2024-25 COMMUNITY IMPACT ADVOCACY PRIORITIES

January 16, 2025

Dr. Anika Hines

AHA Central VA Board of Directors

American Heart Association.

MISSION STATEMENT

TO BE A RELENTLESS FORCE FOR A WORLD OF LONGER, HEALTHIER LIVES.

GUIDING VALUES

Improving & extending people's lives

Speaking with a trustworthy voice

Inspiring passionate commitment

Ensuring equitable health for all

Bringing science to life

Making extraordinary impact

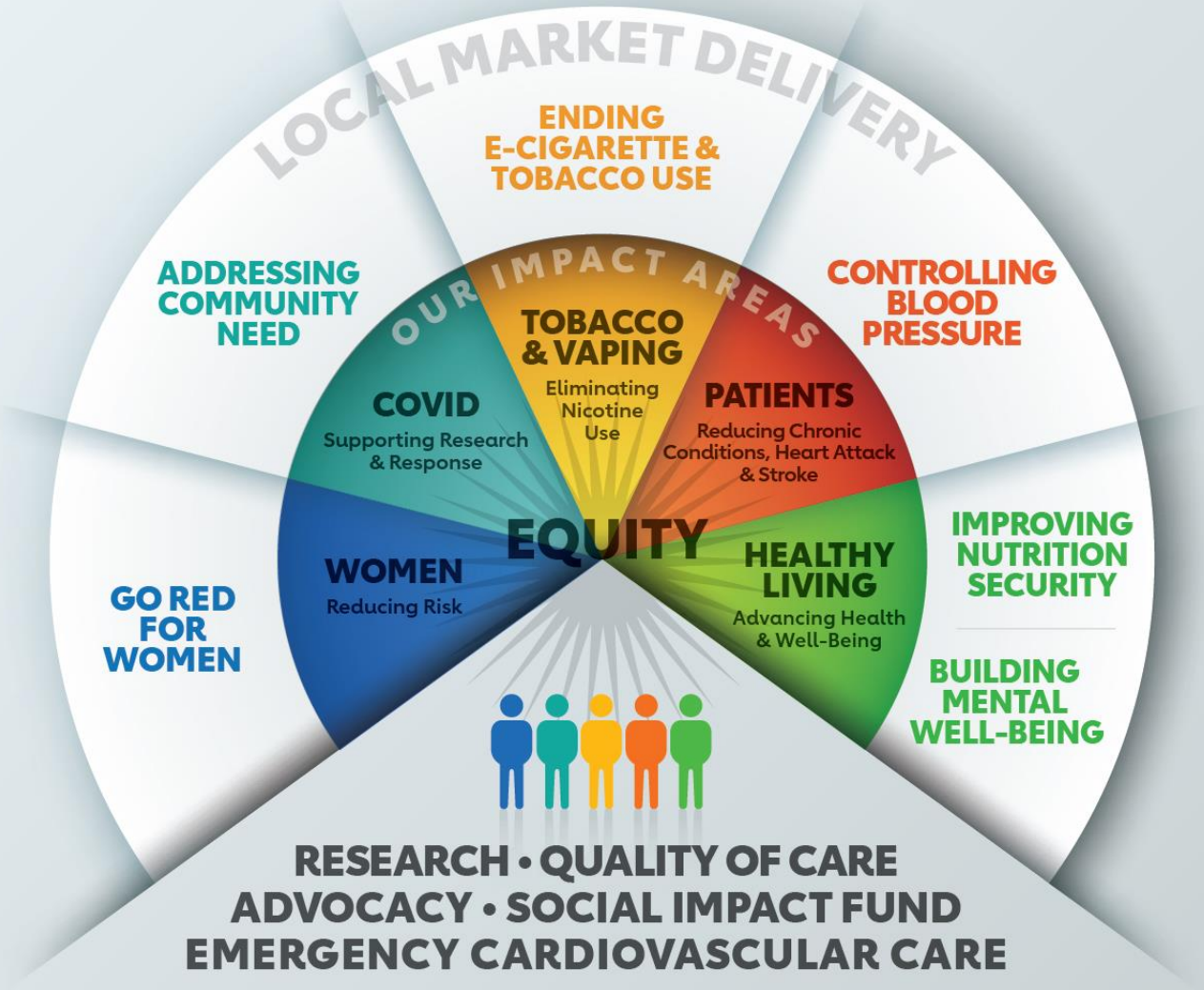
Meeting people where they are

Building powerful partnerships

STRATEGIC VALUE PROPOSITION

The AHA is a **catalyst** to achieving maximum impact in equitable health and well-being.

