

# HEART DISEASE AND STROKE PREVENTION & INNOVATIVE HEART HEALTH LEARNING COLLABORATIVES

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JANUARY 2026

# Agenda

- 1. Welcome, Program Updates**
- 2. Framing the Topic in Data**
- 3. Statin Therapy 101**
- 4. Q & A and Next Steps**

# Welcome!



**Come on Video**



**Introduce  
Yourself in the  
Chat**

Name, Title,  
Organization/Affiliation



**Ice Breaker:  
*Any resolutions  
for 2026?***

# Welcome, Program Updates and Reminders

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*Bonny Nunez, MPH, Public Health Analyst, DC Health*

*Latrice Hughes, MPH, Public Health Analyst, DC Health*

# Heart Disease and Stroke Prevention Learning Collaborative: 2025-2026

## Learning Collaborative Structure



### Quarterly Cycles:

*Informed by Strategic Plan and participant-identified priorities based on the HIT/EHR Assessment*



### Capacity Building Calls:

- Framed in data
- Health equity focus
- Focus on building and applying knowledge



### Workplan Report-Out:

- Health system grantees selected to report
- Identify share problem solving, best practices, innovative approaches, and partner engagement



### Bi-Annual In-Person Strategic Planning:

*To foster shared vision and progress toward goals*



### Collaboration and Engagement:

*All virtual and in-person events focused on participatory engagement and collaboration, include team members where relevant*



## Current Cycle



- **January 21:** Statin Therapy 101



- **February 11:** In-Person Session



- **March 18:** CRISP DC Medication Adherence Prediction Report

# Framing the Topic in Data

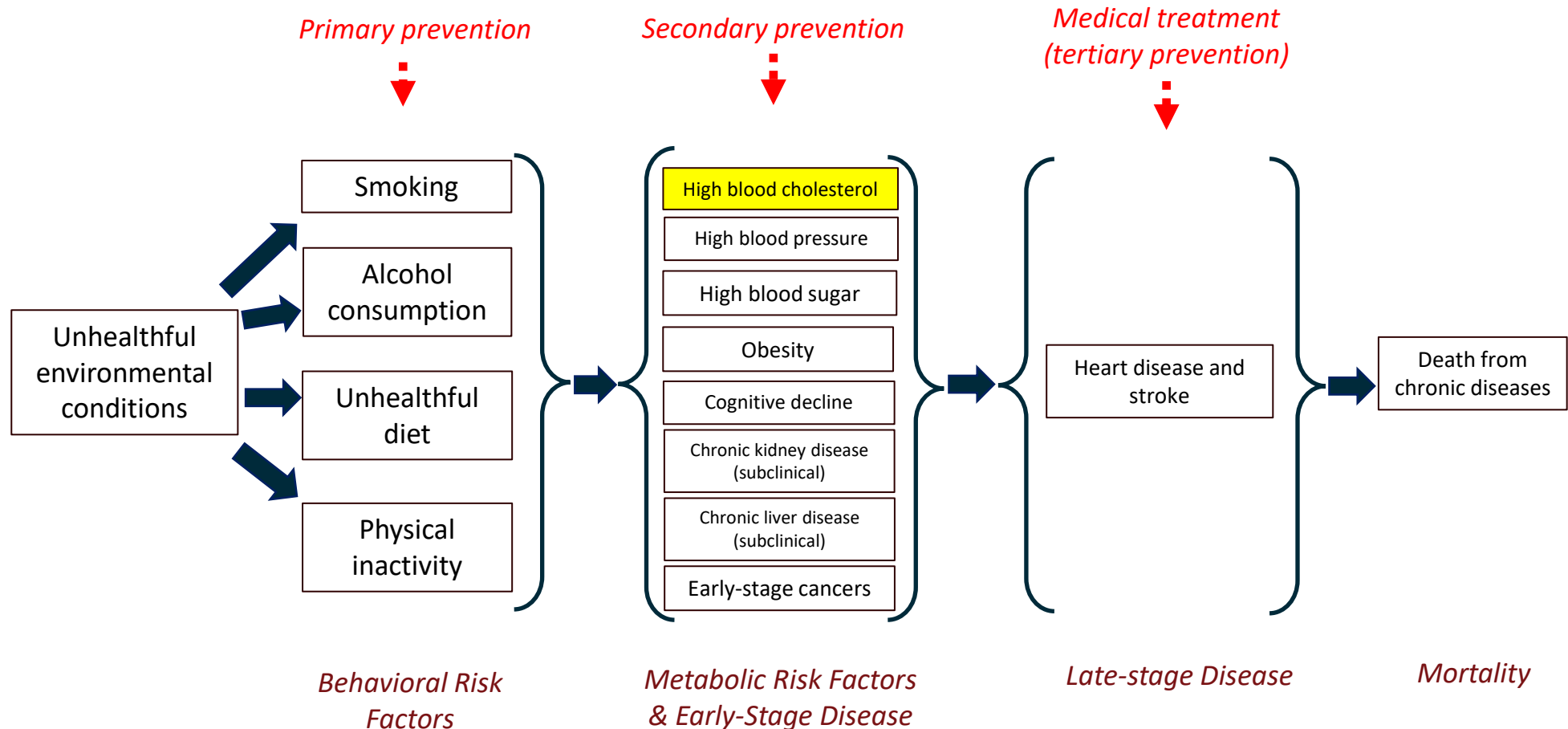
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*Saumya Rajamohan, Data Analyst, DC Health*

