DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Health's expanded Million Hearts Learning Collaborative February Meeting

DC Health

February 21, 2024

Copyright 2023 DC Health | Government of the District of Columbia

February is National Heart Month

DC Health partnered with DDOT to light the

Frederick Douglass Memorial Bridge

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Agenda & Learning Objectives

- ❑ Welcome and Introductions
- ❑ District Hypertension and High Blood Cholesterol Data
- ❑ Expanded Million Hearts Learning Collaborative Action Plan and Goals
- ❑ Introduce DC Health's Innovative Heart Health Learning Collaborative Action Plan and Goals
- ❑ Build relationships and community among participants
- ❑ Gain consensus and Commit to Action

Copyright 2023 DC Health | Government of the District of Columbia

Introductions

Welcome!

Please add your
1. name,
2. title,
3. organization/affiliation,
4. and your favorite thing about Winter to the chat.

Hypertension and High Blood Cholesterol Data

Sharmila Chatterjee, Public Health Analyst, DC Health

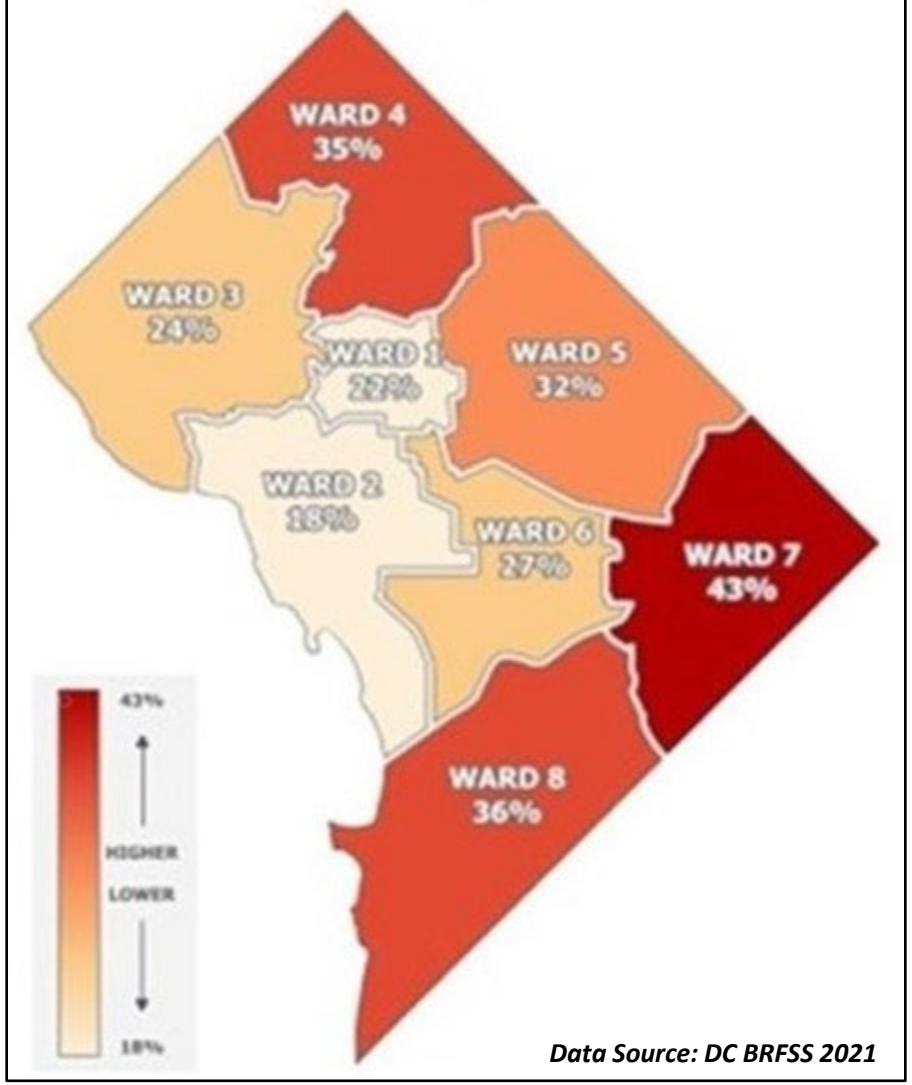
&

Saumya Rajamohan, Data Analyst, DC Health

DC | HEALTH

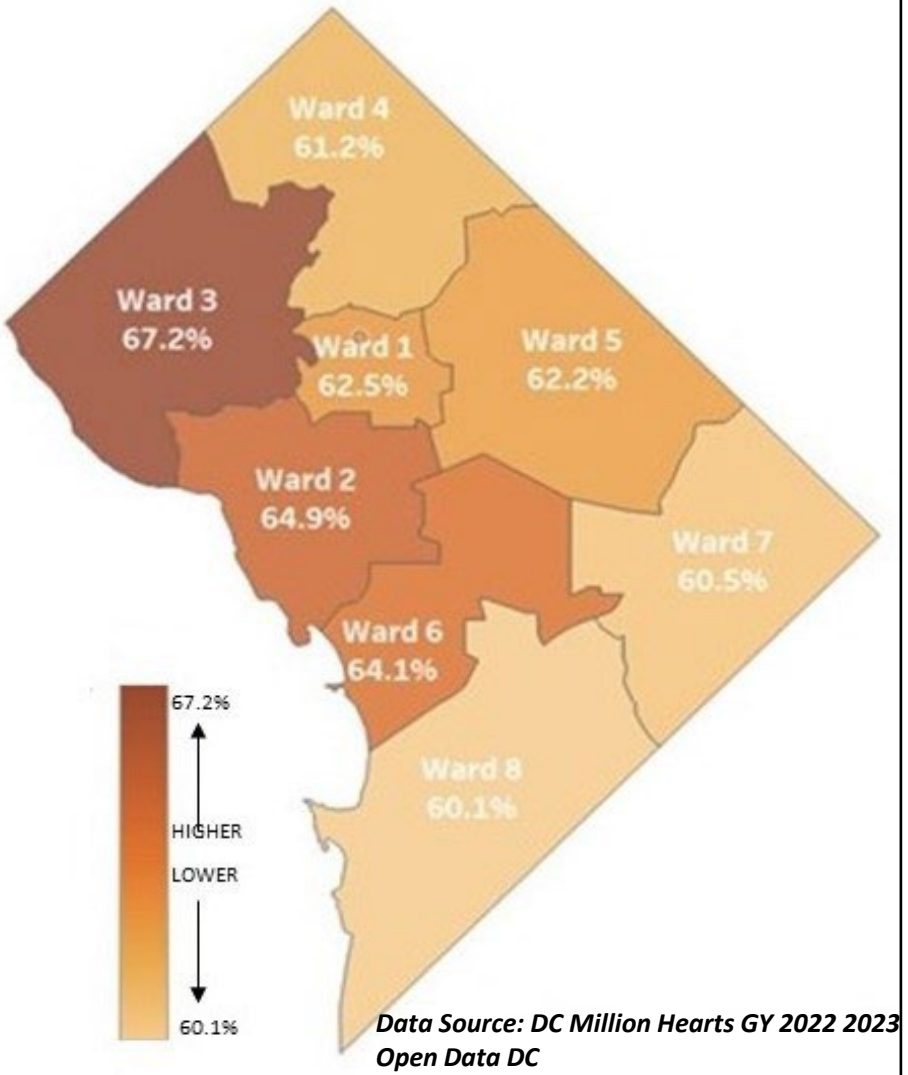
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Hypertension Prevalence by Ward



