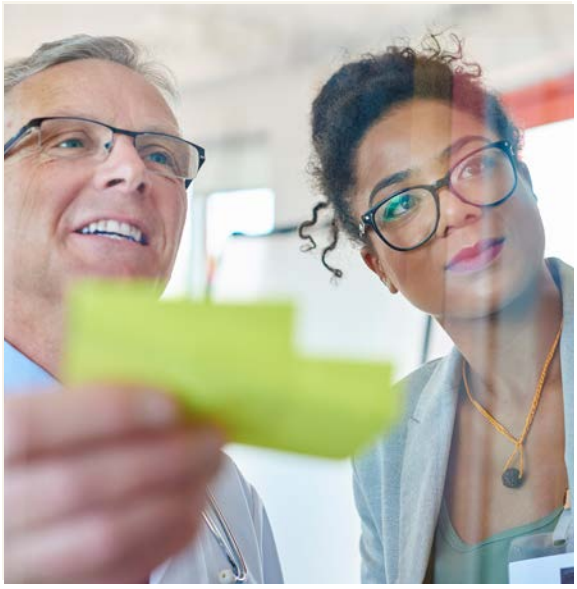
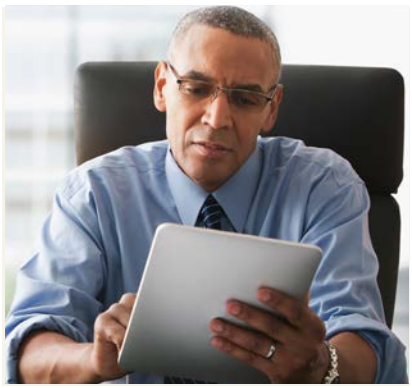
Million Hearts®

in Municipalities Tool Kit

Module 2: Setting Goals





NACCHO
National Association of County & City Health Officials

Acknowledgments

This Million Hearts® in Municipalities Tool Kit was completed by the Centers for Disease Control and Prevention (CDC) in collaboration with the National Association of County and City Health Officials (NACCHO) with the goal of helping health departments and municipal organizations implement Million Hearts® strategies at a local level. NACCHO is an association that provides advocacy, leadership, subject matter expertise, and resources to 3,000 local public health departments across the United States.

Contributors

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Million Hearts® in Municipalities: Setting Goals

Table of Contents

Module Overview

Scope and User Outcomes

The Million Hearts® in Municipalities* Tool Kit is intended to assist local and state departments of health (LSDOHs) to be active partners in the Million Hearts® initiative, which will henceforth be referred to as MH.

What's included?

- Introduction to key concepts, principles, and resources to support setting MH goals at the local and/or state level
- A methodology for tracking the burden of local and/or state MH events targeted for prevention by MH activities
- Readiness Assessment and Action Plan to facilitate goal setting for local and/or state MH efforts
- Resources to provide additional information about setting MH goals

What's not included?

- This module does not provide county- or municipal-level information or specific goals to use in the design of your MH efforts.

Expected outcomes for module users:

- Understand how goals were set for the national MH initiative.
- Understand how to estimate local and/or state MH events and set specific targets for your MH efforts.
- Identify current strengths, opportunities, and gaps related to setting goals for your MH efforts.
- Increase awareness of resources and tools available to help set goals for your MH efforts.

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* The term "municipality" is used loosely throughout all modules of this Tool Kit. You may be able to implement these strategies in your city, town, county, state, or other jurisdiction.

Section 1: Introduction

Goal setting not only provides measured structure to achieving a desired outcome, but it can also be an effective source of motivation. Goals, objectives, and actionable steps should be associated with evidence-based MH strategies chosen by you/your planning team.

Million Hearts® Goal Setting

Preventing one million heart attacks and strokes in afive-year period from 2017 through 2022 is the overall aim of MH—a specific and time-bound goal. Public health officials collaborated with key experts, examined relevant data with proven and effective prevention activities to reduce cardiovascular disease (CVD), and used multiple statistical and predictive modeling methods to develop this goal. The modeling showed that one million heart attacks, strokes, and other cardiovascular events could be prevented through achieving ambitious targets on a small set of strategies.