DRIVING EQUITABLE HEALTH IMPACT



Barriers to Health Equity

Structural Racism

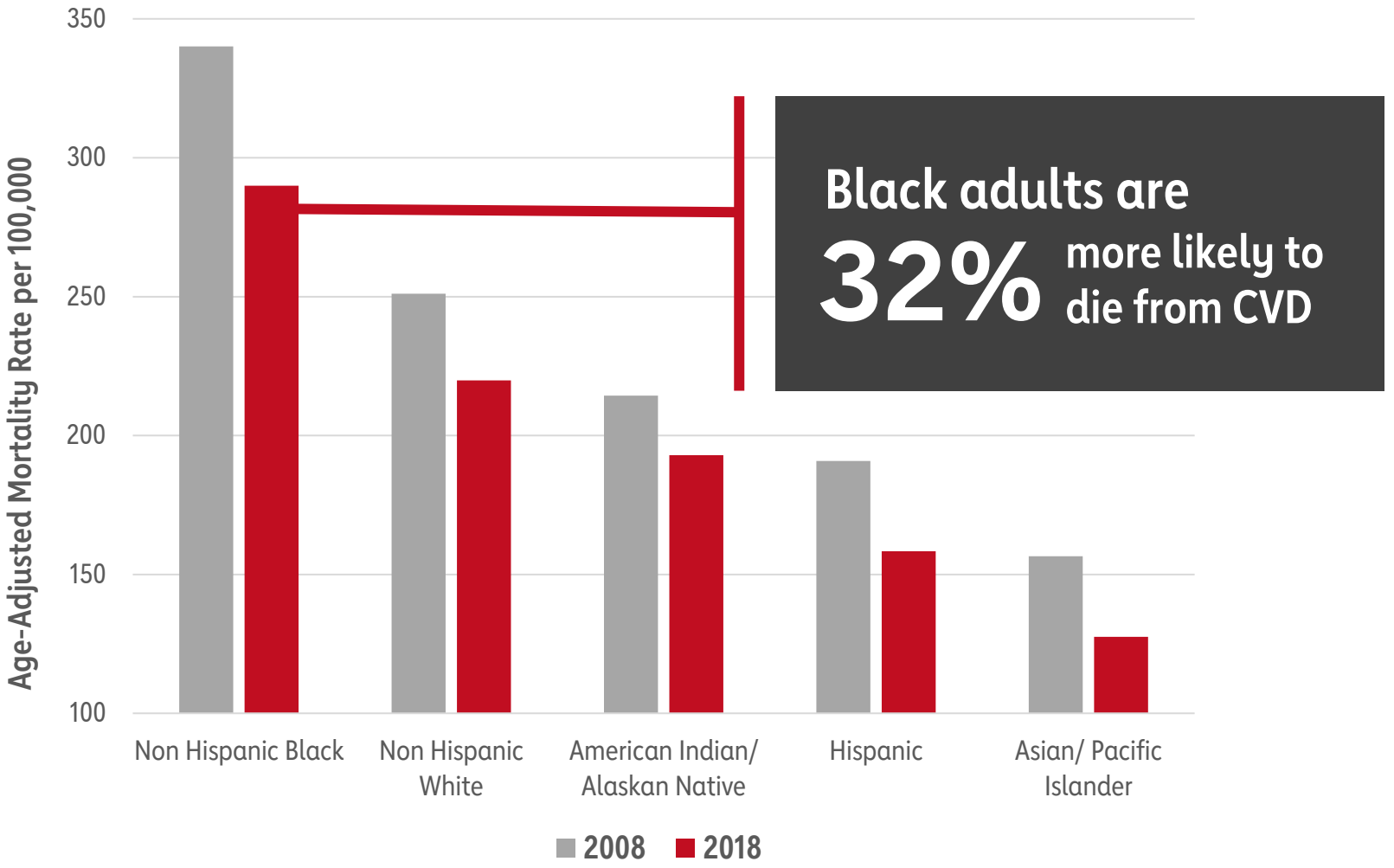
Social Determinants of Health

Rural Health Disparities