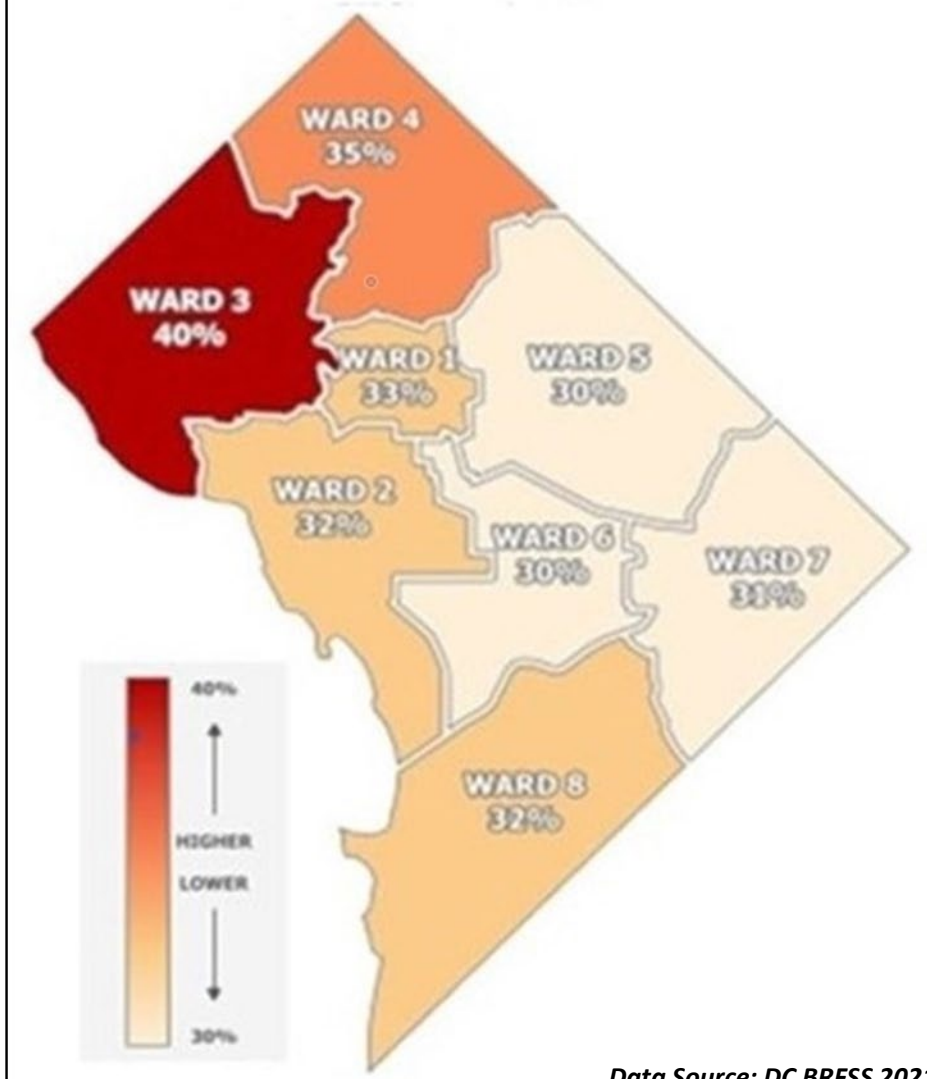
Data Source: DC BRFSS 2021

Hypertension Control by Ward



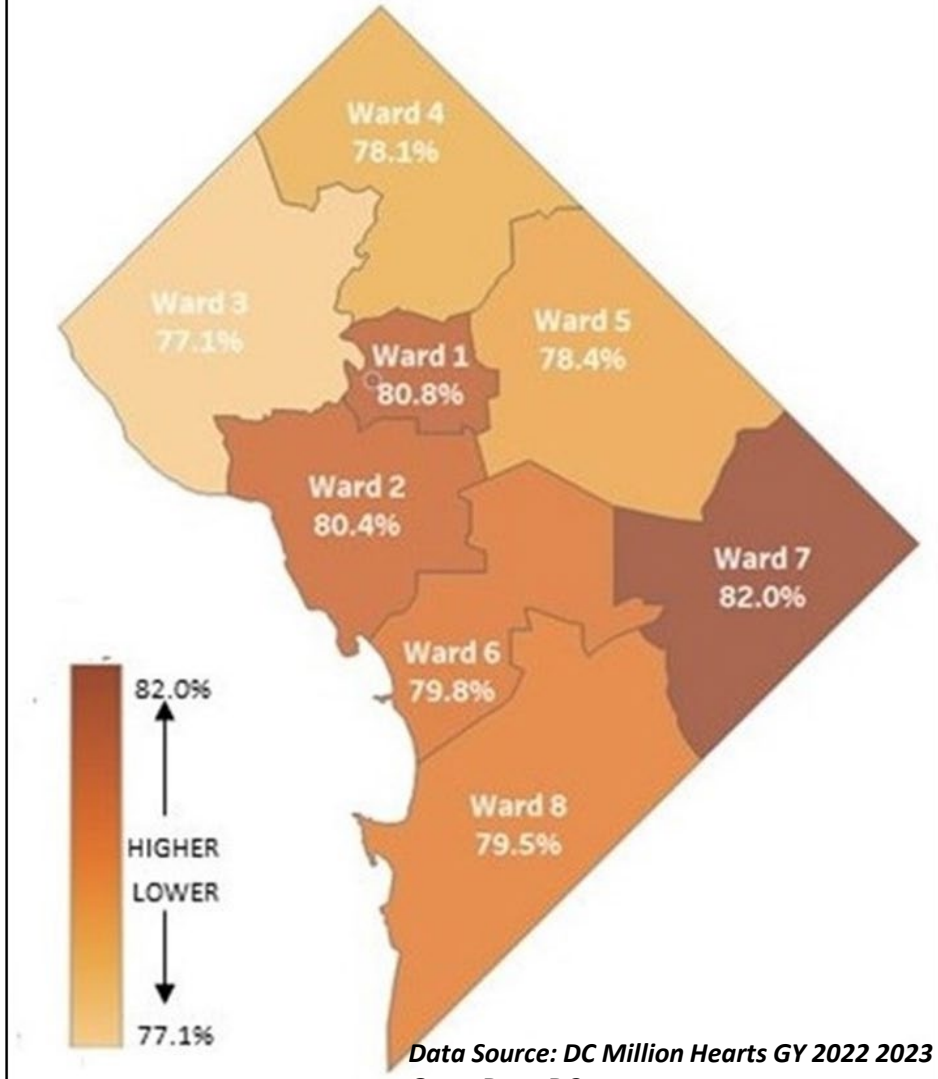
Data Source: DC Million Hearts GY 2022 2023
Open Data DC

High Cholesterol Prevalence by Ward



Data Source: DC BRFSS 2021

Statin Therapy Use/Prescription by Ward



Data Source: DC Million Hearts GY 2022 2023
Open Data DC

Identification of Census Tracts in the District of Columbia

By High Prevalence of Hypertension, High Cholesterol & Associated Conditions

Chronic Conditions	Prevalence estimates range for census tracts	DC Threshold for high burden census tracts (within top 40th percentile of prevalence estimates)	Overall Prevalence in the District