MH stakeholders discussed key questions, which can also be used to generate discussion on local goal setting:

- What does the data tell us about cardiovascular health in the United States, our state, and our locale?
- What evidence-based strategies can we use in the community and within our current health system to address the problems identified by the data?
- Given what we know about how to address the problems, what goals and time frames are ambitious yet reasonable?
- How can we articulate our long-term goal in the simplest way?
- With whom do we need to partner to achieve our long-term goal?

Sources of Data for Million Hearts® 2022

At the national level, MH uses several data sources to set the short-term, intermediate, and long-term goals of the initiative and to track and evaluate progress toward meeting these goals. Examples of these data sources include the following:

- National Health and Nutrition Examination Survey: http://www.cdc.gov/nchs/nhanes.htm
- National Survey on Drug Use and Health: https://nsduhweb.rti.org/respweb/homepage.cfm
- Healthcare Cost and Utilization Project: http://www.ahrq.gov/research/data/hcup/index.html
- National Health Interview Survey: https://www.cdc.gov/nchs/nhis/index.htm
- National Vital Statistics System: http://www.cdc.gov/nchs/nvss.htm

Key Concepts and Principles Related to Goal Setting

- **Define the focus of your MH efforts.** Preventing "events" is the focus of the national initiative. Events are defined as acute cardiovascular events and deaths, including hospitalizations for myocardial infarctions, strokes, transient ischemic attacks, angina, heart failure, and other cardiovascular events. For communication purposes, the goal is often simplified as the prevention of one million heart attacks and strokes. Examine your local and/or state data and determine the focus of your MH efforts.
- **Review your health department's noncommunicable diseases plan.** There may be existing goals for improving cardiovascular health. Align MH efforts with those wherever possible.
- **Plan for a lag in data collection and data availability.** This lag can be 3 to 4 years with some surveillance systems; use more timely data whenever possible.
- **Recognize that you will have a variety of goals.** Some will be easy to achieve in the short term, but others will be more difficult and will take longer to achieve.
- **Use multiple sources and existing data** from local and/or state data collection and surveillance systems to determine which goals are right for your municipality.
- **Be opportunistic** about whether to use national or other existing goals or set local ones depending on which is most efficacious.

Section 2: Developing Short-Term, Intermediate, and Long-Term Goals

Setting ambitious yet realistic goals that can be widely communicated and supported by partners is a critical step in developing and implementing MH strategies. You/your planning team can set short-term, intermediate, and long-term goals by using available data and assessing current priorities and activities that can be leveraged and supported by the community, or you can use the goals set for the national initiative as your benchmarks. Long-term MH goals should be based on specific assumptions about changes in some intermediate outcomes (e.g., improved cardiac rehabilitation participation) or changes in the environment (e.g., lower smoking rates, sodium consumption, particle pollution). You/your planning team should identify short-term and intermediate outcomes to track progress and make adjustments to the approach, if needed.

The MH outcomes in Table 1 can be adapted depending on local and/or state priorities and resources available.

Table 1. Million Hearts® Short-Term, Intermediate, and Long-Term Outcomes

Short-term Outcomes (1–4 years)	Intermediate Outcomes (4–5 years)	Long-term Outcome (5 or more years)
• Institution of food procurement policies with lower sodium options • Increased smoke-free policies that include e-cigarettes • Increased community design for physical activity • Increased referrals to cardiac rehabilitation • Increased participation in cardiac rehabilitation • Increased use of self-measured blood pressure monitoring (SMBP) with clinical support, protocols, health IT, referrals to lifestyle counseling, referrals to quitlines, medication adherence strategies, and strategies for avoiding air pollution (particulate matter of 2.5 micrometers or less [PM 2.5])	• Improved smoking assessment and treatment for priority populations • Improved cholesterol management • Improved blood pressure control for priority populations • Increased appropriate aspirin use • Reduced average daily sodium intake • Reduced prevalence of tobacco use • Decreased physical inactivity for priority populations	• Prevention of one million heart attacks, strokes, and other cardiovascular events