# Agenda

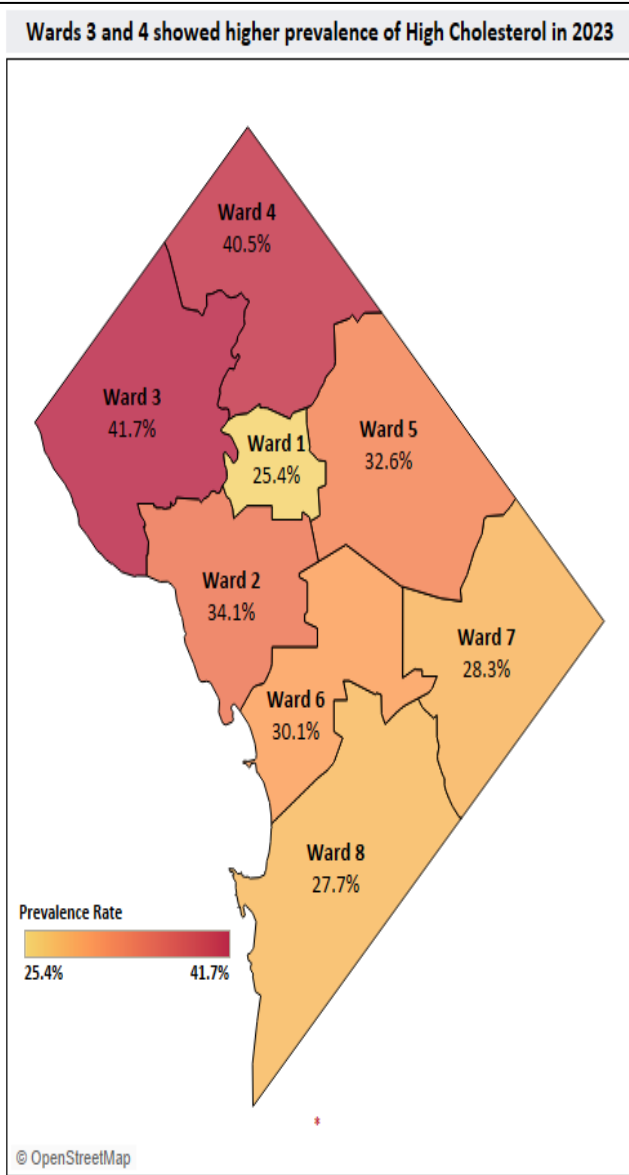
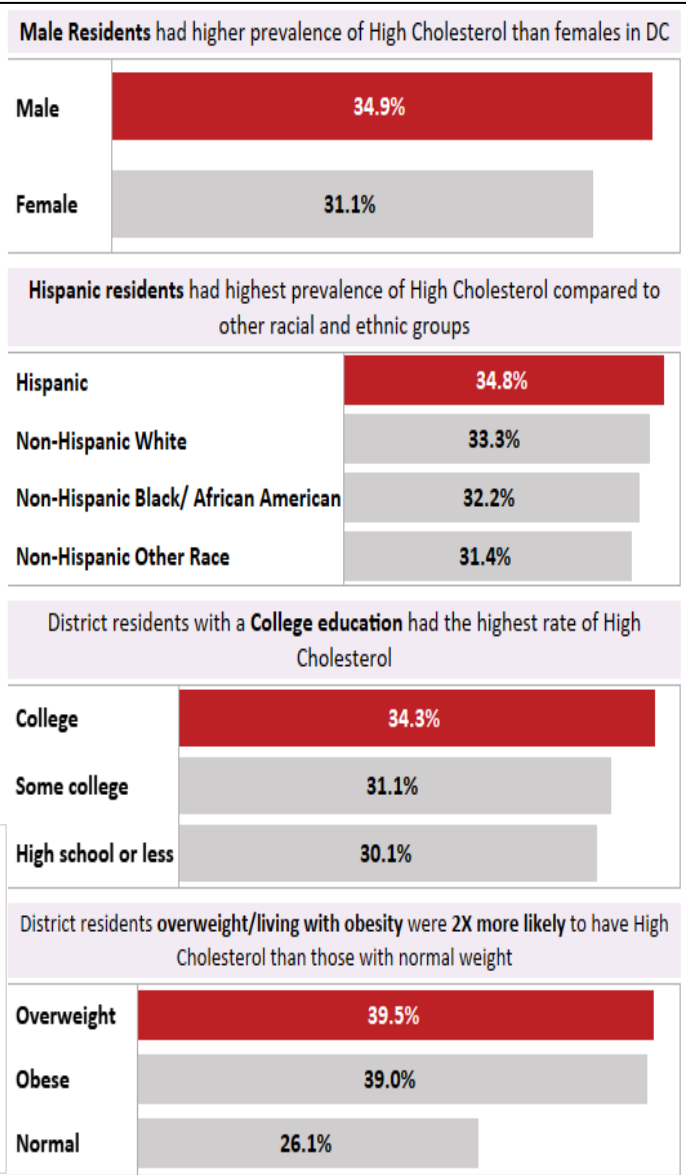
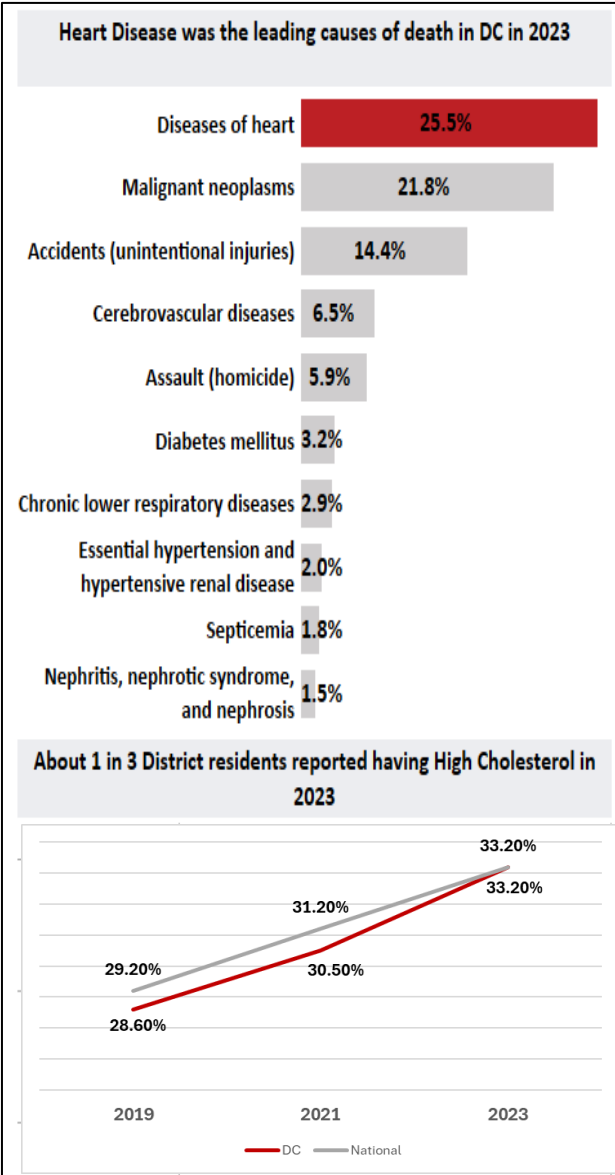
- ▶ Cholesterol as a metabolic risk factor for heart disease and stroke
- ▶ Trends in High Cholesterol
- ▶ Trends in Statin Use
- ▶ CRISP DC Medication adherence Model