Hypertension	8.2% - 47.1%	34.1% - 47.1%	27.9%
Coronary Artery Disease	0.8% - 12%	4.4% - 12.0%	2.1%
High Cholesterol	12.8% - 41.3%	31.4% - 41.3%	30.6%
Stroke	0.6% - 6.3%	3.7% - 6.3%	2.8%

All census tracts with prevalence estimates of hypertension ≥ 34.1%, coronary artery disease ≥ 4.4%, cholesterol ≥ 31.4%, and stroke ≥ 3.7%, were identified as "census tracts of interest". DC Health partners with FQHCs and Medstar hospitals were located for programmatic efforts.

Data Source: DC BRFSS 2021
CDC Places, 2021

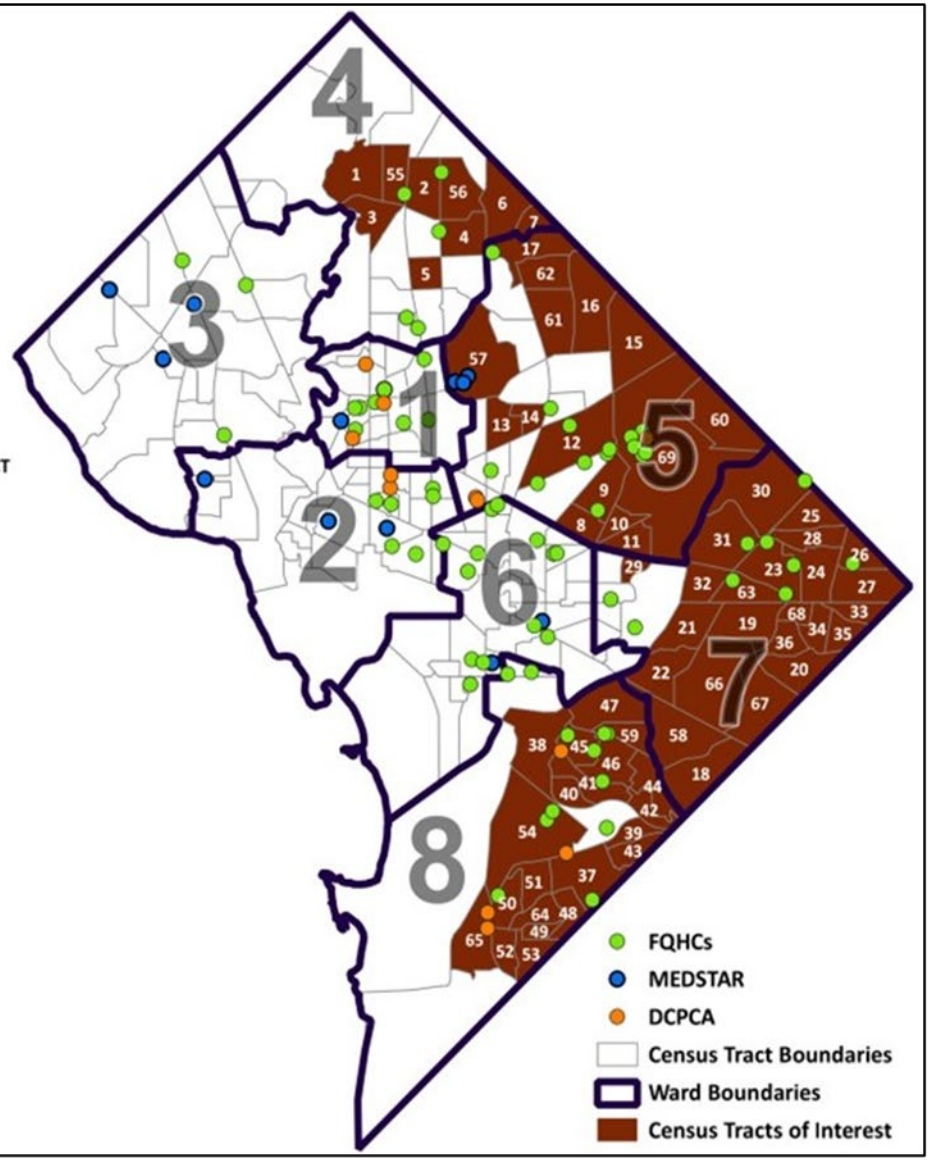
Prevalence of Hypertension, High Cholesterol & Associated Conditions in the District of Columbia by Census Tracts