Consider the following factors when developing local and state CVD goals:

- Time needed to have a positive and lasting effect on local and state CVD rates
- Changes necessary to prevent CVD and have the biggest population impact
- Other municipal efforts that can be leveraged and aligned to support MH efforts
- Quantitative baseline CVD data that can help inform and shape objectives that lead to an increase, decrease, or maintenance of a health outcome over time

Developing a Million Hearts® Logic Model

Logic models are useful tools to organize short-term, intermediate, and long-term outcomes. Refer to the logic model resource in Table 5 to help determine the short-term, intermediate, and long-term goals of your MH efforts.

Use Existing Assets in Your Community

When developing municipal goals, it is important to assess data and other assets in your municipality related to CVD prevention and treatment. You/your planning team should determine whether the local and/or state agencies have made CVD prevention a high-priority health issue and identified evidence-based strategies to address the issue. Additionally, there are a variety of community needs assessments that have likely been conducted in your community, including the local and/or state community health assessment (CHA), community health improvement plan (CHIP), and the not-for-profit local and/or state hospital community benefit/community health needs assessment (CHNA).

Local and/or state public health agencies should also inventory current public health and health care programs and services being implemented within local and/or state jurisdictions. These programs and services may benefit from enhanced focus on evidence-based CVD prevention strategies, if they are not already in use. You/your planning team may be able to leverage resources within these programs to launch coordinated CVD prevention efforts.

Section 3: Estimating Local and State Million Hearts® Events

MH has set a national goal of preventing one million events in five years. LSDOHs may want to anchor their efforts in contributing toward the million or estimate the number of preventable MH events in their locale.

To support these efforts, MH has published a methodology for tracking the burden of nonfatal events (treat-and-release emergency department visits and acute hospitalizations), fatal events (deaths), and overall events (combination of nonfatal and fatal events) targeted for prevention by MH activities. This includes estimating the number of overall events expected to occur during 2017–2021 within each state, if no additional preventive measures were taken (Table 2). If each state were to reduce their expected overall event totals by around 6.1% from 2017 to 2021, the MH goal would be achieved nationally.

Below is a simple methodology that can be used to estimate local and/or state targets from those findings.

Equal Share Method

This method assumes each state will achieve an overall 6.1% reduction to their expected event totals. To identify state-specific targets using this method, use the following instructions:

- Using the state-specific expected number of MH Preventable Events totals in Table 2, calculate the following:

  (State's expected event total) × 0.061= State's MH Events Prevented Target

This methodology can be applied to local communities by using the following steps:

- Calculate the local population weight, using projected 2017–2021 population estimates or the most current U.S. Census estimates available (e.g., 2016 Census population estimates):

  (Local Population Count [18+]) / (State Population Count [18+]) = Local Population Weight

- Then calculate the local-specific MH Events Prevented Target:

  Local Population Weight × State's MH Events Prevented Target = Local MH Events Prevented Target

See Table 2 for state-specific estimates for the following: (1) expected adult population during 2017–2021; (2) the number of MH Preventable Events expected to occur during 2017–2021 without additional preventive intervention; and (3) MH Events Prevented Targets calculated by applying the "Equal Share" method.

More complex methods for developing subnational goals could take into consideration the potential impact of policy levers, baseline values of MH focus areas (e.g., Aspirin as appropriate, Blood pressure control, Cholesterol management, and Smoking cessation [ABCS]; physical inactivity; smoking prevalence; sodium intake; cardiac rehabilitation), and population demographics, etc. Furthermore, if locality-level emergency department, hospitalization, and mortality data are available, locality-specific expected MH Preventable Event totals could be calculated by applying the MH methodology.