# Cholesterol is a metabolic risk factor for heart disease and stroke



# Burden of High Cholesterol Among District Residents

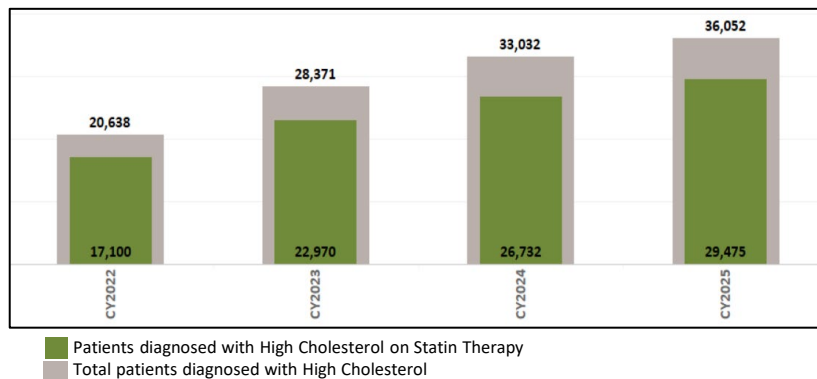
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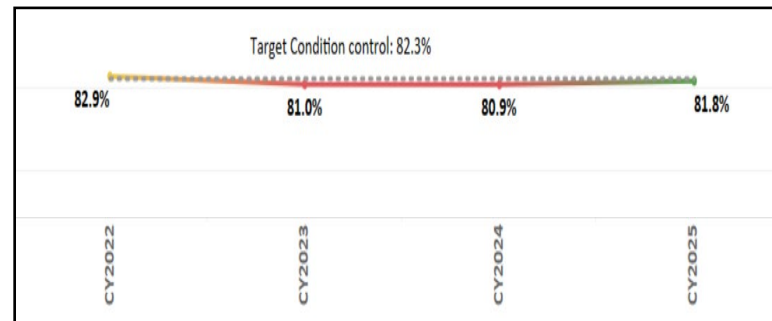
# State of High Cholesterol and Statin Use Among District Residents at Grantee Sites

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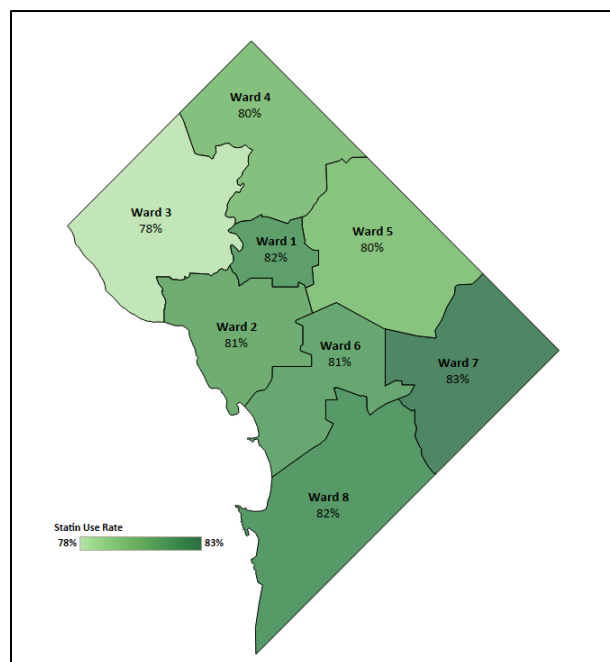
### Steady improvement in patients reached at Grantee sites for DC adults diagnosed with High Cholesterol since 2022



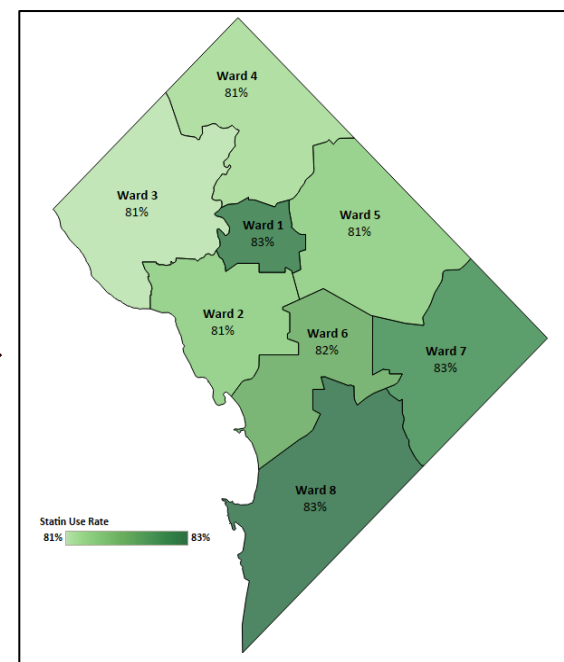
### Overall Statin therapy use remained consistent across Grantee sites since 2022



### District residents diagnosed with High Cholesterol showed lowest Statin Use in Ward 3 in 2023

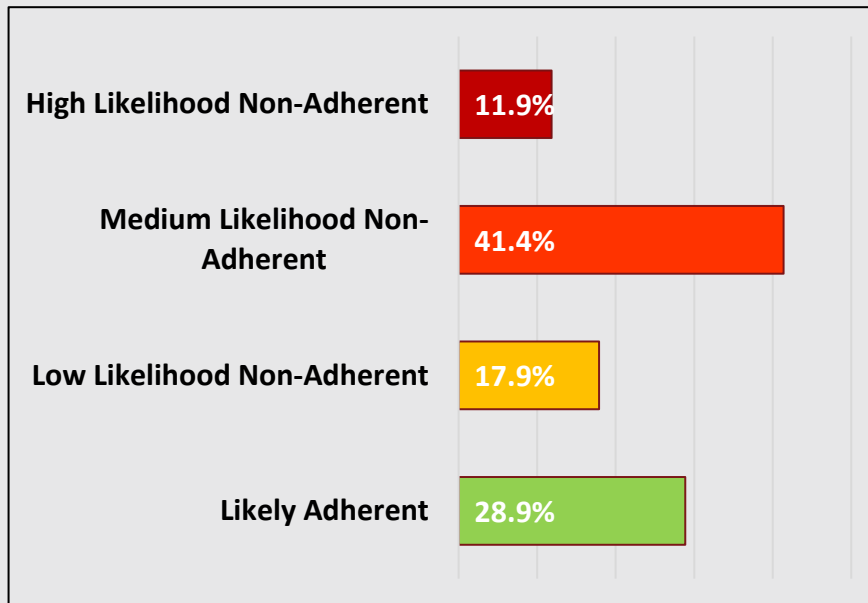


### Statin Use became Consistent Among District residents diagnosed with High Cholesterol in 2025



In the past year, about 3 in 10 Medicaid patients were likely taking their statins as prescribed.

