maddox KEJ. Call to action: rural health: a presidential advisory from the American Heart Association and American Stroke Association [published online ahead of print February 10, 2020]. Circulation. doi: 10.1161/CIR.0000000000000753.

Cite #AHAPolicy

3 THINGS TO KNOW

1. With 3-year shorter life expectancy in rural versus urban populations, addressing disparities in rural health is critical to achieving equitable health and well-being.
2. Rural communities face a set of challenges that contribute to disparities in health outcomes - individual health factors, socioeconomic factors, and health delivery system factors.
3. AHA is calling on national, state, and local partners to work together to develop and implement solutions to achieve health equity in rural USA.

ADVERSE CHILDHOOD EXPERIENCES



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Communi Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Adverse childhood experiences (ACEs) are a variety of childhood traumatic experiences that include exposure to emotional, physical, or sexual abuse, maltreatment, exposure to violence and other environmental stressors, or household dysfunction during childhood. Recent studies have expanded this definition to include substance abuse, mental illness or incarceration of a household member, domestic violence, and parental separation. In addition, poverty — which is often described as an ACE itself — is shown as a strong reinforcing factor in the accumulation of ACEs. While a majority of children living in poverty are not affected by multiple ACEs, there is a significant proportion of families with multiple ACEs who experience poverty.

ACEs have been found to have a direct and synergistic impact on health and well-being throughout the life course, with a dose-response effect between the occurrences of ACEs and adult health. Further, over the past decade, a number of retrospective and prospective studies have assessed associations between ACEs and CVD risk in adulthood. Policymakers should seek to identify evidence-based interventions to help mitigate parental and familial factors, such as household incarceration, poverty, substance abuse and mental illness, environmental hazards, family separation, and food scarcity that may contribute to ACEs among children.

Screening for ACEs — in particular, in clinical practice and in school settings — has the potential to identify unaddressed social issues that can influence current and future health risks, morbidity, and mortality. The American Heart Association (AHA) supports incorporating universal ACEs screening in routine clinical care and in schools to ensure early identification of ongoing or past childhood adversities and the development of targeted preventive strategies, including referral pathways.

ADVERSE CHILDHOOD EXPERIENCES (CONTINUED)

The significant relationship between ACEs and cardiovascular disease should be of great concern to healthcare systems and policy makers and underscores the importance of maintaining access to quality, affordable care for all residents of the United States and incorporating trauma-based approaches to care delivery. Investing upstream to prevent ACEs is important, but we also have to address the decades of outcomes in populations for whom such upstream efforts did not happen. Higher rates of ACE scores and cardiovascular risks in low-income populations further demonstrate the need for screening in the health care system and schools, early interventions and referrals, and assuring access to care for preventive services, disease management and improving healthy life expectancy.

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3 THINGS TO KNOW

1. It is estimated that 64% of adults in the United States report a history of adverse childhood experiences.
2. ACEs are potentially traumatic events that have a direct and synergistic impact on health and well-being throughout the life course, contributing to many of the leading causes of morbidity and mortality in the U.S.
3. The American Heart Association supports incorporating universal ACEs screening into routine care and in schools to ensure early identification of childhood adversities and the development of targeted preventative strategies, including referral pathways.