Identified DC Census Tracts with High Prevalence of Hypertension, Cholesterol, Coronary Artery Disease and Stroke

69 census tracts identified. Census tracts were selected based on prevalence estimates within the top 40th percentile for hypertension, coronary artery disease, and stroke.

LABEL	CENSUS TRACT
1	001803
2	001901
3	002001
4	002102
5	002201
6	009505
7	009507
8	008802
9	008804
10	008903
11	008904
12	009102
13	009203
14	009204
15	009400
16	009503
17	009508
18	007603
19	007703
20	007707
21	007708
22	007709
23	007803
24	007804
25	007806
26	007807
27	007808
28	007809
29	007903
30	009601
31	009602
32	009604
33	009903
34	009904
35	009905
36	009907
37	007304
38	007401
39	007403
40	007406
41	007407
42	007408
43	007409

LABEL	CENSUS TRACT
44	007502
45	007503
46	007504
47	007601
48	009700
49	009802
50	009803
51	009804
52	009810
53	009811
54	010400
55	001804
56	001902
57	002302
58	007604
59	007605
60	009000
61	009504
62	009509
63	009603
64	009801
65	009807
66	009901
67	009902
68	009906
69	011100



Data Source: CDC Places, 2021

Innovative Heart Health Program

Hypertension prevalence ≥ 53%

Identified population with hypertension prevalence ≥ 53%

	Overall	Ward 4	Ward 5	Ward 7	Ward 8
40 years and older and Black/African American	56.5%	55.5%	57.2%	62.2%	56.3%

Census tracts with following criteria were identified

- Must have hypertension prevalence estimate in the top 40th percentile.
- Median age of population within the census tract 40 years or older.
- More than 40% of population are Black/African Americans residents.

15 census tracts fulfilled above criteria

Data Source: DC BRFSS 2021

Census Tracts by Social Vulnerability Index Score

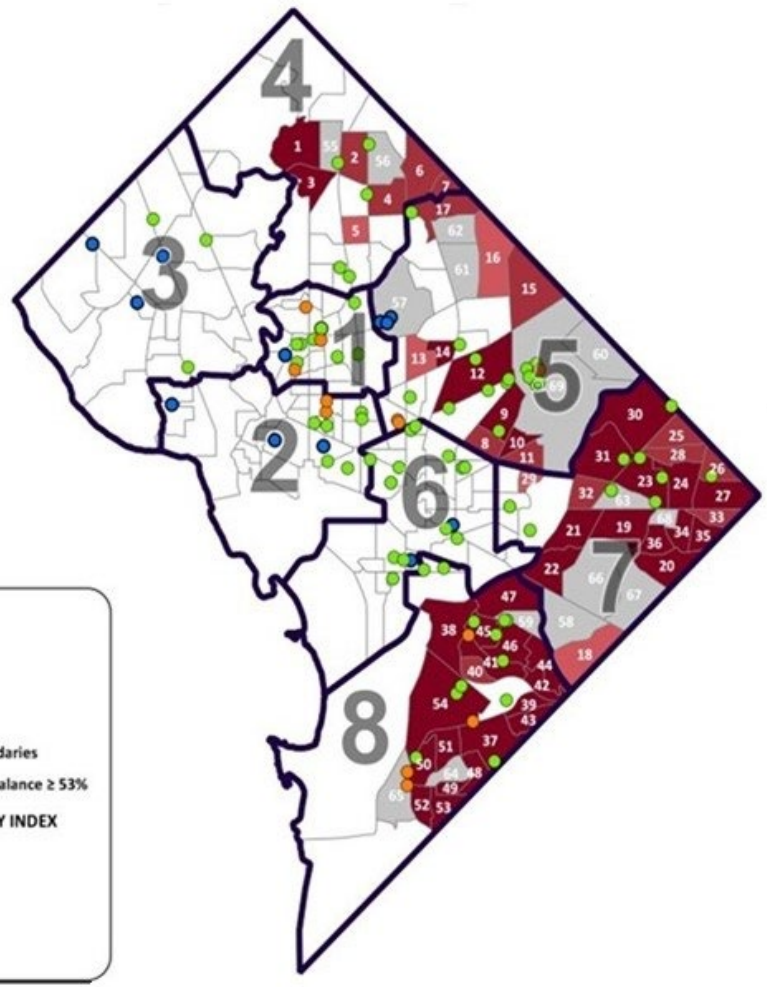
Social Vulnerability Index
4 summary themes