However, more than half showed a medium or high risk of not consistently taking their medication, highlighting an opportunity for targeted adherence support



## Medication Adherence Predictive Model

CRISP DC developed the MAP Model for Statin Use to identify Medicaid beneficiaries who are at risk of **not** adhering to their statin prescription regimen for managing their high cholesterol.

Statin non-adherence refers to the lack of **timely refills** for active prescriptions of statins among patients with high cholesterol

# Statin Therapy 101

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*Michele Bosworth, MD, FAAFP*

*Health Management Associates*

## Poll

# Fact or Fiction?

Everyone with high cholesterol needs to be on a statin



## Fact or Fiction?

Everyone with high cholesterol needs to be on a statin

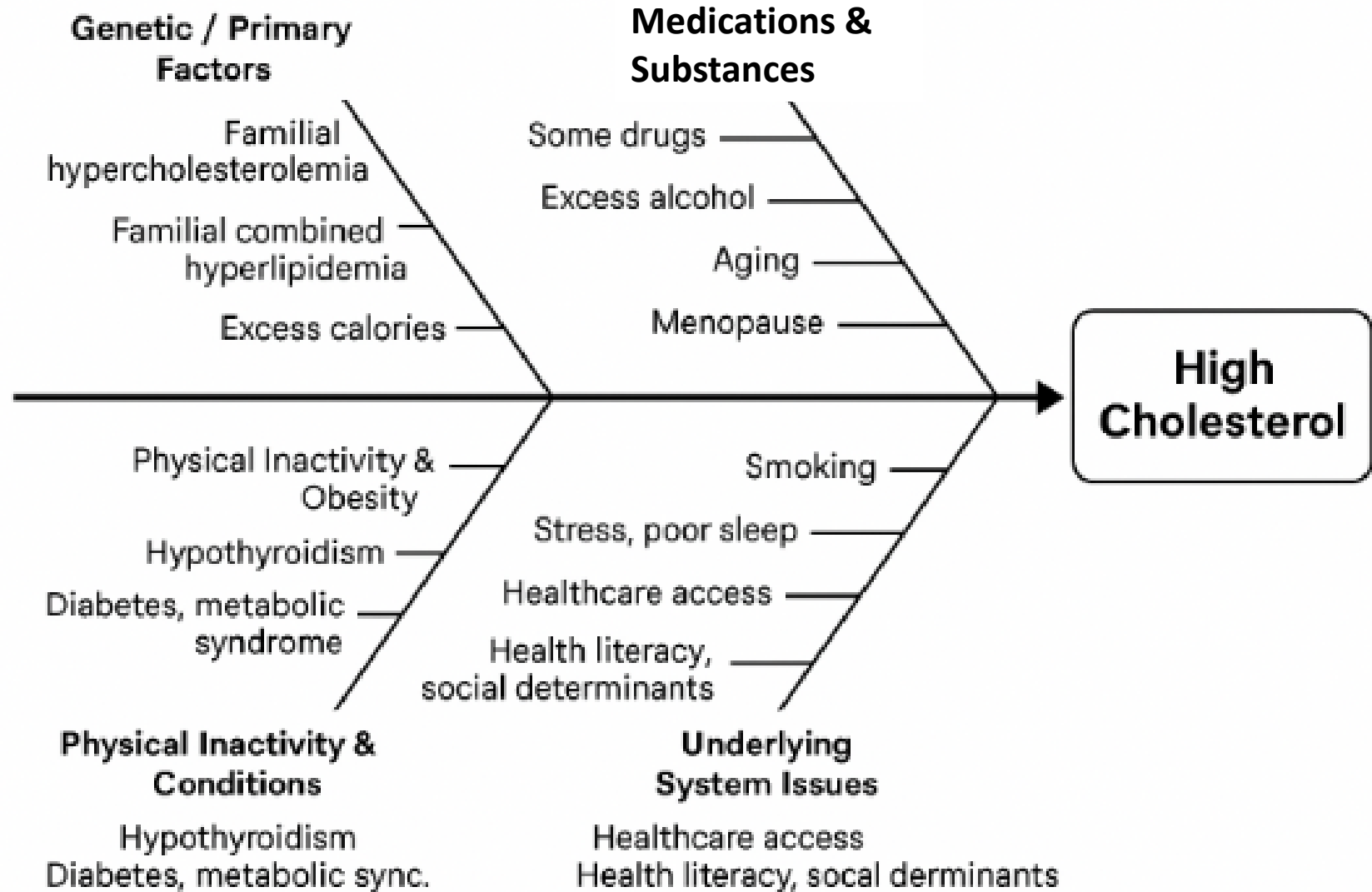


### Fiction

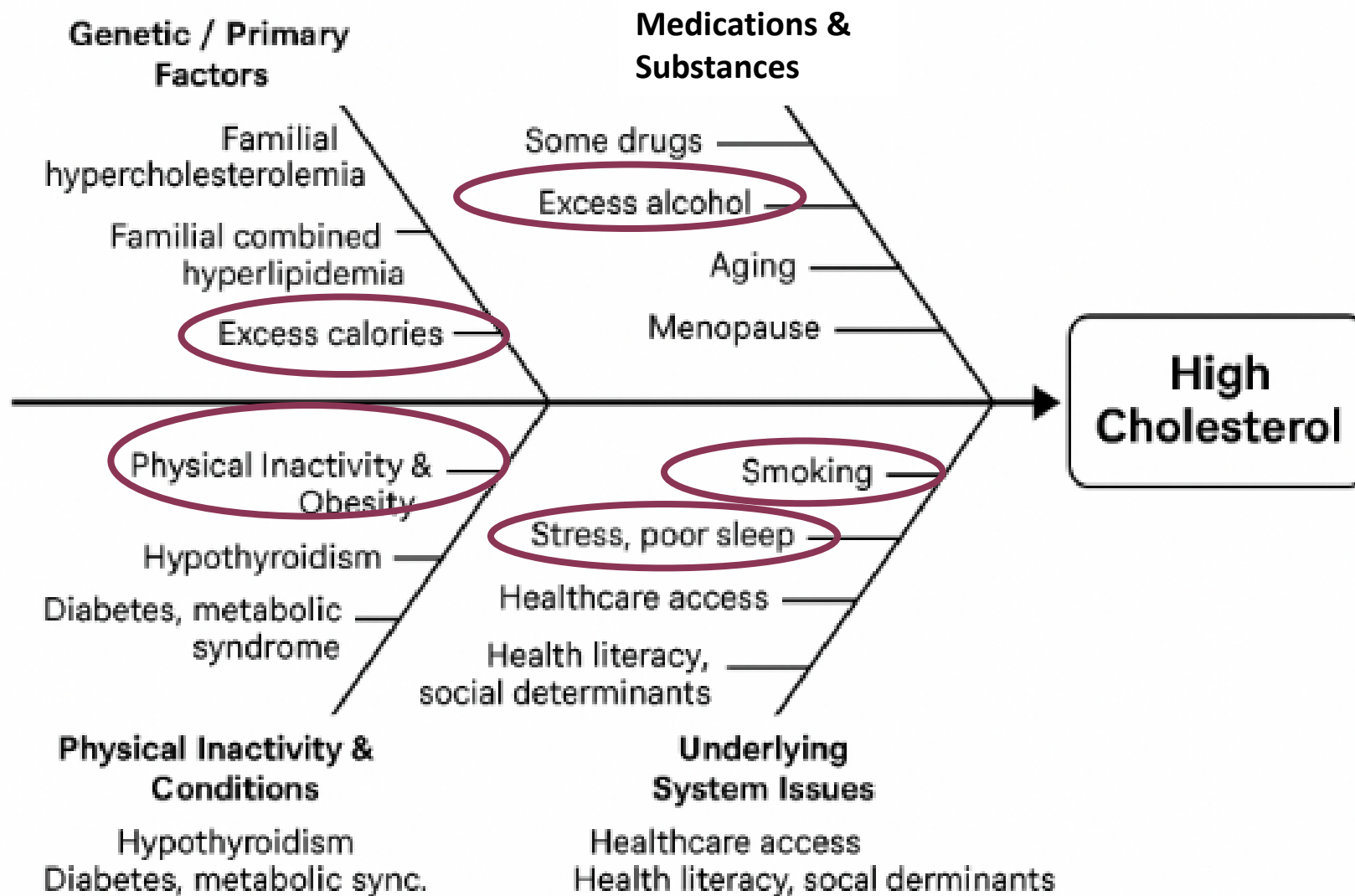
Statin therapy should be initiated based on risk for primary or secondary prevention

It's not simple. First and foremost: Healthy Lifestyle is foundational to address many of the root causes

