



HEALTHY
CHICAGO

HEALTHY CHICAGO, HEALTHY HEARTS:

A LOCAL RESPONSE TO THE NATIONAL FORUM UPDATED PUBLIC
HEALTH ACTION PLAN TO PREVENT HEART DISEASE AND STROKE

City of Chicago
Mayor Rahm Emanuel



Bechara Choucair, M.D.
Commissioner



September 29, 2014

LETTER FROM THE COMMISSIONER



Dear Friends,

All of our lives are touched by heart disease, stroke and other cardiovascular diseases. About 2,150 Americans die each day from these diseases — one every 40 seconds. That's about one of every three deaths in America. In Chicago, heart disease remains the leading cause of death with 5,500 Chicagoans killed each year because of cardiovascular disease.

Cardiovascular disease is not a health problem that only afflicts the elderly. People of all ages can acquire heart disease. It robs us of precious moments with our children and siblings, our parents, grandparents, and other loved ones.

Renewed efforts are underway across the country to combat this ongoing health problem.

In 2003, several government agencies and organizations developed *A Public Health Action Plan to Prevent Heart Disease and Stroke*. After the National Forum for Heart Disease & Stroke Prevention released a *Ten-Year Update* this year, we sat down with partners from across Chicago to identify ways we could apply those priorities here. *Healthy Chicago, Healthy Hearts: A Local*

Response is the result, providing concrete steps we will take to reduce cardiovascular disease.

Healthy Chicago, Healthy Hearts is part of a broader effort already underway. In 2011, shortly after taking office, Mayor Rahm Emanuel released *Healthy Chicago*, which provided 200 actionable strategies for businesses, community organizations, faith groups and others to complete as part of our collaborative effort to improve health. And it's working. Today, childhood obesity rates have fallen to 19.1% while teen smoking is down to 10.7%. Adult smoking is down to 17.7%, while life expectancy has climbed to at least 77.8 years. All of these improvements have a direct impact on cardiovascular health of our City, but there is still more to be done.

Healthy Chicago, Healthy Hearts is the next step in our effort to move the needle towards a healthier Chicago. We look forward to continuing to foster multidisciplinary partnerships and innovations across sectors to achieve healthy hearts. Together, we can make Chicago the healthiest city in America.



Bechara Choucrair, M.D.
Commissioner, Chicago Department of Public Health

INTRODUCTION

Heart disease is the leading cause of death in both the United States (US) and locally in Chicago. Stroke is the fourth and third leading cause of death in the US and Chicago, respectively.^{1,2} Heart disease and stroke accounted for more than \$500 billion in health care expenditures and related expenses in 2010 combined, and are among the most widespread and costly health problems facing our country and city.³ To tackle these problems head on, the Centers for Disease Control and Prevention (CDC), American Heart Association (AHA), Association of State and Territorial Health Officials and numerous other organizations partnered to develop *A Public Health Action Plan to Prevent Heart Disease and Stroke* in 2003.⁴ With overarching goals of public engagement and systems transformation, the plan identified 22 action steps and continues to serve as a vision for prevention and a blueprint for action on the national level. In 2014, the National Forum for Heart Disease & Stroke Prevention released a *Ten-Year Update* which includes new research, knowledge and opportunities, while remaining true to its core mission of collaboration and sustainable impact.⁵ The *Ten-Year Update* creates a new sense of urgency and focus by identifying seven action priorities.

Mayor Emanuel and the Chicago Department of Public Health (CDPH) released Healthy Chicago in 2011.⁶ As the first comprehensive City public health agenda, Healthy Chicago serves as a blueprint to improve population health in Chicago. This innovative and ambitious approach calls on public, private and community-based organizations to collaborate around

twelve priority areas. In addition to the priority area of Heart Disease & Stroke, two other priorities directly address risk factors for cardiovascular disease, Tobacco Use and Obesity Prevention. Highlights of accomplishments to date regarding these priority areas can be found in the appendix.

To respond to the *Ten-Year Update* call to action, CDPH is releasing *Healthy Chicago, Healthy Hearts*. This plan complements Healthy Chicago and serves as a vision for local cardiovascular health promotion and disease prevention. *Healthy Chicago, Healthy Hearts* was developed through discussions with key partners and stakeholder roundtables.



SEVEN ACTION PRIORITIES

from the *Ten-Year Update of A Public Health Action Plan to Prevent Heart Disease and Stroke*

1. Effective communication to support the prevention and public health provisions of the Affordable Care Act;
2. Strategic leadership, partnerships and organization to integrate public health and health care systems;
3. Taking action to put present knowledge to work with a health equity lens;
4. Building capacity by training the prevention workforce;
5. Evaluating impact by monitoring cardiovascular health towards achieving established targets;
6. Advancing policy by using research and epidemiologic intelligence to advance policy; and
7. Engaging in regional and global collaboration to link cardiovascular disease and non-communicable disease prevention with regional and global partners.