Overall Vulnerability

Socioeconomic Status	Below 150% Poverty Unemployed Housing Cost Burden No High School Diploma No Health Insurance
Household Characteristics	Aged 65 & Older Aged 17 & Younger Civilian with a Disability Single-Parent Households English Language Proficiency
Racial & Ethnic Minority Status	Hispanic or Latino (of any race) Black or African American, Not Hispanic or Latino Asian, Not Hispanic or Latino American Indian or Alaska Native, Not Hispanic or Latino Native Hawaiian or Pacific Islander, Not Hispanic or Latino Two or More Races, Not Hispanic or Latino Other Races, Not Hispanic or Latino
Housing Type & Transportation	Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters

Composite vulnerability score	Vulnerability level
0.0 - 0.25	Low
0.2501 - 0.50	Low to medium
0.5001 - 0.75	Medium to high
0.7501 - 1.0	High

LABEL	CENSUS TRACT	LABEL	CENSUS TRACT
1	001803	45	007503
2	001901	46	007504
3	002001	47	007601
4	002102	48	009700
5	002201	49	009802
6	009505	50	009803
7	009507	51	009804
8	008802	52	009810
9	008804	53	009811
10	008903	54	010400
11	008904	55	001804
12	009102	56	001902
13	009203	57	002302
14	009204	58	007604
15	009400	59	007605
16	009503	60	009000
17	009508	61	009504
18	007603	62	009509
19	007703	63	009603
20	007707	64	009801
21	007708	65	009807
22	007709	66	009901
23	007803	67	009902
24	007804	68	009906
25	007806	69	011100
26	007807		
27	007808		
28	007809		
29	007903		
30	009601		
31	009602		
32	009604		
33	009903		
34	009904		
35	009905		
36	009907		
37	007304		
38	007401		
39	007403		
40	007406		
41	007407		
42	007408		
43	007409		
44	007502		



Total number of census tracts identified: 54 (National Heart Health Program) & 15 (Innovative Heart Health Program)

Data Source: CDC Places, 2021 atsdr.cdc.gov

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

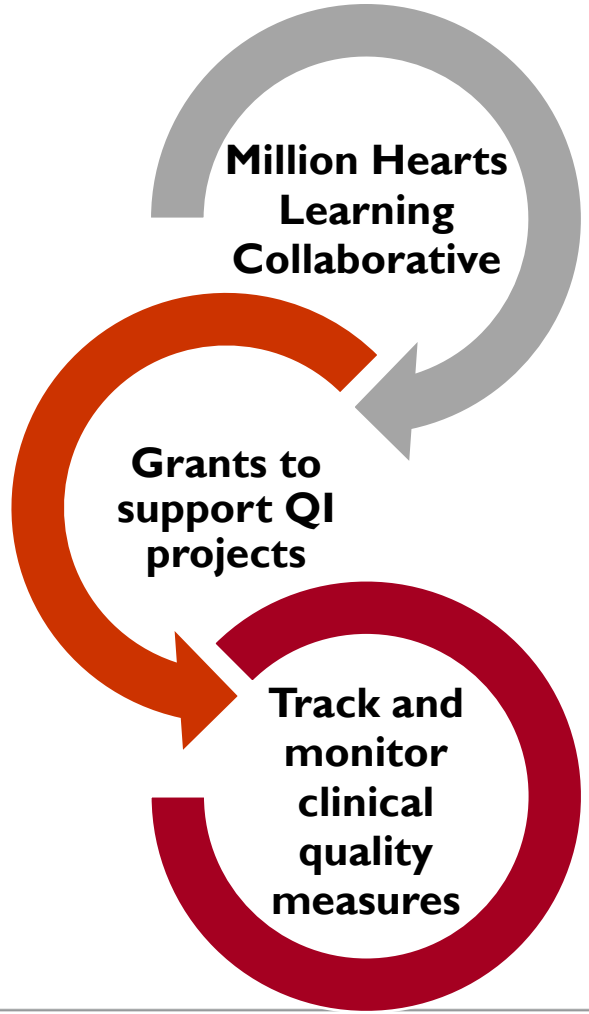
Heart Disease Action Plans

Latrice Hughes, MPH, Public Health Analyst, DC Health

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Overview of the Million Hearts Program

The DC Million Hearts Program has three components:



Expanded Million Hearts Learning Collaborative Goals

To achieve statewide reduction in the incidence and prevalence of heart disease MHLC goals include:

Examining and implementing models for collaboration between public health, health care, social services, and community partners.

Serving populations and communities with disproportionately high rates of heart disease and stroke, hypertension and high cholesterol, due to limited access to care, inadequate or poor quality of care, or economic instability and other social need barriers.

Achieving optimal health outcomes for priority populations through culturally informed programming that address social determinants of health and advances health equity