# Root Causes of High Cholesterol



# Root Causes of High Cholesterol



# Healthy Lifestyle is the foundation of ASCVD Risk reduction

## Encourage Lifestyle Therapies



Follow a heart-healthy diet



Reach and maintain a healthy weight



Avoid tobacco products



Get regular exercise



Moderation of alcohol consumption

<https://www.heart.org/en/-/media/Files/Professional/Quality-Improvement/Check-Change-Control-Cholesterol/AHA20PrimaryPocketGuideFinal.pdf>

# Cholesterol Metabolism

- LDL= Low Density Lipoprotein
- HDL=High Density Lipoprotein

VLDL

Triglycerides

Made in the Liver or removed  
from the blood by the Liver:




Absorbed in the Intestines:



# Cholesterol Profile and Drugs that Lower Cholesterol

## Statins:

- Atorvastatin
- Pravastatin
- Lovastatin
- Simvastatin
- Fluvastatin
- Pitavastatin
- Rosuvastatin
- Combination products:
  - statin + ezetimibe
  - statin + niacin

 Made in the Liver or removed from the blood by the Liver:



Absorbed in the Intestines:



## Poll

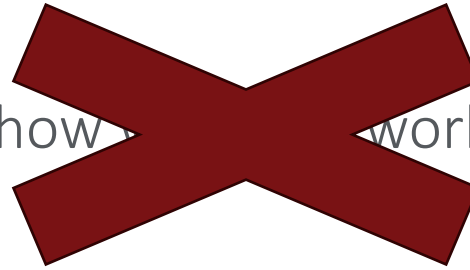
# True or False?

The efficacy of statins (i.e. how well they work to lower cholesterol) differ by race



## True or False?

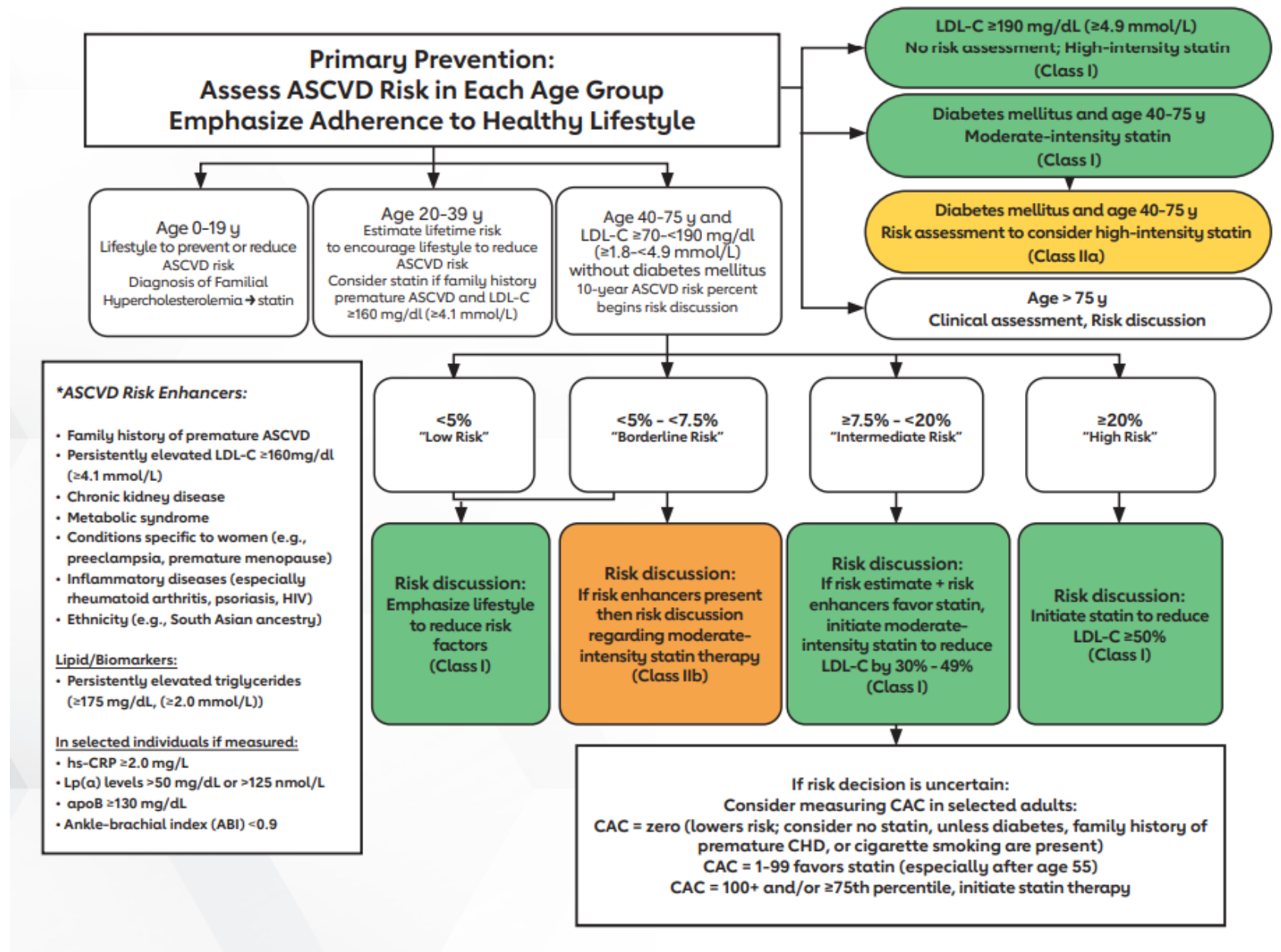
The efficacy of statins (i.e. how they work to lower cholesterol) differ by race