Table 2. Million Hearts® Events Prevented Targets, Assuming an Equal 6.1% Reduction Across States

State	2017–2021 Estimate among Adults Ages 18+ Years		Target Number of MH Events Prevented
	Expected Population, in thousands	Expected MH Preventable Events, in thousands	
US	1,275,044.7	16,289.1*	1,000,000
AL	19,018.3	347.9†	21,200
AK	2,834.8	20.1†	1,200
AZ	27,205.0	276.3	16,900
AR	11,544.8	177.3	10,800
CA	154,632.7	1,558.9	95,100
CO	22,217.3	172.0†	10,500
CT	14,193.5	161.7	9,900
DE	3,856.6	45.3†	2,800
DC	2,968.3	49.1	3,000
FL	85,382.4	1,206.8	73,600
GA	40,179.6	543.5	33,200
HI	5,832.4	69.0	4,200
ID	6,381.7	83.8†	5,100
IL	49,486.3	625.4	38,100
IN	25,618.5	377.9	23,100
IA	12,192.1	145.4	8,900
KS	11,113.7	136.3	8,300
KY	17,379.5	291.6	17,800
LA	18,101.6	279.3†	17,000
ME	5,400.0	82.3	5,000

State	2017–2021 Estimate among Adults Ages 18+ Years		Target Number of MH Events Prevented
	Expected Population, in thousands	Expected MH Preventable Events, in thousands	
MD	23,938.8	280.2	17,100
MA	27,653.9	314.0	19,200
MI	38,781.4	623.5†	38,000
MN	21,626.0	218.4	13,300
MS	11,373.1	185.0†	11,300
MO	23,761.3	375.3	22,900
MT	4,172.5	43.8	2,700
NE	7,335.6	76.2	4,600
NV	11,628.1	128.0	7,800
NH	5,385.7	56.6†	3,500
NJ	35,260.4	434.2	26,500
NM	8,019.4	71.5†	4,400
NY	78,813.5	889.2	54,200
NC	40,379.5	586.7	35,800
ND	3,158.8	40.1	2,400
OH	45,289.4	718.9	43,900
OK	15,209.3	204.1†	12,500
OR	16,428.3	180.3†	11,000
PA	50,836.5	820.6†	50,100
RI	4,216.5	59.3	3,600
SC	19,878.7	298.8	18,200
SD	3,371.3	41.9	2,600
TN	26,326.9	452.6	27,600
TX	107,942.4	1,291.9	78,800

State	2017–2021 Estimate among Adults Ages 18+ Years		Target Number of MH Events Prevented
	Expected Population, in thousands	Expected MH Preventable Events, in thousands	
UT	11,048.7	79.8	4,900
VT	2,526.7	25.9	1,600
VA	33,668.5	418.2†	25,500
WA	29,169.6	305.2†	18,600
WV	7,341.8	127.7†	7,800
WI	22,668.7	270.9	16,500
WY	2,294.3	20.4	1,200

Sources: Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project State Emergency Department Databases (from all states except Alabama, Alaska, Colorado, Delaware, Idaho, Louisiana, Michigan, Mississippi, New Hampshire, New Mexico, Oklahoma, Oregon, Pennsylvania, Virginia, Washington, and West Virginia; data for Mississippi and Oregon are regularly collected, but 2016 data were not available at time of this report) and State Inpatient Databases (from all states except Alabama, Delaware, Idaho, and New Hampshire); National Center for Health Statistics' National Vital Statistics System Mortality Data.

*Expected overall U.S. event total equals the sum of the state-level estimates; this method differs from the method being used to officially track these estimates at the national level.

†Emergency department and/or hospitalization data were missing, so estimates were used.

Section 4: Setting Specific Targets

Estimating the MH preventable events in your community is the first piece of MH goal setting. The next step is setting specific targets for improving outcomes in the three MH priority areas, to help focus and guide your and your partners' efforts.

