

Division for Heart Disease and Stroke Prevention (DHDSP)



DHDSP's mission is to provide national leadership, public health and scientific expertise, and program support to optimize cardiovascular health for all. Underpinning DHDSP's work is a commitment to improve health equity, focus on priority populations, and strategically engage partners.

Division Priorities

The COVID-19 pandemic has laid bare the connections between cardiovascular disease (CVD) and social, medical, and economic factors. People with CVD have suffered worse outcomes from COVID-19, including heart and vascular damage. People of color have been disproportionately affected by the pandemic. In addition, many people have delayed or skipped care for acute and chronic conditions during the pandemic. DHDSP and others seek to understand and mitigate the consequences of this "health debt" and of potential long COVID.

DHDSP is also addressing the primary causes of CVD, which causes more than 800,000 deaths in the United States each year. The division is particularly focused on eliminating disparities in CVD illness and deaths and is concerned by the plateau in heart disease and stroke deaths since 2011, a stall most apparent among people aged 35 to 64.

Prevent, detect, and control hypertension and hypercholesterolemia

- About 116 million American adults—nearly 1 in every 2—have hypertension. Only 1 in 4 people with hypertension has their condition under control. About 28.0 million American adults aged 20 or older have hypercholesterolemia.
- DHDSP funds programs in all 50 states and the District of Columbia, as well as tribal organizations, territories, and communities, to support lifestyle changes and access to prevention, early detection, and treatment of hypertension and hypercholesterolemia.
- DHDSP also funds 27 states and 3 tribal-serving organizations through the WISEWOMAN program to provide uninsured and underinsured women aged 40 to 64 with risk factor screenings and healthy behavior support services to help them reduce their CVD risk.
- In 2021, DHDSP is emphasizing self-measured blood pressure monitoring (SMBP) as an evidence-based practice to improve hypertension control. SMBP can help overcome geographic (rural/urban) barriers, reduce over- and undertreatment, and empower patients to co-manage their hypertension.

Committed to improving health equity, starting with priority populations



DHDSP is concerned by the plateau in heart disease and stroke deaths since 2011, **a stall most apparent among people aged 35 to 64.**



DHDSP provides funding through the WISEWOMAN program, which **provides services to uninsured and underinsured women aged 40 to 64** to reduce their CVD risk.



DHDSP funds the Paul Coverdell National Acute Stroke Program, which helps **improve delivery of and access to high-quality stroke care.**



DHDSP is emphasizing SMBP to help **overcome geographic barriers and empower patients to co-manage their hypertension.**

Improve stroke care

- Over the past 10 years, stroke has moved from the third to the fifth leading cause of death in the United States; however, it is still a major cause of long-term disability. Stroke killed 150,005 of the 877,503 Americans who died of CVD in 2019—that is 1 in every 6 deaths from CVD and 5.2% of deaths from any cause.
- DHDSP funds nine states through the Paul Coverdell National Acute Stroke Program for data collection, analysis, and coordination with state and local emergency medical services, hospital systems, and stroke care facilities to improve delivery of and access to high-quality stroke care.

Expand surveillance and applied research to better understand the burden of and risk factors for heart disease and stroke

- DHDSP uses national, community, health systems, and administrative data to measure how heart disease and stroke affect the nation.
- There are no national or state systems to collect data on the number of new cases, severity of cases, number of deaths, or recurrence of urgent health problems related to heart disease and stroke. At the state and local levels and for populations at high risk, only limited real-time data are available on the number of people with major risk factors, such as high blood pressure and high cholesterol.
- DHDSP is working to enhance surveillance and data collection through pilot projects to get real-time data. The division is also supporting applied research to expand practice-based evidence and disseminate effective interventions.

Budget

Budget Line	FY 2021 Appropriation	Change from FY 2020
Heart Disease and Stroke Prevention	\$143,105,000	+\$1,000,000
WISEWOMAN	\$28,120,000	+\$2,000,000
Million Hearts®	\$4,000,000	\$0

FY = fiscal year

Recent Accomplishments

- Over the full 5 years of DHDSP's last cooperative agreement cycle, participating health centers reported that 61.1% of patients with hypertension achieved control, up 5.8% from baseline.
- DHDSP developed *The Surgeon General's Call to Action to Control Hypertension*, released in October 2020. The *Call to Action* seeks to make hypertension control a national priority and highlights evidence-based interventions that can be implemented, adapted, and expanded in diverse settings across the country.
- Million Hearts®, a national initiative co-led by CDC and the Centers for Medicare & Medicaid Services to prevent heart attacks, strokes, and other cardiac events, hosts the Federal Hypertension Control Leadership Council, comprising leaders from across the Department of Health and Human Services. The council aims to inspire, coordinate, and accelerate action to improve hypertension control and reduce disparities in cardiovascular health.
- In 2020, DHDSP formed the National Hypertension Control Roundtable, a multisector group of more than 60 private-sector organizations unified to improve national control rates to 80% by 2025.
- The percentage of stroke patients who received intravenous tissue plasminogen activator (tPA), a “clot buster,” within the national standard of 60 minutes rose from 26.4% in 2008 to 68.2% in 2019 at hospitals participating in the Coverdell Program.
- From 2008 to 2018, WISEWOMAN recipients received 431,755 healthy behavior support services to help them reduce their risk of heart disease and stroke. The program also provided 324,435 risk factor screenings to 226,461 women.
- Million Hearts® prevented an estimated 135,000 cardiac events from 2012 to 2016, averting \$5.6 billion in medical costs.
- Since 2012, Million Hearts® has recognized 133 Hypertension Control Champions for achieving excellence in blood pressure control for over 15 million adults. The Million Hearts® Hospitals & Health Systems Recognition Program launched in 2020 to celebrate institutions improving the cardiovascular health of their communities.