



Million Hearts®

Fostering Collaboration to Save Millions of Lives

OVERVIEW

Heart disease and stroke are the first and fifth leading causes of death in the United States, respectively.¹ To fight these deadly diseases, in September 2011 the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) launched Million Hearts®. Million Hearts® seeks to protect and to save lives impacted by heart disease and stroke in the United States and brings together communities, health systems, healthcare professionals, nonprofit organizations, federal agencies, and private-sector partners to promote the implementation of evidence-based strategies to prevent cardiovascular disease (CVD). Million Hearts® also addresses health inequity. The American Heart Association (AHA) proudly supports the work of Million Hearts® and is pleased to collaborate on numerous projects.

Million Hearts® provides many resources, including tools, protocols, change packages, and action guides, to help healthcare professionals educate, motivate, and monitor their patients in order to improve their heart health.

For example, high blood pressure (HBP) or hypertension is a major risk for stroke and other CVD² and, according to the CDC, 47.3% of American adults (116 million) have HBP.³ Thus Million Hearts® has developed and distributes several educational publications and videos for patients and professionals such as [Medication Adherence Video: Tips for Taking Blood Pressure Medicines As Directed](#) and [My Blood Pressure Journal](#).

Campaigns from Million Hearts® and CDC Foundation

- [Start Small. Live Big](#) campaign, aimed at adults 55+, promotes small steps such as scheduling doctor appointments, being active, and eating right in order to live a full life.
- [Live to the Beat](#) empowers Black adults to pursue heart-healthy lifestyles on their terms—to find what works best for them individually.

Cardiac rehabilitation is an especially high priority for Million Hearts®. Cardiac rehabilitation provides many benefits (such as a reduced risk of cardiovascular mortality, a lower risk of hospitalization, and an improved health-related quality of life⁴), and reduces hospital readmissions.⁵ Because of the benefits, Medicare covers cardiac rehabilitation for certain conditions, e.g., coronary artery bypass surgery, stent placement, and acute myocardial infarction. Yet many who qualify for cardiac rehabilitation are not referred, and not all who receive a referral to cardiac rehabilitation attend even one session, much less the optimal minimum of 36 sessions.⁶ People from underrepresented racial and ethnic groups, women, rural residents, and people with low socioeconomic status are less likely to participate in cardiac rehabilitation.⁷ To address this problem, Million Hearts® set a goal of achieving a 70% participation rate by December 31, 2026 and provides resources for clinicians and partners as well as educational material for patients and caregivers. Each quarter Million Hearts® convenes a meeting of its Cardiac Rehabilitation Collaborative, a forum of multi-disciplinary professionals who hear presentations from experts and who discuss ways to increase the uptake of cardiac rehabilitation. The Collaborative has five objectives in its 2022 Action Plan:

- Increase awareness of the value of cardiac rehabilitation,
- Increase use of best practices for referral, enrollment, adherence, and completion,
- Build health equity in CR referral, participation, and program staffing,
- Increase CR financial sustainability, affordability, and accessibility, and
- Measure, monitor, evaluate, and report progress.

In addition, Million Hearts® provides tools to promote tobacco cessation, cardiac rehabilitation, heart-healthy nutrition, and physical activity in order to reduce the incidence of CVD. (For more information on any of these conditions, visit www.heart.org and search for the topic.)

MILLION HEARTS® 2027

Every five years, Million Hearts® develops strategies for building healthy communities and optimizing care through a committed focus on specific populations experiencing inequities to prevent one million CVD events over a five-year period. Million Hearts® 2027, the initiative's third five-year period, has three overarching priorities: building healthy communities, optimizing care, and focusing on health equity.

To build healthy communities, Million Hearts® 2027 has three goals:

- to decrease tobacco use,
- to decrease physical inactivity, and
- to decrease particle pollution exposure

To optimize care, Million Hearts® 2027 has five goals:

- to improve appropriate aspirin or anticoagulant use,
- to improve blood pressure control,
- to improve cholesterol management,
- to improve smoking cessation, and
- to increase use of cardiac rehabilitation.

Million Hearts® 2027 focuses its health equity work on several different groups of people:

- pregnant and postpartum women with hypertension,
- people from racial/ethnic minority groups,
- people with behavioral health issues who use tobacco,
- people with lower incomes, and
- people who live in rural areas and other areas with limited access to healthcare.

In Million Hearts'® first five-year cycle, the initiative, through substantial partner engagement and intervention support, is estimated to have prevented 135,000 heart attacks, strokes, and other CVD-related events and to have saved \$5.6 billion in direct medical costs from reduced deaths, hospitalizations, and ER visits.⁸

THE ASSOCIATION ADVOCATES

The American Heart Association also advocates for health policy and programs that help patients better prevent and control cardiovascular disease. These efforts include:

- Supporting funding for Million Hearts® to help Americans prevent heart attacks and strokes,
- Protecting funding for the Prevention and Public Health Fund (PPHF) which provides support for Million Hearts® activities,
- Supporting policies that improve appropriate referrals and patient access to cardiac rehabilitation as well as uptake of cardiac rehabilitation,
- Promoting patient HBP medication adherence² through public policies and programs, and
- Support for population approaches to improve diet, physical activity, and smoking habits to reduce burden of HBP and CVD.

¹ Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2020. NCHS Data Brief, no 427. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:112079>.

² Fuchs FD, Whelton PK. High Blood Pressure and Cardiovascular Disease. Hypertension. 2020 Feb;75(2):285-292. doi: 10.1161/HYPERTENSIONAHA.119.14240. Epub 2019 Dec 23. PMID: 31865786.

³ Centers for Disease Control and Prevention. [Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among U.S. Adults Aged 18 Years and Older Applying the Criteria from the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2015–2018](#)^{external icon}. Atlanta, GA: U.S. Department of Health and Human Services; 2021. Accessed May 5, 2022.

⁴ Anderson L, Thompson DR, Oldridge N, Zwisler AD, Rees K, Martin N, Taylor RS. Exercise-based cardiac rehabilitation for coronary heart disease. *Cochrane Database of Systematic Reviews* 2016, Issue 1. Art. No.: CD001800. DOI: 10.1002/14651858.CD001800.pub3.

⁵ House CM, Anstadt MA, Stuck LH, Nelson WB. The Association Between Cardiac Rehabilitation Attendance and Hospital Readmission. *Am J Lifestyle Med*. 2016 Sep 28;12(6):513-520. doi: 10.1177/1559827616670118. PMID: 30783406; PMCID: PMC6367883.

⁶ Thomas RJ, Balady G, Banka G, Beckie TM, Chiu J, Gokak S, Ho PM, Keteyian SJ, King M, Lui K, Pack Q, Sanderson BK, Wang TY. 2018 ACC/AHA clinical performance and quality measures for cardiac rehabilitation: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures. *Circ Cardiovasc Qual Outcomes*. 2018;11:e000037. doi: 10.1161/HCQ.0000000000000037.

⁷ Castellanos LR, Viramontes O, Bains NK, Zepeda IA. Disparities in Cardiac Rehabilitation Among Individuals from Racial and Ethnic Groups and Rural Communities—A Systematic Review. *J Racial Ethn Health Disparities*. 2019 Feb;6(1):1-11. doi: 10.1007/s40615-018-0478-x. Epub 2018 Mar 13. PMID: 29536369.

⁸ Ritchey MD, Wall HK, Hannan J, Sperling LS. Million Hearts: 2012–2016 Final Report Addendum. June 2020. https://millionhearts.hhs.gov/files/MH_final_report_addendum_2020.pdf. Accessed on June 9, 2022.