The impact of social determinants of health on heart disease and stroke

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NMDOH Heart Disease and Stroke Prevention Program

Heart Disease & Stroke Deaths in NM (2021)

Heart disease was the **#1 leading cause of death**, accounting for 16.0% of all deaths
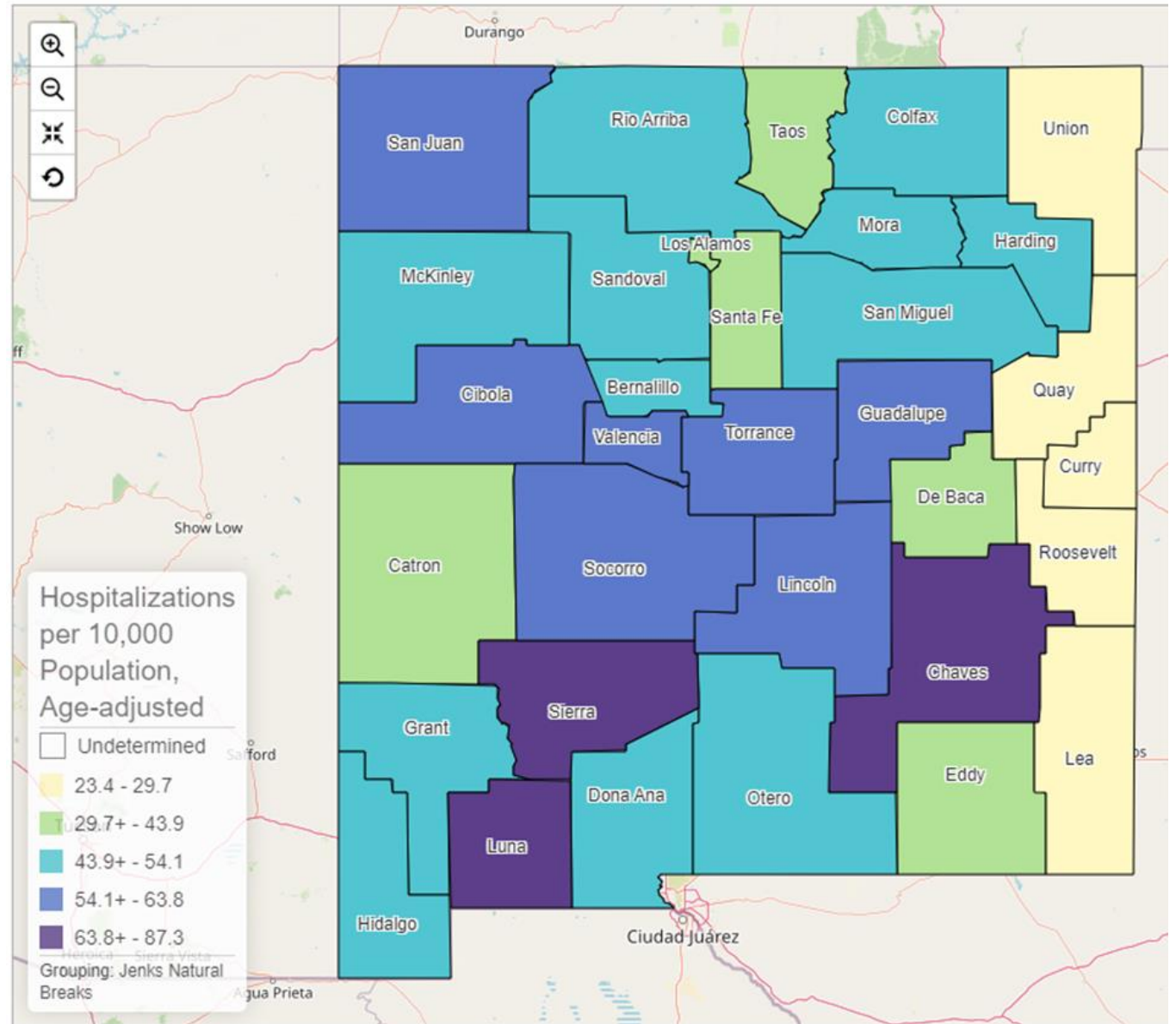
- 4,057 deaths

Stroke was the **#6 leading cause of death**, accounting for 3.7% of all deaths.

- 940 deaths

Heart Disease Hospitalization Rates By County of Residence

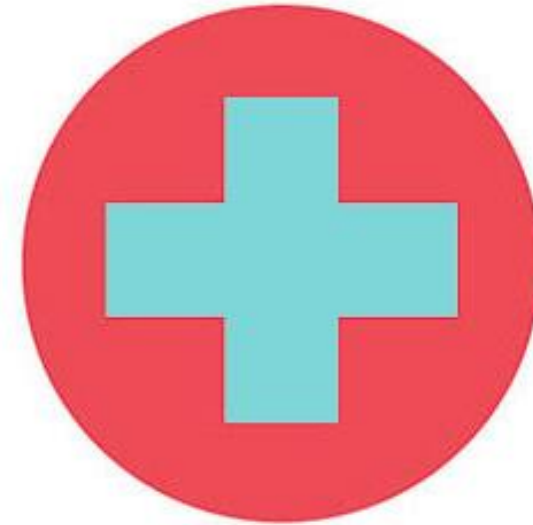2019/2020, Age-adjusted to 2000 U.S. Census

Where have we been?

