

American Heart Association: Tools for American Heart Month & Beyond

**Wisconsin
DHS Chronic Disease
Prevention Partner Call**

January 28, 2025

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Provided by the American Heart Association-Wisconsin





American
Heart
Association.

Our Mission: To be a relentless force for a world of longer, healthier lives.

Our Vision: Advancing health and hope for everyone, everywhere.

Our 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



71%

reduction in cardiovascular deaths since 1968



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February is

American Heart Month

AMERICAN HEART MONTH 2025: YOUR CHILD. YOUR HEART.

1

CPR CAN SAVE LIVES. FOR ADULTS AND TEENS, HANDS-ONLY CPR CAN DOUBLE OR EVEN TRIPLE CHANCE OF SURVIVAL. INFANTS AND CHILDREN NEED CPR INCLUDING BREATHS.

2

MORE THAN 23,000 CHILDREN EXPERIENCE CARDIAC ARREST OUTSIDE OF THE HOSPITAL EACH YEAR. 40% ARE RELATED TO SPORTS. NEARLY 20% ARE INFANTS.

3

CARDIAC ARREST ACCOUNTS FOR 10-15% OF SUDDEN UNEXPECTED INFANT DEATHS.



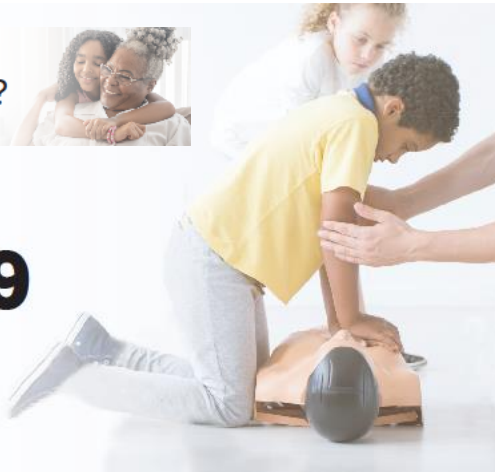
The advertisement features a young boy in a green baseball uniform and cap, holding a baseball glove, standing on a field. In the background, there are trees and a fence. The American Heart Association logo is visible in the top left corner of the ad, and a circular seal is in the top right. The text at the bottom of the ad reads: "More than 23,000 children experience cardiac arrest. Be ready as your child grows." and includes a "Learn CPR" button.

More than **23,000** children experience cardiac arrest. Be ready as your child grows.

[Learn CPR](#)



Will **YOU** be ready to **SAVE** the life of **SOMEONE** you love?
Find a CPR class at heart.org/nation



Did you know KIDS AS YOUNG AS 9 can learn CPR?

heart.org/nation

Hands-Only CPR

Join a Nation of Lifesavers today.

TWO STEPS TO SAVE A LIFE

- 

1 Call 911.
- 

2 Push hard and fast in the center of the chest.

Know it. Feel it.
Push it. Keep it.

Transforming a Nation of Bystanders into a Nation of Lifesavers.

heart.org

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What Is an Automated External Defibrillator

An automated external defibrillator (AED) is a lightweight, portable device. It delivers an electric shock through the chest to the heart when it detects an abnormal rhythm and changes the rhythm back to normal.

AEDs help people who have a sudden cardiac arrest, which occurs when the heart suddenly stops beating regularly. This happens most quickly in public places.



AED Fact Sheet

Why are AEDs so important? AEDs can be used by anyone, and they can help save lives by providing CPR and AED. CPR combines chest compressions and rescue breaths.