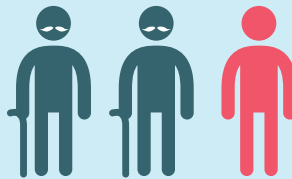
★★ CHICAGO ★★

MAKE A HEALTHY HEART YOUR GOAL!

★ PREVENTING HEART DISEASE AND STROKE IN CHICAGO ★



Over **5,500 deaths** in Chicago each year ¹
That's enough to fill Chicago Theater 1.5 times



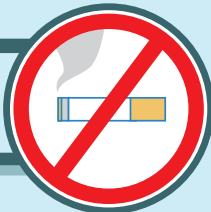
1 out of 3 of these deaths are
among people younger than 65 ¹

HALF

OF THESE DEATHS
ARE **PREVENTABLE** ²

★ WAYS TO KEEP A HEALTHY HEART ★

Quit smoking. Call
1-866-QUIT-YES to get help



Sit less, stand often, exer-
cise 30 minutes daily



Monitor your blood pres-
sure to keep under control



Eat more fruits & vegeta-
bles – and cut back on salt
and soda.

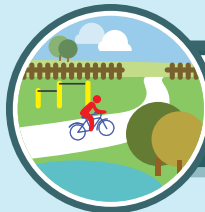


★ EFFORTS BY HEALTHY CHICAGO ★

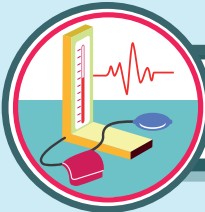
Limit access to tobacco
and support smoke-free
environments



Provide safe outdoor
spaces for people to be
more active



Screen and educate people
on heart disease and stroke
risk



Improve access to healthy,
affordable food



★ KEEPING A HEALTHY HEART IS SOMETHING ALL CHICAGOANS CAN DO ★

ACTION PLAN

Healthy Chicago, Healthy Hearts is a vision to improve cardiovascular health and reduce morbidity and mortality associated with cardiovascular disease in Chicago.

1. Effective communication (of Affordable Care Act prevention provisions)

- Advocate for continued legislative support and recognition of the Affordable Care Act (ACA) Prevention and Public Health Fund's role in cardiovascular health promotion and disease prevention.
- Encourage ACA advocacy efforts of public health stakeholders by engaging partners through *Healthy Chicago* and its related plans.
- Promote value of prevention provisions of the ACA to the public.

2. Strategic leadership, partnerships, and organization (public health—health care integration)

- Create an Office of Health Systems Integration at CDPH to serve as a focal point for supporting health care and public health collaboration to advance chronic disease prevention and management, including cardiovascular disease.
- Engage health system stakeholders in redesigning community benefit dollar investments towards chronic disease prevention and management, including cardiovascular disease.
- Convene public health and healthcare partners to identify and implement evidence-based strategies to advance health equity in cardiovascular health.

3. Taking action (put present knowledge to work with a health equity lens)

- Utilize racial-ethnic, geospatial and socioeconomic data to identify at-risk populations for cardiovascular disease to inform prevention and management strategies.
- Use a policy, systems and environmental change framework to develop public health interventions to advance health equity, including support for the Million Hearts® initiative.

4. Building capacity (train prevention workforce)

- Facilitate collaboration across academic and community-based healthcare systems to enhance public health education and training and service.
- Encourage use of a “Health-in-All Policies” framework in all City departments and sister agencies.
- Advocate for the development of statewide certification for community health workers (CHWs), and support training of Chicago CHWs.

5. Evaluating impact (monitor cardiovascular health)

- Improve chronic disease surveillance through collaboration with academic partners and public health informatics systems (i.e., local health information exchanges).
- Utilize *Healthy Chicago Survey* data to better understand the effect of new laws related to health insurance and tobacco use, and validate developmental metrics of cardiovascular disease management.

6. Advancing policy (use research to advance policy)

- Evaluate cardiovascular disease-related policies to determine their impact on risk behaviors and cardiovascular disease morbidity and mortality.
- Develop and support evidence-based policies and legislation to promote healthy behaviors and reduction of cardiovascular risk behaviors, conditions and disease in Chicago.

7. Engaging in regional and global collaboration (of cardiovascular disease and non-communicable disease)

- Coordinate and Collaborate with other public health entities to advance cardiovascular disease and other chronic disease prevention, learning from each other's local efforts.
- Foster interagency collaboration of City departments and sister agencies to address cardiovascular disease and other chronic disease in Chicago.