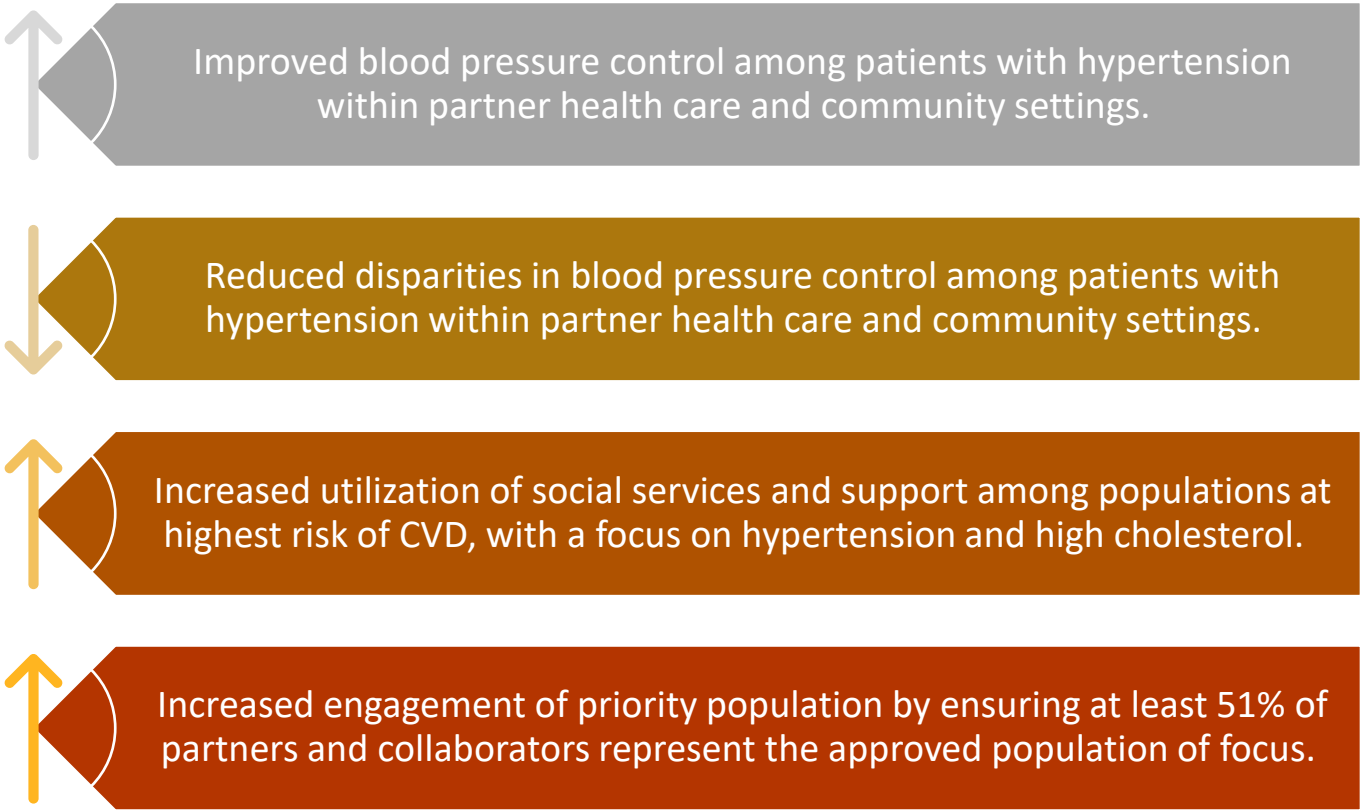
Increasing blood pressure control in adults (18-85) with hypertension

Expanding clinical and social needs surveillance to identify and prioritize communities with or at greatest risk for heart disease and stroke

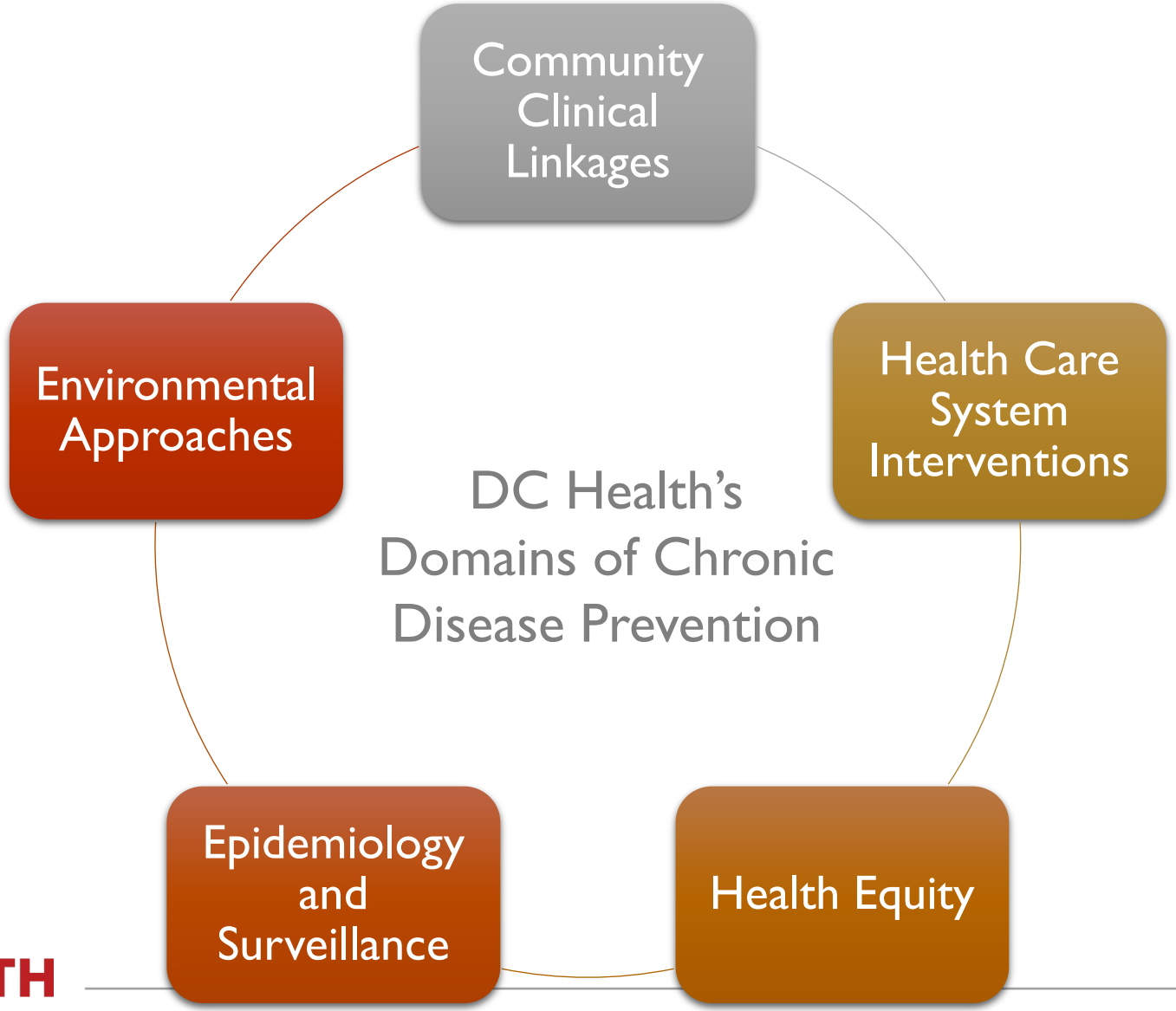
Expanded Million Hearts Learning Collaborative Action Plan and Goals