- Early Defibrillation**
 - More than 95% of out-of-hospital cardiac arrests occur in public locations; therefore, public-access automated external defibrillators (AEDs) and community training have a large role to play in early defibrillation. However, the number of patients who have an AED applied by a bystander remains low, occurring after only 10.2% of public arrests.
 - In 2021, 28.7% of patients in the Cardiac Arrest Registry to Enhance Survival (CARES) were defibrillated in the field. The proportion of patients first defibrillated by a bystander was 4.6%, whereas 19.1% and 76.3% were first defibrillated by a first responder or emergency medical services personnel, respectively.
- Functionality**
 - Inside the AED box are pads and a diagram that shows where to place the pads on bare skin. Once the device is turned on, a voice tells the person using it exactly what to do. Some devices offer this instruction in Spanish, but most are English-speaking.
 - The first thing the AED will do is determine whether an electric shock is needed by analyzing the person's heart rhythm. You should only stop cardiopulmonary resuscitation (CPR) while the machine is doing this analysis. If no shock is advised, it will tell you to resume CPR. If there is a shockable rhythm, it will tell you to press the shock button and then to resume CPR.
- Who can use AEDs?**
 - AEDs are intended for use by anyone. They are designed to be simple and easy to use.
- More Stats**
 - Your chance of survival while waiting for emergency medical services during a cardiac emergency decreases by 10% every minute without CPR.
 - Of the people with cardiac arrest who receive a shock from an AED in the first minute, 80% of them survive.
 - Bystanders administer CPR about 40% of the time and AEDs even less so.
- AEDs at Work**
 - Are you one of the 50% who can locate an AED at your work? With 10,000 cardiac arrests happening in the workplace annually, you have the potential to save thousands of lives. Immediate CPR and use of an AED can double, or even triple, survival rates.
 - The American Heart Association does not recommend one device over another. The AED you choose should be simple and easy to use.
- Children and AEDs**
 - Children older than 8 years can be treated with a standard AED. For children 1 to 8 years old, the American Heart Association recommends the pediatric attenuated pads that are purchased separately. In infants younger than 1 year, a manual defibrillator is preferred. If a manual defibrillator is not available, an AED with a dose attenuator may be used.



40% Survival with CPR and AED

Visit heart.org/AED to learn more. #CPRwithHeart #heartorlife

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Hands-Only CPR Fact Sheet

- Why Learn Hands-Only CPR?**

Cardiac arrest – an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia) and disrupts the flow of blood to the brain, lungs and other organs – is a leading cause of death. Each year, more than 350,000 EMS-assessed out-of-hospital cardiac arrests occur in the United States.

When a person has a cardiac arrest, survival depends on immediately receiving CPR from someone nearby. According to the American Heart Association, about 90 percent of people who suffer out-of-hospital cardiac arrests die. CPR, especially if performed immediately, can double or triple a cardiac arrest victim's chance of survival.
- Be the Difference for Someone You Love**

If you are called on to give CPR in an emergency, you will most likely be trying to save the life of someone you love: a child, a spouse, a parent or a friend.



Hands-Only CPR has been shown to be as effective in the first few minutes as conventional CPR for cardiac arrest at home, at work or in public.

Hands-Only CPR has just two easy steps, performed in this order:

- 1 Call 911 if you see a teen or adult suddenly collapse.
- 2 Push hard and fast in the center of the chest to the beat of a familiar song that has 100 to 120 beats per minute.

- Call 911**

The telecommunicator on the other end of the line can assist you while getting the emergency help you need on the way.
- Music Can Save Lives**

Song examples include "Stayin' Alive" by the Bee Gees, "Crazy in Love" by Beyoncé featuring Jay-Z, "Hips Don't Lie" by Shakira or "Walk the Line" by Johnny Cash. People feel more confident performing hands-only CPR and are more likely to remember the correct rate when trained to the beat of a familiar song.

When performing CPR, you should push on the chest at a rate of 100 to 120 compressions per minute, which corresponds to the beat of the song examples above.
- Learn How to Save a Life**

Watch the hands-only CPR video at heart.org and share it with the important people in your life. Hands-Only CPR is a natural introduction to CPR, and the AHA encourages everyone to learn conventional CPR as a next step. You can find a CPR class near you at heart.org/CPR.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of drowning, drug overdoses, or people who collapse due to breathing problems.
- To learn more, visit heart.org. © Copyright 2023 American Heart Association, Inc., a 501(c)(3) not-for-profit organization. All rights reserved. Visit heart.org for more information.



SPONSOR LOGO

CARDIAC ARREST VS. HEART ATTACK

People often use these terms interchangeably, but they are not the same.