- **Keeping People Healthy.** We encourage you to use the 20% targets that were established for the national MH initiative in your community: 20% reduction in sodium consumption, 20% decrease in tobacco use, and 20% increase in physical activity.
- **Optimizing Care.** We set national benchmarks that we encourage you to strive for: 80% target for aspirin use when appropriate, blood pressure control, cholesterol management, and smoking cessation; and 70% participation in cardiac rehabilitation for eligible patients.
- **Improving Outcomes for Priority Populations.** Nationally, we have not set specific benchmarks or targets for these improvements in the four priority populations, but we encourage you to set specific local and/or state targets that are appropriate and achievable in your community.

A flexible approach is encouraged. Some communities will want to focus on one strategy while others may want to adopt the entire initiative. You are encouraged to use goal statements that you think are most likely to drive your community to action, without placing an undue burden on coming up with your local goals. See the box below for examples of goal statements.

Sample Goal Setting Statement

By the end of your goal-setting process, you/your planning team may be able to fill in the XX's in the following sample goal statements to guide your/your partners' efforts:

What Must Happen to Prevent [XX] Heart Attacks and Strokes by [XX]:

[XX] smokers must quit by [XX]

[XX] people must control their high blood pressure by [XX]

Section 5: Readiness Assessment

Readiness for Setting Goals

The statements below are intended to identify local and/or state strengths, opportunities, and gaps in your MH goal setting. If possible, complete the following simple assessment with key internal staff and a couple of external partners who are already working on and/or have an interest in CVD prevention.

As a group, read each statement in the assessment and indicate which number best describes your current situation on a scale of 0 to 5, where 0 indicates "This is not happening at the local or state level" and 5 means "This is happening in a robust way at the local or state level."

After completing, discuss why you rated each statement as you did. Then go to the next section to identify ways to improve or enhance your efforts.

Table 3. Readiness Assessment for Goal Setting

Local or State Activities	0	1	2	3	4	5
We have reviewed and analyzed available CVD data and surveillance reports and identified our local and/or state CVD burden.	☐	☐	☐	☐	☐	☐
We have examined local and/or state assets, such as the chronic disease plan, CHA, CHIP, and/or CHNA.	☐	☐	☐	☐	☐	☐
Using existing data, we have assessed the infrastructure and policies in our community (e.g., current CVD programs, workforce, health care delivery system, etc.).	☐	☐	☐	☐	☐	☐
We have identified public-sector partners who will contribute data on the CVD burden in our community.	☐	☐	☐	☐	☐	☐
We have identified private-sector partners who will contribute data on the CVD burden in our community.	☐	☐	☐	☐	☐	☐
We have identified additional data needed to assess challenges, strengths, and opportunities in CVD prevention efforts.	☐	☐	☐	☐	☐	☐
We have developed a dissemination plan for summarizing and sharing data with government leaders, elected officials, and other stakeholders to gain support to address cardiovascular health in our community.	☐	☐	☐	☐	☐	☐
We have identified short-term, intermediate, and/or long-term goals for CVD prevention in our community.	☐	☐	☐	☐	☐	☐
We have identified evidence-based strategies that will help us reach our MH goals.	☐	☐	☐	☐	☐	☐

Section 6: Action Planning

After assessing current strengths, opportunities, and gaps, you/your planning team should begin to develop next steps or actions to move your MH efforts forward. Action plans should focus on one or two strategies that would most benefit local and/or state CVD prevention efforts.

Getting Started

- Review the results of the Readiness Assessment above to identify a few immediate priorities on which you can begin work. To choose these priorities:
  - Look at the statements you ranked 4 and 5 and ask, "What is the best way to leverage or expand on this strength as the MH efforts are developed or enhanced?"
  - Look at the statements you ranked 1, 2, and 3 and ask, "Will this gap delay or prevent progress on the MH efforts? If so, how can this area be strengthened?"
- Use the Action Plan template below (Table 4) to identify the next steps, who is responsible for each step, and your due dates.