AGE-ADJUSTED TOTAL CVD MORTALITY RATES by Race/Ethnicity

The overall death rate due to cardiovascular disease is down.

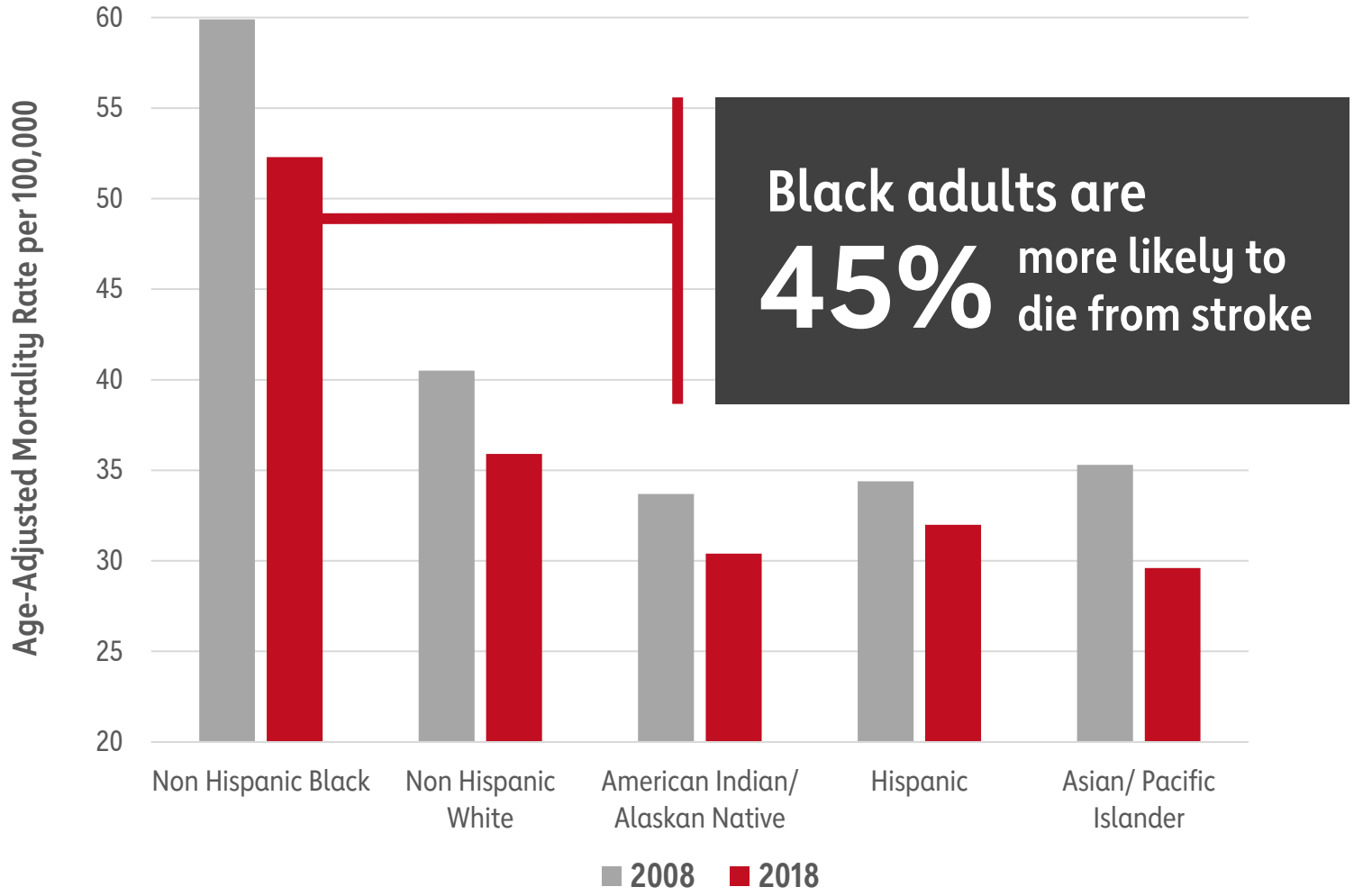
We know we've made a difference, but disparities remain.