## FALSE

There is no evidence that statins work differently according to race. The AHA, AACE, and ACC guidelines do not recommend any race-specific statin efficacy adjustments. In fact, they have removed race –specific recommendations in Hypertension treatment Guidelines

# 2018 AHA/ACC Cholesterol Guidelines for Primary Prevention of ASCVD



# Secondary Prevention

Bottom Line: once patients start having strokes, depending on their other risk factors, treatment intensity and goal of lowering cholesterol increase.



<https://www.ahajournals.org/doi/pdf/10.1161/STR.0000000000000375?fbclid=IwAR1ESNk mwztF196KgKb7A7A67junN8HgSTvaEu9aiEwY3NXK9ByePrIMehE>

## Recommendations for Treating and Monitoring Hyperlipidemia

Referenced studies that support recommendations are summarized in online Data Supplement 13.

COR	LOE	Recommendations
		<b>Treatment</b>
1	A	1. In patients with ischemic stroke with no known coronary heart disease, no major cardiac sources of embolism, and LDL cholesterol (LDL-C) >100 mg/dL, atorvastatin 80 mg daily is indicated to reduce risk of stroke recurrence. <sup>208,209</sup>
1	A	2. In patients with ischemic stroke or TIA and atherosclerotic disease (intracranial, carotid, aortic, or coronary), lipid-lowering therapy with a statin and also ezetimibe, if needed, to a goal LDL-C of <70 mg/dL is recommended to reduce the risk of major cardiovascular events. <sup>210</sup>
2a	B-NR	3. In patients with ischemic stroke who are very high risk (defined as stroke plus another major ASCVD or stroke plus multiple high-risk conditions), are taking maximally tolerated statin and ezetimibe therapy and still have an LDL-C >70 mg/dL, it is reasonable to treat with PCSK9 (proprotein convertase subtilisin/kexin type 9) inhibitor therapy to prevent ASCVD events. <sup>211–213</sup>
		<b>Monitoring</b>
1	A	4. In patients with stroke or TIA and hyperlipidemia, patients' adherence to changes in lifestyle and the effects of LDL-C-lowering medication should be assessed by measurement of fasting lipids and appropriate safety indicators 4 to 12 weeks after statin initiation or dose adjustment and every 3 to 12 months thereafter, based on need to assess adherence or safety. <sup>214,215</sup>

# DC Health High Risk Population of Focus: Black Men

## Disparities

- There is lower use of statins among black men for both primary and secondary prevention
- Lower use is not due to eligibility for statin use based on risk/need
- Disparity may be due to:
  - Care process factors including
    - Bias
    - Stereotyping
    - Mistrust

[Disparities in Statin Use for Prevention of ASCVD - American College of Cardiology](#)

# DC Health High Risk Population of Focus: Black Men

## Disparities

2025 Article in Frontiers in Cardiovascular Medicine

- Objective: Investigate the relationship between sociodemographic factors and statin adherence across racial and ethnic groups
- 68% of Non-Hispanic Black Men in the study were non-adherent
  - N=2491 Denominator: 3685
- Structural Barriers
  - Medicare and Veterans Health Insurance
  - Financial barriers

[Frontiers | Racial and ethnic disparities in statin adherence: insights from the All of Us Research Program](#)

# Strategies to Improve Statin Adherence in Black Men

## Access and Trust

- Strengthen access to consistent primary care and Insurance Navigation
  - Insurance enrollment and navigation support
  - CHWs to help black men establish regular primary care and follow-up schedule
  - Offer extended hours, walk-in refill clinics, or mobile care access points
- Improve Provider-Patient Trust and Concordance
  - Increase racially concordant care where possible
  - Train clinicians in culturally responsive communication
  - Use CHWs, Navigators to build rapport and guide medication adherence conversations

# Strategies to Improve Statin Adherence in Black Men

## Financial and Structural Barriers

- Financial and Structural Support to reduce Medication Barriers
  - \$0 copay statin programs through payer partnerships
  - Transportation vouchers, pharmacy delivery, medication pick-up support
  - 90 days fills, mail-order pharmacy, refill synchronization
- Address Structural Barriers with Cross-Organization Partnerships
  - Registries to identify and address care gaps
  - Shared data to track statin adherence and process measures:
    - Appointment follow-up
    - Statin refill rates
    - Risk factor profile (BP, LDL,..)

The screenshot shows the CRISP DC Medication Adherence Predictive Model interface. At the top, the CRISP DC logo is displayed. Below it, the title reads "Medication Adherence Predictive Model: Identify and Support Statin Adherence for Your Patients in PopHealth Analytics!". The main content area contains several sections: a welcome message announcing the addition of the Medication Adherence Predictive Model and Statin Medication Adherence Report to PopHealth Analytics; a section titled "What is the Medication Adherence Prediction Model?" explaining that hMetrix developed the MAP Model to help identify beneficiaries at risk of not adhering to their prescription regimen; a section titled "What's in the Statin Medication Adherence Report?" explaining that the report was developed to improve the identification of patients likely non-adherent to their statin prescription regimen; and a section titled "The Statin Medication Adherence Report" explaining that the report has been added to the Prescription Drug Reports card. At the bottom, a partial view of the report interface is shown, including a legend for "Category" with four risk levels: "Timely Adherence (90% to 100%)", "Early Adherence (80% to 89%)", "Structural/Logistical Non-Adherence (60% to 79%)", and "High Structural/Non-Adherence (0% to 59%)".

