Million Hearts® in the Community

New funding opportunity will test interventions to improve blood pressure control in minority racial/ethnic, low-income, and rural populations. This funding opportunity, announced by the National Institutes of Health (NIH), supports centers for two patient-centered comparative-effectiveness clinical trials. The initiative is a part of a research partnership among the National Heart, Lung, and Blood Institute (NHLBI), the Agency for Healthcare Research and Quality (AHRQ), and the Patient-Centered Outcomes Research Institute (PCORI). The purpose of the clinical trials is to compare alternative, evidence-based approaches to reducing poverty consequences among high-risk populations, including racial/ethnic minorities, patients with low socioeconomic status, and individuals residing in rural areas with an above average lifetime risk of cardiovascular disease. Letters of intent are due January 13, 2015, with applications due in February.

Measure Up/Pressure Down® hosts virtual campaign anniversary event. On December 4, Measure Up/Pressure Down® convenes medical groups, health systems, partners, sponsors, and other supporters to celebrate the 2-year anniversary of the national campaign addressing hypertension. Participating medical groups and health systems received recognition for their achievements related to hypertension care, including "Best Control," "Most Improvement," and "Quickest Improvement." Attendees also shared actionable strategies and tactics, such as implementing a protocol, to help organizations achieve 80% control rates by 2016. Visit Measure Up/Pressure Down® for more information and resources.

The Atlantic holds town hall to discuss improving the health of Louisianans. Louisiana is consistently ranked as one of the least healthy states in America. The state provides a window into the challenges facing health care systems across the nation, where increasing rates of chronic diseases are driving up costs but also are stimulating new solutions. This town hall convened health care professionals, business leaders, researchers, community organizers, patient advocates, health officials, and others to discuss strategies to promote better health, improve patient outcomes, and keep costs down.

Let us know what you’re doing to advance Million Hearts® in your community! Share a short description with some key points, and we may feature you in a future e-Update!

The Science of Million Hearts®

Patients with undiagnosed hypertension are hiding in plain sight. A recent Viewpoint article published in JAMA highlights several case studies involving health care systems that lapsed electronic health record data to successfully detect at-risk hypertensive patients. Researchers from Million Hearts® found many patients with uncontrolled hypertension have health insurance and are being seen by health care professionals each year yet still remain undiagnosed.

Ignoring non-obstructive coronary disease can result in devastating consequences. A new study published in JAMA compares myocardial infarction (MI; also known as heart attack) and death rates among patients with non-obstructive coronary artery disease (CAD), obstructive CAD, and no apparent CAD in a national cohort of hypertensive patients. The authors found that patients with non-obstructive CAD had a significant higher risk of MI, all-cause death, and cardiovascular death within 1 year compared to patients with obstructive CAD and warrant further investigation of interventions to improve outcomes among these patients. The New York Times published a related article about this study and its findings.

State-level data predict an individual’s 10-year risk of developing cardiovascular disease, coronary heart disease, and stroke. A new study by researchers at the Centers for Disease Control and Prevention, published in the American Journal of Preventive Medicine, suggests that an individual’s predicted 10-year risk of developing cardiovascular disease varies significantly by state as well as by demographic factors, including age, gender, race/ethnicity, and household income. Prevention strategies can help shape state-level development and implementation of targeted health prevention programs and policies to address the risk of developing cardiovascular disease, coronary heart disease, and stroke for all individuals.

High economic burden of informal caregiving required for stroke patients. Researchers have estimated that the annual economic burden of informal caregiving required for stroke patients is $14.2 billion in 2008. This high economic burden of informal caregiving associated with stroke among older adults is an estimated 35 million Americans at high risk for heart attack and stroke due to uncontrolled high blood pressure. Most of those individuals have high blood pressure and a regular source of care, and 3 out of 4 have seen a health care professional two or more times in the past year.

Do This!

One Easy Way to Support Million Hearts®

Message to Millions, a new Million Hearts® resource, provides partners and supporters with consistent, science-based messages they can share with consumers, health care professionals, and other audiences to help them take steps to prevent heart attacks and strokes. Every three months, the initiative will release a new message map focused on a key risk factor for heart disease and stroke. Discover the new Smoking Cessation Message Map and check the Million Hearts® website regularly for future maps.

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