AGE-ADJUSTED TOTAL STROKE MORTALITY RATES by Race/Ethnicity

The overall death rate due to stroke has also decreased.

But disparities among races and ethnicities remain.



PRIORITY 1: BLOOD PRESSURE

GOAL: Maximize control rates (>70%) among people at greatest risk and with limited resources.

STRATEGY 1: Establish community-based BP screening, education, and referral in collaboration with health center self-monitoring BP initiative.

- Richmond Public Library*
- Petersburg Public Library
- Richmond City and Henrico Health Districts (RCHD) CHW's
- Central Virginia Health Services (CVHS) CHW's - Petersburg

STRATEGY 2: Adopt one or more policy or systems changes to drive evidence-based BP practice in health center including staff training, validated device policy, etc.

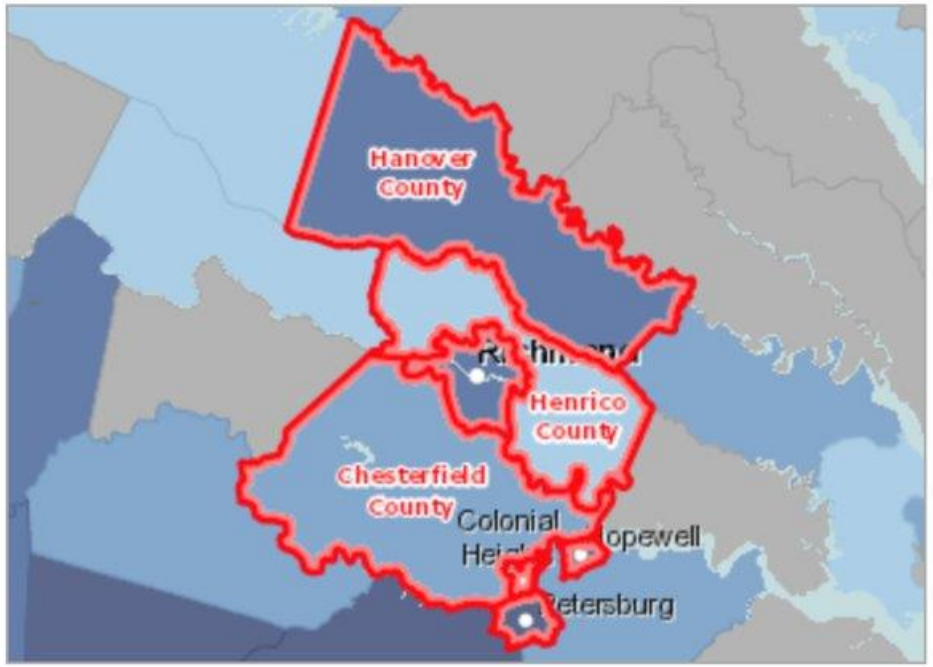
- Capital Area Health Network (CAHN) - validated device procurement
- Central Virginia Health Services (CVHS)* – measure accurately training, SMBP, validated device procurement
- Daily Planet Health Services – validated device procurement

HYPERTENSION

Report Area	High Blood Pressure
Report Location	27.89%
Chesterfield County, VA	26.00%
Hanover County, VA	32.00%
Henrico County, VA	24.90%
Colonial Heights city, VA	
Hopewell city, VA	36.10%
Petersburg city, VA	39.20%
Richmond city, VA	30.30%

15.8%
OF ADULTS ARE NOT TAKING NEEDED BLOOD PRESSURE MEDICATION

THE # OF RICHMOND ADULTS WITH HIGH BLOOD PRESSURE COULD FILL UP A BUS
5,000 X



CENTERS FOR MEDICARE AND MEDICAID SERVICES, CMS GEOGRAPHIC VARIATION PUBLIC USE FILE . 2017.