WHAT IS CARDIAC ARREST?	WHAT IS A HEART ATTACK?
<p>CARDIAC ARREST occurs when the heart malfunctions and stops beating unexpectedly. Cardiac arrest is triggered by an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs.</p> <p>WHAT HAPPENS</p> <p>Seconds later, a person becomes unresponsive, is not breathing or is only gasping. Death occurs within minutes if the victim does not receive treatment.</p> <p>WHAT TO DO</p> <p>Cardiac arrest can be reversible in some victims if it's treated within a few minutes. First, call your local emergency number and start CPR right away. Then, if an Automated External Defibrillator (AED) is as soon as possible, available to help, one immediately while a local emergency or an AED.</p>	<p>A HEART ATTACK occurs when blood flow to the heart is blocked. A blocked artery prevents oxygen-rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, the part of the heart normally nourished by that artery begins to die.</p> <p>WHAT HAPPENS</p> <p>Symptoms of a heart attack may be immediate and may include intense discomfort in the chest or other areas of the upper body, shortness of breath, cold sweats, and/or nausea/vomiting. More often, though, symptoms start slowly and persist for hours, days or weeks before a heart attack. Unlike with cardiac arrest, the heart usually does not stop beating during a heart attack. The longer the person goes without treatment, the greater the damage.</p> <p>The heart attack symptoms in women can be different than men (shortness of breath, nausea/vomiting, and back or jaw pain).</p>
<p>WHAT IS CARDIAC ARREST?</p> <p>Cardiac arrest is an "ELECTRICAL" problem.</p>	<p>WHAT IS A HEART ATTACK?</p> <p>A heart attack is a "CIRCULATION" problem.</p>
<p>WHAT IS THE LINK?</p> <p>Most heart attacks do not lead to cardiac arrest. But when cardiac arrest occurs, heart attack is a common cause. Other conditions may also disrupt the heart's rhythm and lead to cardiac arrest.</p>	<p>WHAT TO DO</p> <p>Even if you're not sure if it's a heart attack, call your local emergency number. Every minute matters! It's best to call your local emergency number to get to the emergency room right away. Emergency medical services (EMS) staff can begin treatment when they arrive – up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.</p>



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American Heart Association.

COMMUNITY IMPACT: SUSTAINABLE HEALTH INITIATIVES



Quality Improvement



Nutrition Security



Blood Pressure



Cardiac Readiness



American
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Quality Improvement

Submission is Open! Deadline May 16, 2025



QUALITY IMPROVEMENT: OUTPATIENT/AMBULATORY OUTCOMES



American Heart Association.
Check. Change. Control.
Cholesterol™



American Heart Association.
Target: Type 2 Diabetes™

- Provide clinical guidelines and protocols.
- Offer free resources directed towards both providers and patients.
- Connect clinical partners to others around the country engaged in the same work.
- Offer recognition opportunities for any health care organization that demonstrates a commitment to, and/or achieves, clinical excellence.

Registration for Programs can be completed at heart.org/registermyoutpatientorg

Deadline for Submission is May 16th, 2025

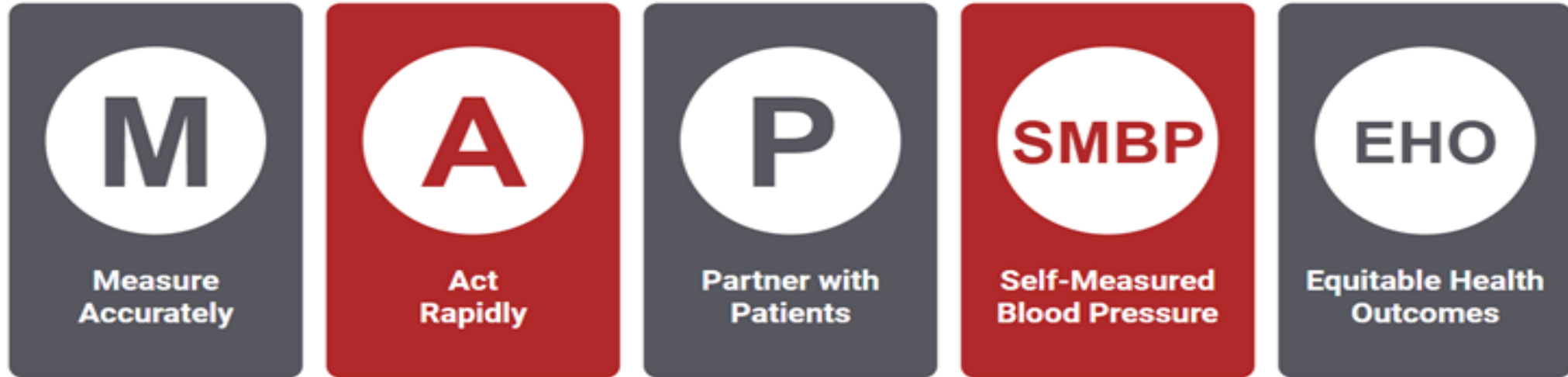


American Heart Association.
Outpace CVD

BLOOD PRESSURE RESOURCES



Target: BP Pillars of Evidence-Based Activities



- [Quality Improvement Tools and Resources Page](#)