- Includes more partners!
- Strategies and interventions focused on priority populations and census tracts
- Interventions include Plan-Do-Study-Act (PDSA) implementation and Action Cycles
- Increased efforts to engage social service partners in hypertension prevention and management
- Engage priority population in Learning Collaborative

Million Hearts Learning Collaborative Outcome Measures



Expanded Million Hearts Learning Collaborative Action Plan



Heart Disease and Stroke Prevention

Epidemiology and Surveillance

Short Term: Leverage EHR/HIT to detect and mitigate disparities in hypertension and cholesterol control

Medium Term: improved integration of EHR/HIT clinical workflow

Long Term: Reduction in incidence and prevalence of heart disease

Potential Members: DCPCA, FQHCs, Hospitals, QI Partners, non clinical care team members, CHWs pharmacists, cancer registry, cancer program partners

Environmental Approaches

Short Term: Identify policies and practices that are barriers to optimal health and economic stability

Medium Term: Implement systems-level change strategies that improve community health and economic stability

Long Term: reduction in incidence and prevalence of heart disease and stroke

Potential Partners: Health systems, CBOs that provide SDOH services, Food access partners, physical Activity and Built Environment Partners, Tobacco Control Partners, WIC Partners, Economic security Partners, Office of Health Equity, Office of Racial Equity, Residents

Health Care Systems

Short Term: Increase access and demand for prevention services

Medium Term: Expand care teams to include members that function in community settings as an extension of the healthcare facility

Long Term: Reduction in incidence and prevalence of heart disease and stroke

Potential Partners: Healthcare providers, CHWs, Social workers, Patient Navigators, Pharmacists, QI Partners, residents with chronic disease

Community Clinical Linkages

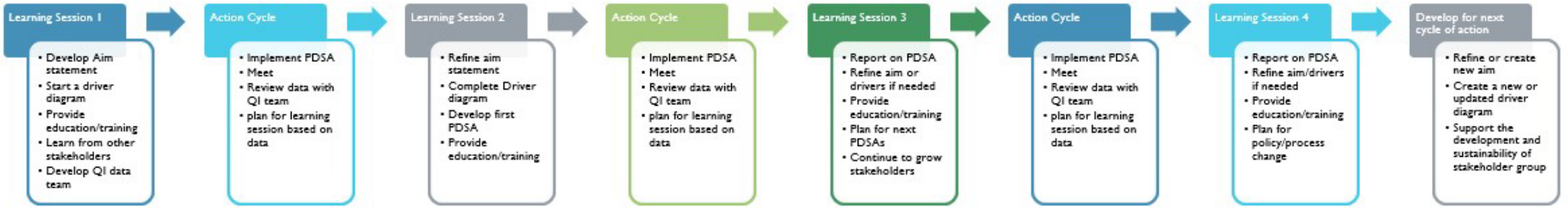
Short Term: Establish interdisciplinary partnerships that resemble priority population and can respond to SDOH needs, increase use of CHWs, increase social needs screenings

Medium Term: Increase in residents screened, referred and connected to community based partners for social needs

Long Term: Reduction in incidence and prevalence of heart disease and stroke

Potential Partners: FQHCs, Hospitals,, DPP Programs, DSMES Programs Providers, MCOs, CHWs, IPHI, Food Access Partners, Living Well Partners, Advancing Health Literacy Partners LinkU DMV, Offic eof Health Equity and other Community based SDOH Providers

SAMPLE LEARNING COLLABORATIVE CYCLE



Current Partners

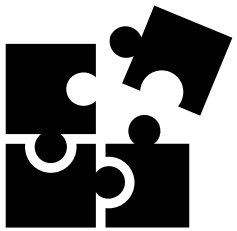
National and regional organizations, community-based organizations, local health care systems, and academic organizations

- Bread for the City
- Elaine Ellis
- Family and Medical Counseling Services, Inc.
- La Clinica del Pueblo
- Mary's Center
- MedStar Georgetown
- MetroHealth
- Unity Health Care
- DC Primary Care Association (DCPCA)
- American Heart Association (AHA)
- American Diabetes Association (ADA)
- Association of Diabetes Care and Education Specialists (ADCES)
- Health Management Associates (HMA)
- Sorogi, Inc

Copyright 2020 DC Health | Government of the District of Columbia

We would like to engage…

- Individuals that have experienced stroke, heart disease, diabetes, hypertension, or high cholesterol
- Residents
- Community Advisory Boards (CABS)
- Ward Health Councils
- Community Based Organizations that provide SDOH services
- FQHCs and hospitals
- Medicaid Managed Care Organizations
- Community Health Workers (CHWs)
- Pharmacists
- District Government agencies
- Higher Education organizations



Other DC Health led Community Groups/Partners

- Diabetes Community of Practice
- Brain Health Advisory Coalition
- Tobacco Control Coalition
- Cancer Coalition
- Food Access Community
- Public Health Integrated Advisory Committee
- Advancing Health Literacy Collaborative
- DC Commission on Poverty

Innovative Heart Health Disease Learning Collaborative Action Plan

Framework

- DC Health's Million Hearts Learning Collaborative uses the CDC's Four Domains of Chronic Disease Prevention to implement evidence-based, evidence-informed, and promising practice strategies to address the most common chronic conditions and risk factors to advance health, wellness and equity across the District.

- The IHHLC will function as a workgroup to drive the 5th Domain---- Health Equity.

Innovative Cardiovascular Disease Learning Collaborative Action Plan

Health Equity Domain

- The Innovative Heart Health Learning Collaborative (IHHLC) aims to **address health disparities** and **advance health equity** for District residents with hypertension and high cholesterol.

- Partners engaged in this Learning Collaborative **prioritize census tracts** in the District a hypertension prevalence >53%, **especially those facing structural and social determinant of health barriers**.