CENTERS FOR DISEASE CONTROL AND PREVENTION, BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM. ACCESSED VIA THE HEALTH INDICATORS WAREHOUSE.

US DEPARTMENT OF HEALTH & HUMAN SERVICES, HEALTH INDICATORS WAREHOUSE. 2006-12.

PRIORITY 2: COMMUNITY RESPONSE- CPR

GOAL: Community driven systems intervention intended to eliminate disparities in calling 911, rate of response and/or bystander CPR.

STRATEGY 1: Cardiac Emergency Response Plans (CERP)

- Richmond Public Schools
- Chesterfield Quarterback League (Tri-Cities)
- Pathways (Petersburg)
- Crater Health District
- Richmond City Health District
- Daily Planet
- Richmond Public Library
- St. Thomas Food Pantry
- Saint Paul's Baptist Church
- Fifth Street Baptist Church
- Mt. Carmel Baptist
- Good Sheppard Baptist
- First Baptist

STRATEGY 2: CARES Registry Adoption

- Richmond
- Henrico
- Petersburg

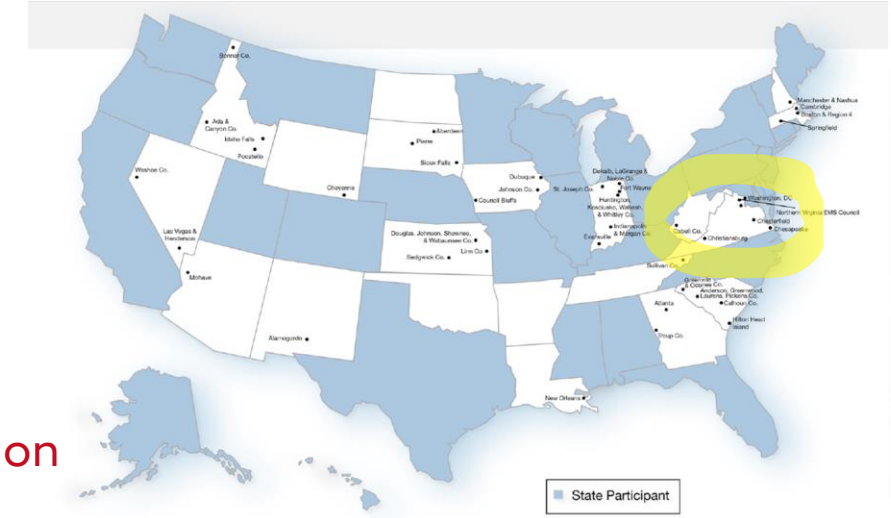
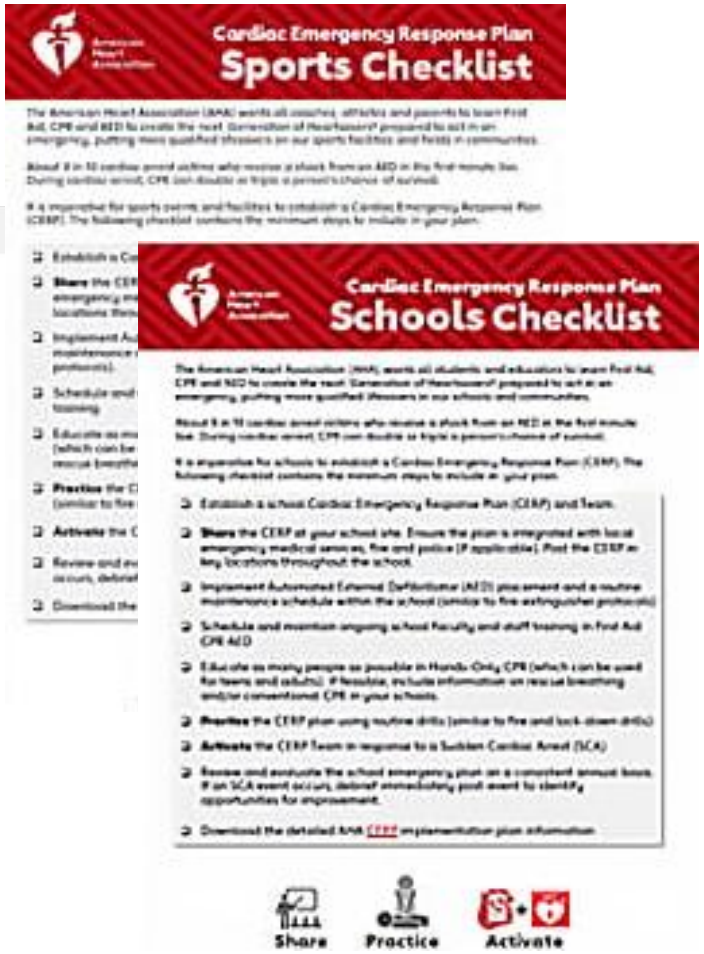