Strategy B.1

Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension

Strategy B.3

Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings

Strategy B.4

Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification

Strategy B.5

Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol

Strategy B.6

Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension

"I'm going to take your blood pressure, so try to relax and not think about what a high reading might mean for your chances of living a long, healthy life."
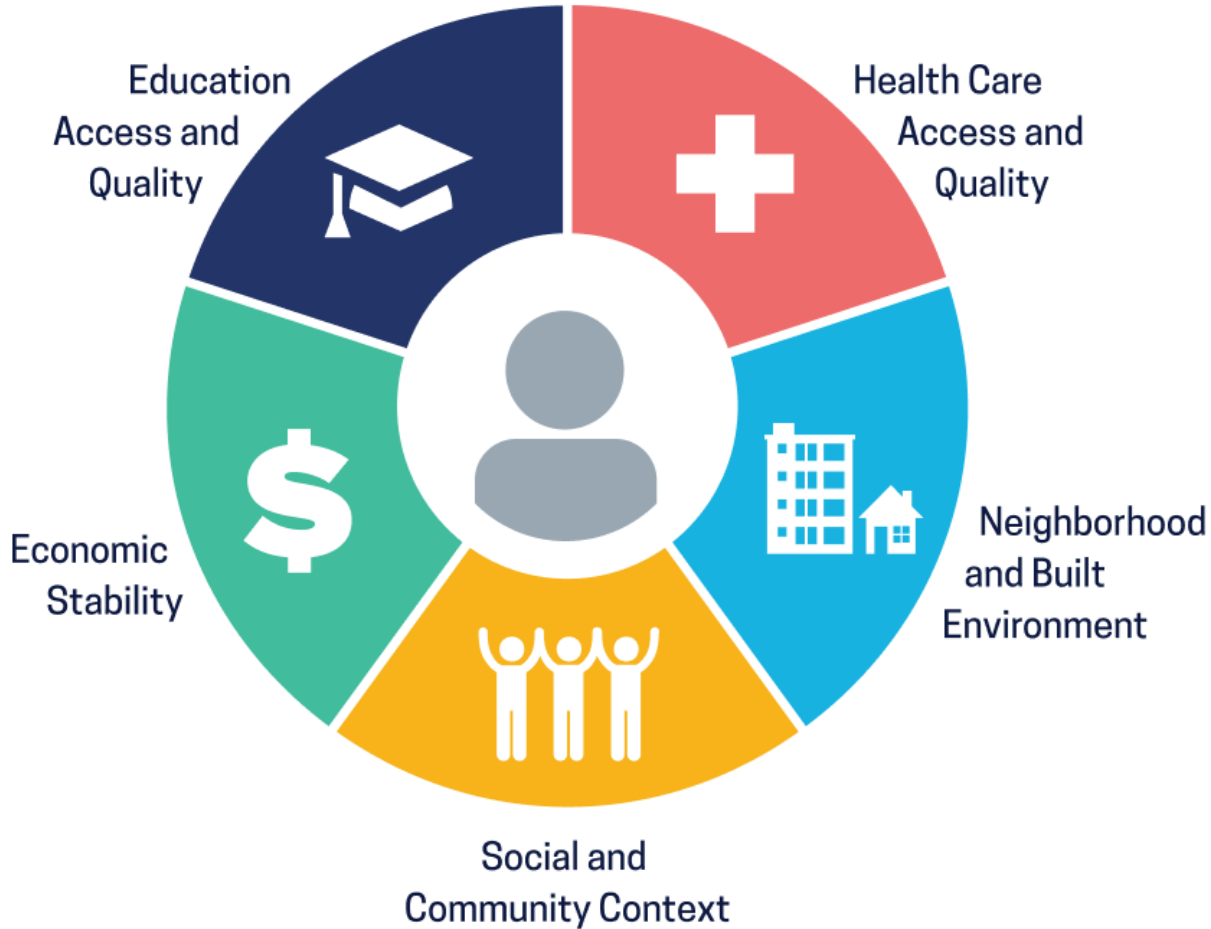
Strategy B.7

Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources

Where are we going?

Lessons from the Pandemic

Strategy 1

Track and Monitor Clinical and Social Services and Support Needs Measures Shown to Improve Health and Wellness, Health Care Quality, and Identify Patients at the Highest Risk of Cardiovascular Disease (CVD) with a Focus on Hypertension and High Cholesterol.

Strategy 2

Implement Team-Based Care to Prevent and Reduce CVD Risk with a Focus on Hypertension and High Cholesterol Prevention, Detection, Control, and Management through the Mitigation of Social Support Barriers to Improve Outcomes.

Strategy 3

Link Community Resources and Clinical Services that support bidirectional referrals, self-management, and lifestyle change to address social determinants that put the priority populations at increased risk of cardiovascular disease with a focus on hypertension and high cholesterol.

Learning Collaborative

NMDOH will work with Constellation Consulting to transition the Population Health Collaborative to the Population Health Learning Collaborative

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