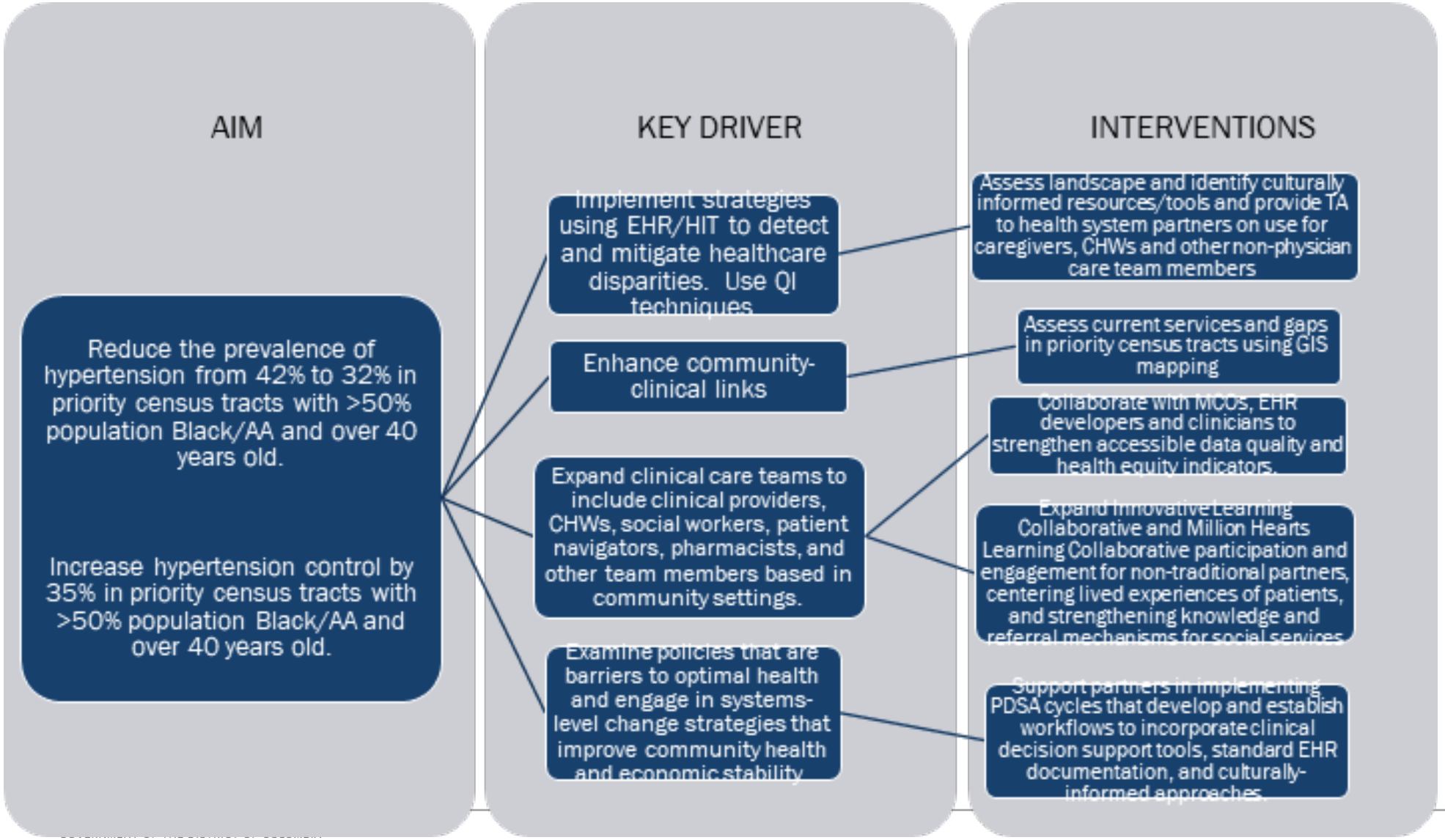
Innovative Cardiovascular Disease Target Populations

- Age 40 and older,
- Residents of select census tracts within Wards 4, 5, 7 and 8, and
- Non-Hispanic Black/African American.

A high proportion of people in this population have other risk factors including:

- Educational attainment at the high school level or less
- Low-Income (household income < $50,000 per year)

Innovative Program Interventions



Consensus and Commit to Action

Latrice Hughes, MPH, Public Health Analyst, DC Health

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Meeting Cadence

- The expanded Million Hearts Learning Collaborative will every other month through June 2024
- These meetings will include presentations from social service organizations that will assist in community clinical linkages
- Learning sessions, trainings and technical assistance that address multiple perspectives and pathways to improving heart disease and stroke outcomes
- Sessions will prioritize collective impact
- Who should attend?
  - Anybody with an interest in identifying and removing barriers to addressing the leading cause of death in the District, heart disease

Next meeting: Wednesday, March 20, 2024 at 2pm

What's next?

- Commit to action! Attend, participate, make suggestions for monthly MHLC meeting topics
- Invite colleagues to MHLC meetings
- Learn by attending training sessions and sharing resources and recordings with staff
- Request one-on-one meetings with DC Health to discuss innovative opportunities to address heart disease and hypertension and/or partnership opportunities
- Claim your organization in LinkU and integrate its use into workflows for all patients, but especially those with hypertension and/or high blood cholesterol

Poll Questions

1. Do you agree with the target populations identified by DC Health?

- Yes
- No
- Unsure

2. Are you interested in joining, contributing, and participating in the expanded LC?

Yes, let's get started!

- No thank you, not at this time.
- Unsure/Undecided

Thank you for joining! Questions?

Latrice Hughes, MPH
Public Health Analyst
Chronic Disease Division
Community Health Administration
DC Health
Latrice.Hughes@dc.gov
Direct: 202-573-4019

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Copyright 2024 DC Health | Government of the District of Columbia

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

dchealth.dc.gov

@_DCHealth dchealth DC Health