Figure 1. Map of 2022 CARES Participants



PRIORITY 3: NUTRITION SECURITY

GOAL: Increased nutrition security in communities identified as food deserts.

STRATEGY 1: Refrigeration Food bank/pantry alignment

- Ram Pantry - VCU

STRATEGY 2: Implementation of food security screening and referral

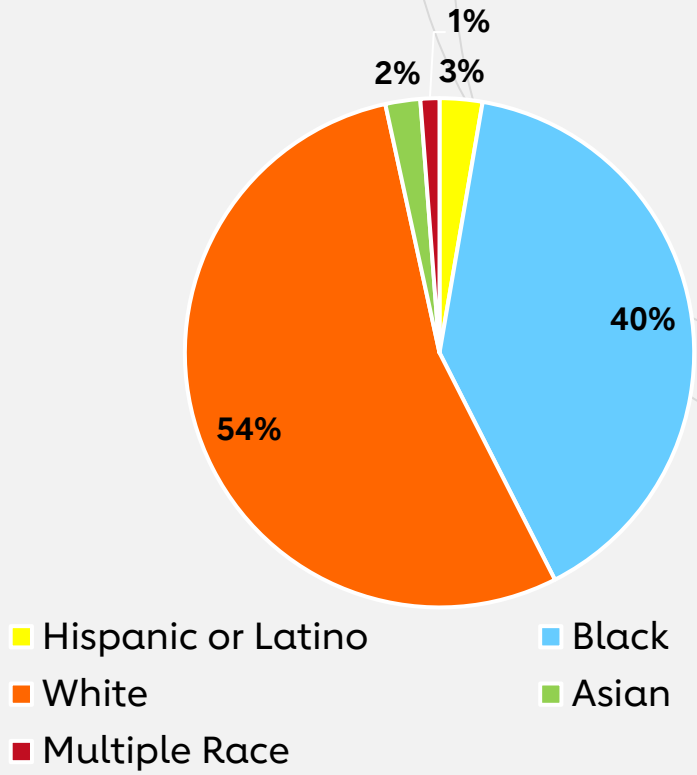
- Capital Area Health Network (CAHN)
  - *Exploring Produce Rx / Food is Medicine model*

NUTRITION

Locality	Food Insecurity Rates 2018	Food Insecurity Rates 2020*	Free & Reduced Lunch 2019
Hanover	6.2%	11.2%	22%
Henrico	9.3%	14.3%	45%
Chesterfield	7.3%	12.4%	38%
Richmond	15.8%	21%	100%
Petersburg	20%	25.6%	100%