**CRISP DC**

Medication Adherence Predictive Model: Identify and Support Statin Adherence for Your Patients in PopHealth Analytics!

We are excited to announce the addition of the **Medication Adherence Predictive Model** and **Statin Medication Adherence Report** to PopHealth Analytics within the CRISP DC HIE Portal at <https://idp.crisphealth.org/>

**What is the Medication Adherence Prediction Model?**  
hMetrix developed the **Medication Adherence Predictive Model (MAP Model)** to help users identify beneficiaries who are at risk of **not** adhering to their prescription regimen for managing their chronic conditions. Medication non-adherence identifies the lack of **timely refills** for active prescriptions related to specific chronic conditions.

The MAP Model has been added to the PopHealth Reporting Suite, empowering users to proactively identify and support patients with a high risk of non-adherence.

**What's in the Statin Medication Adherence Report?**  
MAP's Statin module was developed to improve the identification of patients who are likely non-adherent to their statin prescription regimen for high cholesterol treatment.

**The Statin Medication Adherence Report** has been added to the Prescription Drug Reports card. This report includes a list of individuals categorized by risk level, enabling users to identify individuals with a higher risk of medication non-adherence.

# Strategies to Improve Statin Adherence in Black Men

- Embed statin adherence supports into CBOs
  - CBO health programs
  - Peer support groups for black men focusing on CV risk reduction
  - CVD screening and medication counseling events co led by pharmacists and CHWs
    - Fast track pathways to access Rx from community screenings
- Improve Medication Counseling & Culturally Tailored Health Education
  - Culturally tailored, plain language medication counseling/PDC reviews delivered by CHWs, pharmacists
  - Implement Shared Decision Making
  - Digital health tools with culturally tailored messages, images, video messages
  - CVD education in trusted venues (churches/barbershops)

## STATINS AND OTHER CHOLESTEROL-LOWERING THERAPY: Shared Decision-Making Resource for Providers & Patients

In shared decision-making, healthcare providers and patients work together to make the best possible healthcare decisions. These decisions consider evidence about available options, the clinician's experience, and the patient's values and preferences. There is evidence that shared decision-making contributes to improvements in health. This resource is a guide for healthcare providers and patients to engage in shared decision-making about statins and additional cholesterol-lowering treatments using the SHARED approach.

### STEPS OF SHARED DECISION MAKING

### SAMPLE TALKING POINTS

**S** Seek Your Patient's Participation

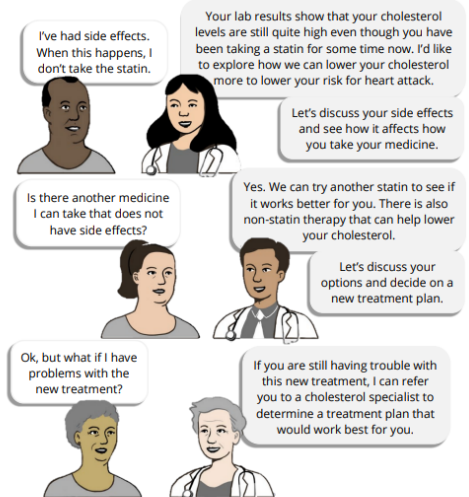
**H** Help Your Patient Explore and Compare Treatment Options

**A** Assess Your Patient's Values and Preferences

**R** Reach A Decision with Your Patient

**E** Evaluate Your Patient's Decision

**D** Decide Which Resources Can Support the Patient



Find this resource online at <https://bit.ly/shared-decision>.  
This guide is intended for patients already on statin treatment and who may be experiencing side effects.

# Statin Safety and Associated Adverse Events

- >30 years of research demonstrate few serious adverse effects
  - 10% of patients stops statins because of subjective complaints
- Myopathy including incidence of Rhabdomyolysis is <0.1%
- Muscle symptoms: <1 %
- 0.2% increased risk of newly diagnosed diabetes
- Possibly/non-conclusive increase hemorrhagic stroke risk

<https://www.ahajournals.org/doi/10.1161/ATV.0000000000000073>

<https://www.acc.org/latest-in-cardiology/articles/2021/08/25/13/00/fact-or-fiction-statins-increase-the-risk-of-hemorrhagic-stroke>

# Key points

- LDL is the primary target in lipid-lowering strategies
- Goal of treatment depends on individual risk
- Evidence shows that maximal reduction of LDL to goal, leads to maximal reduction in vascular events
- Higher Risk patients need more intensive LDL-reduction
- Healthy Lifestyle + Statins is essential
- Addition of other lipid lowering meds depends on risk
- Secondary prevention to lower LDL should occur as quickly as possible after the event

<https://www.escardio.org/Councils/Council-for-Cardiology-Practice-%28CCP%29/Cardiopractice/lipidology-update-targets-and-timing-of-well-established-therapies>

# Resources

- [Clinician Pocket Guide from AHA](#)
- [AHA Interactive slideshow to see how cholesterol drugs work](#)
- [Cholesterol Provider Training Package from NACHC](#)
- [Heart Health Resources for CHWs: NIH National Heart, Lung, and Blood Institute](#)
- [Million Hearts: Scoop on Statins](#)
- [Shared Decision Making for Statins](#)

## The Scoop on Statins: What Do You Need to Know?

### Why is it important to understand the benefits and risks of statins?

Most heart attacks and strokes are preventable by practicing a healthy lifestyle, and when necessary, taking medications to lower blood pressure or cholesterol or to help quit smoking. Statins, when used as indicated, can dramatically reduce a person's risk of having a heart attack or stroke, but millions of people are missing that opportunity. Some clinicians may miss prescribing a statin to a person who can benefit. Many times, individuals stop or do not start taking a statin due to concerns about side effects. The good news is that understanding your individual benefits and risks and working through your concerns with your clinician can help you prevent heart attacks and strokes and enjoy a longer, healthier life.

### What is a statin, and how does it work?

Statins are a class of medicines used to lower cholesterol. While some of the cholesterol in your blood comes from food, most is made by the liver. Statins work by reducing the amount of cholesterol made by the liver and helping the liver remove cholesterol that is already in the blood. Statins may also reduce inflammation in the artery walls. This inflammation can lead to blockages that damage organs such as the heart and brain.

### What are the benefits of statins?

Scientific studies and years of use all over the world have proven that statins, when used as indicated, reduce a person's chances of having a heart attack or stroke; needing surgery, angioplasty, or stenting to improve blood flow in an artery; and dying from a heart attack. The higher a person's risk of having a heart attack or stroke, the stronger the benefit of the statin. The benefit increases the longer the statin is taken. In general, taking a statin can cut a person's risk of a heart attack or stroke in half.