CARDIOVASCULAR HEALTH INDICATORS

Primary prevention:

Reduce prevalence of unhealthy behaviors

- Current smoking among adults and adolescents
- Adults and adolescents not meeting exercise recommendations
- Adults and adolescents eating fewer than five fruits and vegetables daily

Secondary prevention:

Reduce cardiovascular disease risk factors

- Childhood overweight and obesity

- Adult obesity

- Adult hypertension and diabetes

Tertiary prevention:

Reduce cardiovascular disease mortality

- Heart disease deaths
- Stroke deaths
- Diabetes-related deaths



MEASURING CARDIOVASCULAR HEALTH FOR IMPROVEMENT

In 2010, the AHA set a goal for 2020 to improve cardiovascular health and reduce mortality from cardiovascular disease by 20% in the United States. *Healthy Chicago, Healthy Hearts* is a local vision to strive for improved cardiovascular health in Chicago. With guidance from the AHA's Goals and Metrics Committee from the Strategic Planning Task Force and Healthy People 2020, CDPH has identified health indicators to address primary, secondary and tertiary prevention efforts of cardiovascular disease.

Estimates of current health behaviors, risk factors and burden of cardiovascular disease in Chicago are shown below. These data are from the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), CPS student physical exam records and Illinois Department of Public Health (IDPH) death certificate files. Future data resources to monitor cardiovascular health may include the Healthy Chicago Survey, Chicago Area Patient Centered Outcomes Research Network and health information exchanges. Additionally, developmental health indicators, such as clinically diagnosed hypertension and diabetes and their control, will be explored.

NEXT STEPS

1. Incorporate the vision of *Healthy Chicago, Healthy Hearts* into long-term CDPH strategic planning.
2. Create a working group to develop operational strategies to transform *Healthy Chicago, Healthy Hearts* into action, and set aggressive targets for cardiovascular health and disease indicators.
3. Advance *Healthy Chicago, Healthy Hearts* through community engagement with partners and the public.

CHICAGO CARDIOVASCULAR RISK FACTORS AND DISEASE ESTIMATES

- In 2013, prevalence of adult smoking was 17.7% (BRFSS), and 10.7% for adolescents (YRBSS).
- The percentage of adults not meeting physical activity recommendations was 76% in 2011 (BRFSS), and 80% among adolescents in 2013 (YRBSS).
- The percentage of adults eating fewer than five fruits and vegetables daily was 80% in 2011 (BRFSS), and 82% among adolescents in 2013 (YRBSS).
- For the 2012-2013 school year, the prevalence of childhood overweight or obesity among CPS students was 35.6% in kindergarteners, 48.3% in 6th graders and 44.5% in 9th graders (CPS).
- In 2012, the prevalence of obesity among adults was 26.6% (BRFSS).
- Among adults, 8.1% reported being diabetic and 27% were hypertensive in 2012 (BRFSS).
- The average, age-adjusted mortality rate per 100,000 for 2006-2010 due to heart disease was 145.5, 42.6 for stroke, and 26.5 for diabetes-related causes (IDPH).

APPENDIX: ACCOMPLISHMENTS TO DATE

Chicago's accomplishments related to Heart Disease & Stroke, Tobacco Use and Obesity Prevention to date have been ground breaking and are detailed in the Healthy Chicago 2012 and 2013 Annual Reports.^{7,8} Highlights from the past 3 years are summarized in the table to the right.

REFERENCES

1. Heron M. Deaths: Leading causes for 2010. National vital statistics reports; vol 62 no 6. Hyattsville, MD: National Center for Health Statistics. 2013. http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf.
2. Jones RC, Harper-Jemison DM, Clark J, Bocskay KA. Leading Causes of Death in Chicago, 2007-2009. City of Chicago, 2013. <http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/LeadingCausesofDeathinChicago2007-2009.pdf>.
3. Lloyd-Jones D, Adams RJ, Brown TM, et al. Heart disease and stroke statistics—2010 update: A report from the American Heart Association statistics committee and stroke statistics subcommittee. *Circulation*. 2010;121:e1-e170. <http://circ.ahajournals.org/content/121/7/e46.full.pdf+html>.
4. US Department of Health and Human Services. A public health action plan to prevent heart disease and stroke. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 13; 2003. http://www.cdc.gov/dhdsp/action_plan/pdfs/action_plan_full.pdf.
5. Labarthe D, Grover B, Galloway J, Gordon L, Moffatt S, Pearson T, Schoeberl M, Sidney S. The Public Health Action Plan to Prevent Heart Disease and Stroke: Ten-Year Update. Washington, DC: National Forum for Heart Disease and Stroke Prevention; 2014. <http://nationalforum.org/sites/default/files/Action%20Plan%20-%20Ten%20Year%20Update%20April%202014.pdf>.
6. Chicago Department of Public Health. Healthy Chicago: A Public Health Agenda. City of Chicago, 2011. <http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/PublicHlthAgenda2011.pdf>.
7. Chicago Department of Public Health. Healthy Chicago: 2012 Annual Report. City of Chicago, 2013. <http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/HealthyChgoAnnualReport.pdf>.
8. Chicago Department of Public Health. Healthy Chicago: 2013 Annual Report. City of Chicago, 2014. <http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/HealthyChicagoAnnualReport2013.pdf>.

