

## Top Ten Things To Know AHA Community Guide, 2012 Update

1. The AHA Community Guide seeks to prevent the onset of disease (primary prevention) and maintain optimal cardiovascular health (“primordial prevention”) among broader segments of the population. This public health approach yields lifelong benefits in terms of good health and reduced healthcare costs.
2. Classifies interventions based on health impact and individual effort needed, emphasizing interventions that make individuals’ default decisions healthy.
3. Identifies three dimensions around which community-wide approaches might be organized: 1) the **optimal behaviors** targeted for population-wide change, 2) the **community setting** targeted for intervention, and 3) **the public health interventions** required for population-wide changes to improve cardiovascular health. This approach identifies numerous opportunities for communities to contribute to prevention of heart disease and stroke, by focusing on one or more optimal behaviors-community settings-interventions opportunities.
4. Targets 5 Optimal Behaviors and Factors based on 1) high relative risk for heart and stroke in individuals who have not optimized these behaviors and factors 2) significant room for improvement in the general U.S. population, and 3) evidence that these behaviors are modifiable. The 5 Optimal Behaviors are:
  - 1) No tobacco smoking or exposure to environmental tobacco smoke,
  - 2) Healthy dietary practices (including healthy weight),
  - 3) Physically active lifestyle,
  - 4) Adherence with healthcare recommendations for high cholesterol/high blood pressure/diabetes assessment and control, and
  - 5) Early recognition and treatment of symptomatic coronary and cerebrovascular disease including acute coronary syndromes and transient ischemic attack/stroke
5. Various community settings, including worksites, healthcare facilities, religious organizations, schools, and whole communities, provide platforms for programs to promote and improve health behaviors and health factors. A comprehensive community intervention appears to be most effective with partners providing interventions in multiple settings simultaneously.
6. Defines the interventions themselves as activities at the community level that are required for population-wide promotion of healthy behaviors. These activities include: surveillance, education and media, organizational partnerships, and environmental and policy changes.
7. Summarizes the underlying evidence that substantiate population-wide recommendations for maintenance of cardiovascular health. The most current systematic reviews and evidence summaries and population goals for each optimal behavior are identified.
8. Provides intervention goals and recommendations that promote lifestyle and behavior change at both the individual and community levels and policy change at the community level. New goals have been added based on recent evidence that demonstrates the substantial impact of obesity, sodium consumption, and air pollution on cardiovascular health.
9. A major addition has been the listing of current programs which illustrate best practices at national, regional, or local levels, including recommendations, methods, and tools to support strategic implementation to attain the goals of each of the community intervention opportunities.
10. The social and environmental origins of heart disease and stroke are well established, and enhanced population-based prevention programs could lead to a large decline in CVD morbidity and mortality.