*Projections based on COVID-19

Population with Low or No Healthy Food Access by Race/Ethnicity, Total

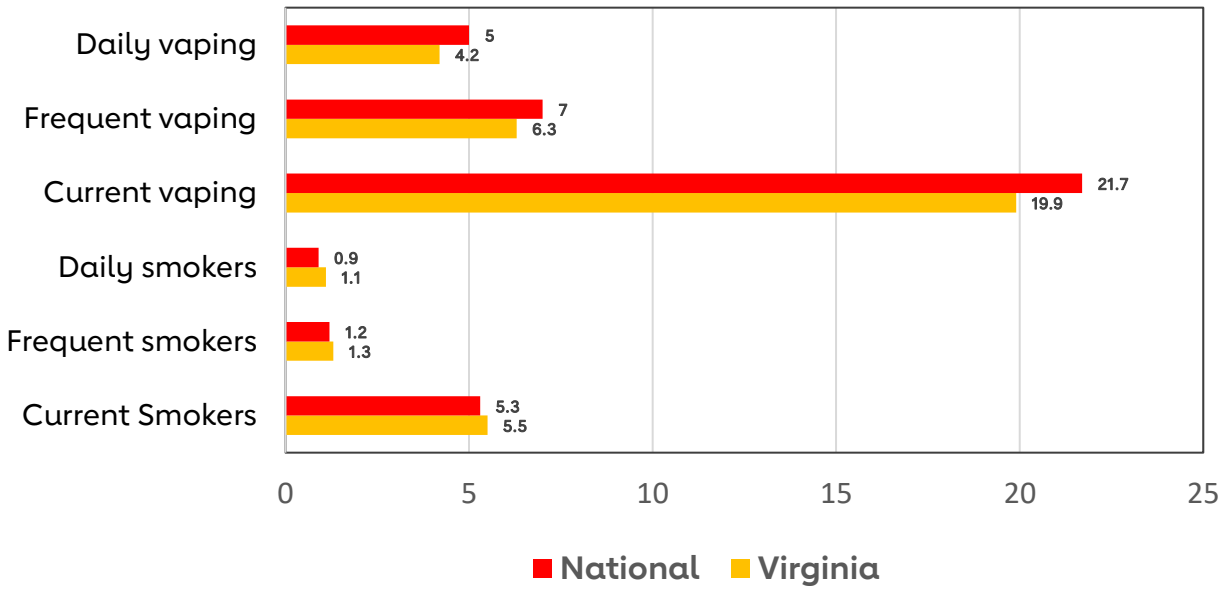


Feeding America. *Map the Meal Gap*, 2018; Feeding America. *The Impact of Coronavirus on Food Insecurity*, May 2020; *Centers for Disease Control and Prevention. Division of Nutrition, Physical Activity, and Obesity, 2011;* US Department of Agriculture Economic Research Service. *USDA - Food Access Research Atlas, 2015; Virginia Department of Education, National School Lunch Program Free and Reduced Price Eligibility Report, 2019-2020 and Community Eligibility Provision (CEP) Annual Notification of Local Educational Agency Level Eligibility, 2020.*

American Heart Association.

TOBACCO & VAPING

Youth Tobacco Product Use and E-cigarette or Vape Use, 2019



Adults Who Smoke Most Days or Every Day, 2020

Report Location	16.4%
Chesterfield County, VA	15.1%
Hanover County, VA	13.0%
Henrico County, VA	15.2%
Colonial Heights city, VA	16.6%
Hopewell city, VA	19.5%
Petersburg city, VA	23.7%
Richmond city, VA	19.5%

20% OF RICHMOND HS STUDENTS USED CIGARETTES, CIGARS, OR VAPOR PRODUCTS

1 OUT OF 10 HENRICO TEENS REPORT USING E-CIGARETTES

11% OF CHESTERFIELD 12TH GRADERS USED E-CIGARETTES *In 2017, rate was 18%

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2019; Henrico Prevention, 2018 Adolescent Drug Use Survey stats, 2019. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2020. Virginia Department of Health, 2019 Youth Risk Behavior Survey Results. Virginia (Richmond) High School Survey, 2020.