Developing an Action Plan

Use the template below or one you develop to outline the next steps for you/your planning team. Actions should be specific, measurable, achievable, relevant, and time-bound. If possible, identify which members of the team will be responsible and the expected date of completion. Any resources that will be needed to complete the action should also be identified at this time. Plan to meet regularly to revisit the action items and provide updates on progress and/or barriers.

Table 4. Action Plan Template

Actions to Take	Who is Responsible	Due Date	Resources Needed	Notes

Section 7: Resources

The following resources can be used to support setting MH goals.

Table 5. Goal Setting Resources

Resource	Description
Collaborating through Community Health Assessment (CHA) https://www.naccho.org/uploads/downloadable-resources/issuebrief-cha-dec2011-2-3.pdf	This fact sheet provides resources on local and state public health CHAs.
MAPP and Non-Profit Hospitals: Leveraging Community Benefit for Community Health Improvement https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/factsheet_mapp-communitybenefit_161122_165359.pdf	This fact sheet recommends ways that communities can encourage local nonprofit hospitals to support the Mobilizing for Action through Planning and Partnerships (MAPP) processes in an effort to fulfill community benefit requirements.
Million Hearts® Website https://millionhearts.hhs.gov/	This website provides a variety of online resources, including tools, action guides, protocols, and progress reports on MH.
Million Hearts®: Meaningful Progress 2012–2016—A Final Report https://millionhearts.hhs.gov/files/MH-meaningful-progress.pdf	This final report discusses progress during the first five years of the initiative and provides insight into the past efforts that informed the initiative's current priorities.
Million Hearts® Data and Snapshots of Progress https://millionhearts.hhs.gov/data-reports/data.html	This webpage showcases advances toward achieving the MH goal of preventing one million heart attacks and strokes and provides an interactive map that shows the MH preventable cardiovascular event rates and counts that are projected to occur if no preventive action is taken.
Million Hearts® Tools https://millionhearts.hhs.gov/tools-protocols/index.html	This webpage provides evidence-based strategies and tools to help health care providers, public health professionals, and other partners incorporate MH goals into their everyday work and enhance their CVD prevention and treatment efforts.
CDC Guide to Developing Logic Models https://www.cdc.gov/dhdsp/evaluation_resources/guides/logic_model.htm	This CDC Evaluation Guide offers a general overview of the development and use of logic models as planning and evaluation tools.

Table 6. Important Million Hearts® Publications

Publication	Description
Ritchey MD, Loustalot F, Wall HK, Steiner CA, Gillespie C, George MG, et al. Million Hearts: Description of the national surveillance and modeling methodology used to monitor the number of cardiovascular events prevented during 2012–2016. *J Am Heart Assoc.* 2017;6(5):pii: e006021.	This article describes the surveillance and modeling used to monitor the prevention of one million "Million Hearts® events."
Vaughan AS, Ritchey MD, Hannan J, Kramer MR, Casper M. Widespread recent increases in county-level heart disease mortality across age groups. *Ann Epidemiol.* 2017;27(12):796–800.	This article describes the county-level trends in heart disease mortality across the United States.
Wall HK, Ritchey MD, Gillespie C, Omura JD, Jamal A, George MG. Vital Signs: Prevalence of key cardiovascular disease risk factors for Million Hearts 2022—United States, 2011–2016. *MMWR.* 2018;67(35):983–91.	This article uses national surveillance systems to provide baseline data and describe cardiovascular risk factors that must be addressed to reduce the prevalence of heart attacks, strokes, and other MH events in the United States.
Ritchey MD, Wall HK, Owens PL, Wright JS. Vital Signs: State-level variation in nonfatal and fatal cardiovascular events targeted for prevention by Million Hearts 2022. *MMWR*. 2018;67(35):974–82.	This article describes the state distribution of fatal and nonfatal cardiovascular events that took place in 2016 and the projected events that will occur between 2017 and 2022 if these rates are not reduced.