Date	Health Chicago Priority Area	Accomplishment
2014	Tobacco Use	The Chicago Park District's Board of Directors voted unanimously to ban smoking from all city parks and beaches.
2014	Tobacco Use	The Chicago City Council voted to regulate e-cigarettes and protect Chicago's youth by (1) requiring e-cigarettes to be placed behind sales counters, out of the reach of children; (2) prohibiting their sale to minors and applying penalties for violations; (3) requiring e-cigarette retailers to obtain a tobacco license; and (4) restricting use through the inclusion of electronic smoking devices under Chicago's Clean Indoor Air ordinance.
2013	Tobacco Use	Chicago City Council increased cigarette tax by 50 cents, from \$0.68 to \$1.18 per pack. With this action, local, state and federal taxes now combine to make Chicago home of the largest cigarette tax the nation - \$7.17 per pack.
2013	Tobacco Use	The Chicago City Council adopted an ordinance prohibiting the sale of flavored tobacco products, including menthol products, within 500 feet of a school.
2013	Tobacco Use	The Illinois Tobacco Quitline counseled over 8,700 Chicagoans on how to successfully quit smoking. Over 24,000 calls were received from Chicagoans- approximately 3,000 more callers and 10,000 more calls than in 2012.
2011	Tobacco Use	Smoke-free campus policies have been adopted by five institutions of higher education and seven hospitals in Chicago.
2011	Tobacco Use	Six Chicago Housing Authority complexes (with 610 housing units) and over 3,200 units of multi-unit housing became smoke-free.
2013	Obesity Prevention	Healthy vending machines were installed in all City-owned and occupied buildings, following similar efforts by CPS and the Chicago Park District.
2013	Obesity Prevention	Following its 2011 conversion to healthy snack vending machines, the Chicago Park District converted its beverage vending machines to offer only low or no-calorie options.
2013	Obesity Prevention	The Chicago Planning Commission adopted a formal plan to make neighborhoods healthier places to live by improving access to healthier foods. A Recipe for Healthy Places presents six community-based planning strategies to support healthy eating and now serves as an official roadmap for city planning and policy making.
2013	Obesity Prevention	With an initial 700 bicycles and 65 docking stations, Chicago launched its bike share system, Divvy, in June 2013. By December 2013, the system had expanded to a fleet of 2,035 bikes and 300 docking stations, with another 100 stations planned for 2014. Since the DIVVY launch, 763,790 trips have been taken, and over 1.7 million miles traveled.
2012	Obesity Prevention	In 2012, CDPH promoted ordinance changes to support the launch of the NeighborCarts initiative—an entrepreneurial effort to bring produce to low food access communities and job opportunities to the unemployed. At the end of 2013, the program had 15 carts in operation, with another 15 anticipated for 2014.
2012	Obesity Prevention	Launched PlayStreets, which brings together CDPH and community partners to provide children and adults safe, supervised outdoor spaces for structured and unstructured play and physical activity. In 2013, the 61 PlayStreets events reached more than twice as many participants (13,173) than in the prior year.
2014	Heart Disease & Stroke	Keep Your Heart Healthy expanded into 8 neighborhoods, providing 50,000 screenings by 2017.
2013	Heart Disease & Stroke	The Keep Your Heart Healthy (KYHH) pilot project funded by the GE Foundation was launched in early 2013, and is an innovative public (CDPH) private partnership designed to identify Chicago residents most at risk for developing heart disease and work with those individuals to empower them to make life changes, reducing their risk moving forward.
2013	Heart Disease & Stroke	CDPH and AT&T teamed up to launch a new citywide heart disease prevention campaign promoting heart health through the use of wireless technology, social media and viral marketing. The focal point for the campaign was "Heart Health Mobile," the winning mobile app of the Million Hearts® Risk Check Challenge.

HEALTHY CHICAGO, HEALTHY HEARTS

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