### What are the risks of taking a statin?

Serious risks are rare. Studies involving thousands of people show no differences in muscle aches, liver abnormalities, dementia, memory problems, or cancer between those taking a statin and those on an inactive pill. Despite these findings, just over one in four people (29%) taking a statin describes some symptom, most commonly muscle aches or weakness. It is important to note that muscle-related symptoms are also common with aging and in active adults who are not on statins. Very uncommon risks associated with statins include a type of stroke caused by bleeding, muscle damage that can usually be detected with a blood test, and increased blood sugar levels or new-onset diabetes in those who are prone to developing diabetes. The large benefit of taking statins to prevent heart attacks and strokes likely outweighs the small risk associated with an elevated blood sugar level.

### How can side effects be managed when taking a statin?

Side effects from statins can frequently be managed by adjustments in the dose or by choosing a different statin drug. Before stopping or changing your medication, please discuss your concerns with your clinician who can help determine the likelihood that symptoms are related to the statin. Together you can map out a practical plan to keep you safe from heart attack and stroke.

### Who should consider taking a statin?

People who have had a heart attack or stroke, who have diabetes or very high "bad" cholesterol levels, and who are at high risk for heart disease or stroke due to other factors like high blood pressure will live healthier and longer lives by taking a statin. Because the degree of the benefit from a statin varies with your chances of having a heart attack or stroke, it is important to discuss your individual risks and preferences with your clinician. Together you can make a good decision for your healthiest future.



### What should I ask my clinician?

- ▶ What are my "good" and "bad" cholesterol levels?
- ▶ What is my personal risk of a heart attack or stroke?
- ▶ For me, is the benefit of taking a statin worth the risk?
- ▶ How—and how soon—will we know that the statin is working for me?
- ▶ Can I quit or decrease the statin if I lose weight? Exercise daily? Eat differently?
- ▶ How soon could I feel a side effect, and what should I do about it?
- ▶ How often will I need follow-up blood tests or check-ups?
- ▶ What is the next step if a statin doesn't work or I can't take it?

### Where can I learn more?

- ▶ Use the [Mayo Clinic Statin Choice Decision Aid](#) during your next visit with your healthcare professional to help decide if statins are right for you.
- ▶ For more information on cholesterol, visit <https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html>.

Updated December 2018



# Discussion

- Specific to your activities to increase and/or manage statin prescriptions with your patients, what's working?
- What challenges are you experiencing?
- What questions do you have for your community partners and other providers?



# Next Steps and Reminders

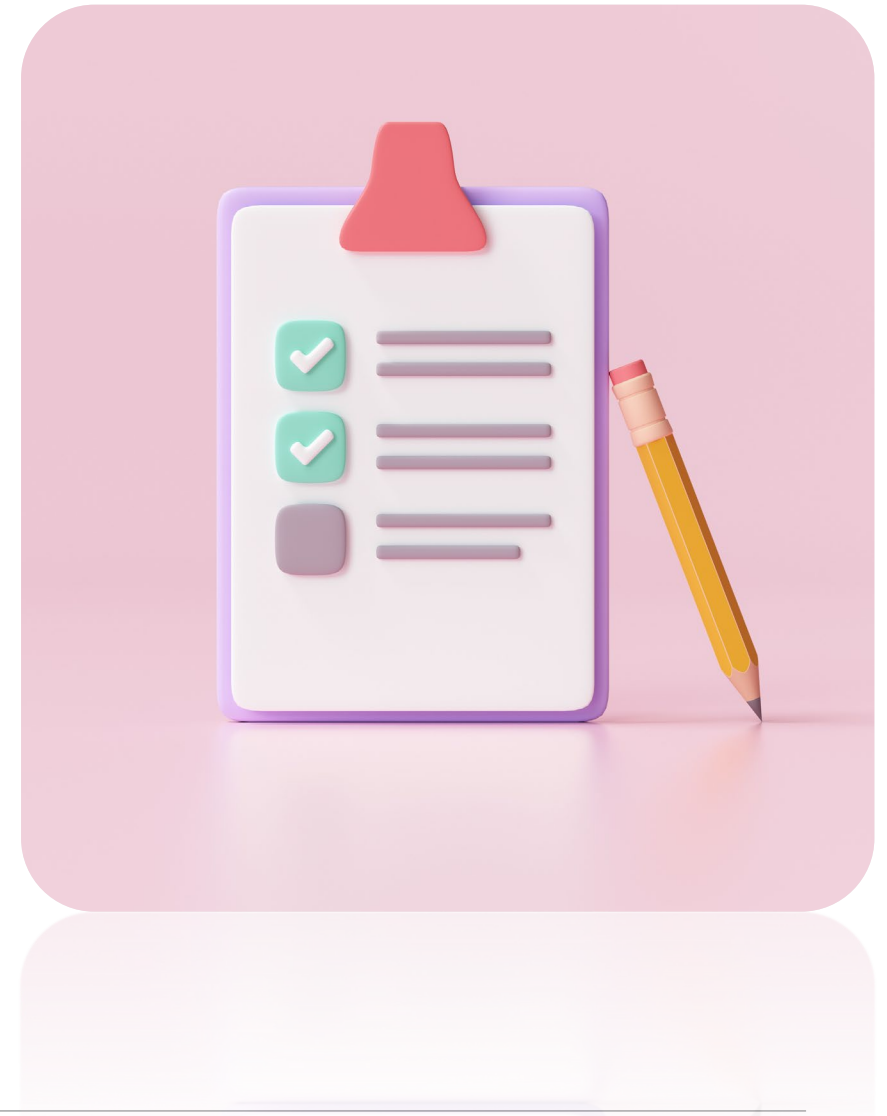
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*Latrice Hughes, MPH, Public Health Analyst, DC Health*

*Bonny Nunez, MPH, Public Health Analyst, DC Health*

# Quick Evaluation Poll

- 1. To what extent did the session meet objectives?**  
*(1 - not at all to 5 - met all objectives)*
- 2. How would you rate the session overall?**  
*(1 - poor to 5 - excellent)*



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The next Grantee report-out session will occur in April.

# Register & Save the Date!

- Date: Wednesday, February 11<sup>th</sup>, 2026
- Time: 10:00 AM – 2:00 PM
- Location: 2201 Shannon Pl SE, Washington, DC 20020; Seventh floor, Conference Room 716A/B
- Registration: Please RSVP by February 3<sup>rd</sup>, 2026. Early registration is important to ensure an accurate headcount for lunch.

# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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 [dchealth](https://www.tiktok.com/@dchealth)

 [DCHealth](https://www.youtube.com/DCHealth)