LEGISLATIVE PRIORITIES 2025

PRIMARY AGENDA ITEMS

- CARDIAC EMERGENCY RESPONSE PLANS (CERPS)
- SCHOOL BREAKFAST FOR ALL

Cardiac Emergency Response Plans (CERP)

Cardiac Emergency Response Plan (CERP) A written document that ***establishes specific steps*** to reduce death from cardiac arrest in school settings. A carefully orchestrated response to cardiac emergencies will reduce deaths in school settings and ensure that chaos does not lead to an improper or no response.

The safety of students, school staff and visitors can be enhanced with a ***coordinated, practiced response plan*** where school CERP teams are trained and empowered to administer lifesaving care until Emergency Medical Services (EMS) arrive.

It is estimated that there are more than 23,000 children under the age of 18 who experience cardiac arrest outside of a hospital each year in the United States. Almost 40% of these events are sports-related.

When cardiac arrest occurs outside of a hospital, survival more than doubles when people nearby take action by dialing 911, starting CPR and using a publicly available AED compared to waiting for emergency responders to arrive.

In schools with Automated External Defibrillators (AEDs), approximately 70% of children survive cardiac arrest - seven times the overall survival rate for children.

Virginia's Current Status:

- *In 1999 VA passed a Good Samaritan law that covered those who rendered CPR - § 8.01-225*
- *In 2013 VA passed CPR in schools - SB986*
- *In 2020 VA passed Student Athlete Sudden Cardiac Arrest Prevention - SB463*
- *In 2023 VA passed Mandatory AED in all schools – SB1453*

Our Bill:

- Each school must have a CERP, includes all sporting events and practices
- School divisions must work with their local EMS in the planning
- Plans are to be reviewed and practiced regularly – including assignments of roles in an event
- Funding of these plans with priority given to high needs schools
- Dept. of Ed create plans and protocols that govern independent charter and private schools

Model language has been developed but needs to be submitted for drafting.

If the bill is filed, the NFL has committed to supporting the advocacy and implementation.

School Breakfast For All

SB1003 and HB1958 are being carried by Sen. Roem and Del. Bennett-Parker. The bills would Requires each school board to require each public elementary and secondary school in the local school division to participate in the federal National School Lunch Program and the federal School Breakfast Program administered by the U.S. Department of Agriculture and to make breakfast available to any student who requests such a meal at no cost to the student, unless the student's parent has provided written permission to the school board to withhold such a meal from the student. The bill also requires the Department of Education to reimburse each public elementary and secondary school for each school breakfast served to a student, with a maximum of one breakfast per student per school day and provides the formula for determining the state reimbursement rate for such meals.

Key Messages:

- Every child should be able to receive breakfast at school at no cost and without consideration of their parents' income.
- The federal government's CEP program covers a lot, but those children who are in families right above the cut off for free meals, can easily fall through the cracks.
- Some families are one illness or major car repair away from food insecurity.
- Free transportation is offered to every student regardless of the family's income.
- Because schools are not allowed to not feed children, school systems are often left with hundreds of thousands of dollars in school meal debt at the end of the year, creating budgeting issues.
- We acknowledge that there is a significant price tag of $34M for breakfast for all, but we believe that eliminating food insecurity in Virginia, especially in our children, is an investment worth making.

LEGISLATIVE PRIORITIES 2025

ADDITIONAL ISSUES OF INTEREST:

- PAID FAMILY & MEDICAL LEAVE
- DEFENDING TOBACCO TAXES
- CLEAN AIR EXCEPTION FOR CASINOS
- MATERNAL HEALTH
- RURAL HEALTH CARE
- FUNDING FOR CPR/AEDS IN SCHOOLS
- DEFENDING THE ACA
- SNAP

Together, we are a

RELENTLESS

force for a world of longer, healthier lives.

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Thank you!

American Heart Association.