TYPE 2 DIABETES RESOURCES



DOWNLOADABLE PATIENT RESOURCES

- What is Diabetes?*
- Types of Diabetes*
- Take Care of Your Heart When You Have Type 2 Diabetes*
- 4 Questions to Ask Your Doctor About Diabetes and Your Heart*
- 7 Tips to Care for Your Heart When You Have Type 2 Diabetes*
- Where to Begin on Your Heart Care Journey
- ADA's Ask the Experts Overview Sheet
- Medication Chart

*Available in Spanish





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Blood Pressure

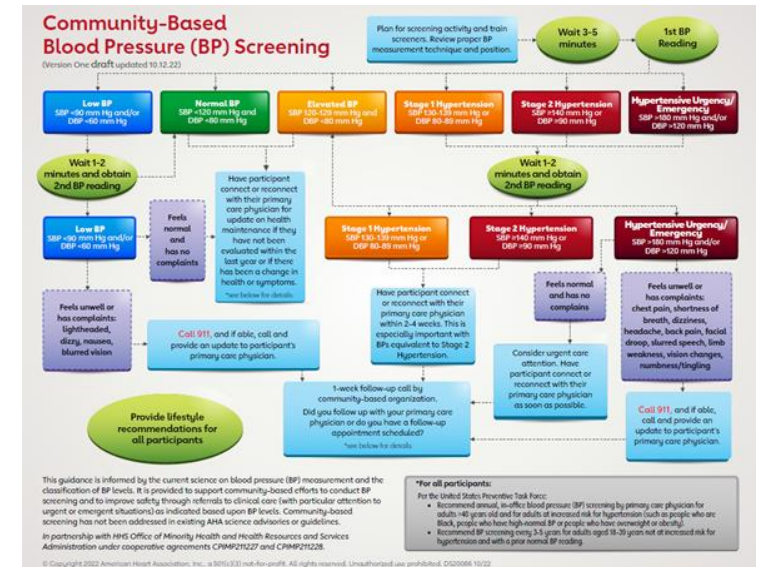
Prevention and Management Resources and Tools



CLINICAL (SMBP) SELF-MEASURED BLOOD PRESSURE



- SMBP programs allows patients to record their blood pressure from the comfort of their own home.
- Benefits
 - Improves the accuracy of diagnosing high blood pressure
 - Better management of patient's blood pressure
 - Helps patients adhere to treatment
 - Reduces barriers in care



PREPARING FOR SUCCESS

Self-measured blood pressure Patient training checklist

Instructions: To ensure all necessary steps and components are covered, use this checklist when training your patient's on how to perform self-measured blood pressure (SMBP).

Gather supplies

- Tape measure
- [What is SMBP?](#) (PDF)
- [SMBP infographic](#) (PDF in English or Spanish)
- [SMBP recording log](#) (PDF)
- [SMBP device accuracy test](#) (PDF)

Provide background information on SMBP to the patient (if not explained by provider)

- Explain how SMBP allows the provider to get a more accurate and complete picture of the patient's blood pressure outside of the office (more readings, over a longer period of time, in the patient's normal environment)
- Tip: Hand out the "What is SMBP?" document.*

Determine SMBP cuff size

- Use tape measure to measure the circumference of the patient's mid-upper arm in centimeters (see image for more detail)
- Tip: Ideally, this is done before the patient purchases a device so you can ensure the device and cuff purchased are appropriate for the patient.*



Locate mid-upper arm

Using a measuring tape, place one end on the bony prominence at the shoulder (acromion process) and measure the length of the arm to the bony protuberance at the elbow (olecranon process). Divide this distance in half and that is the mid-upper arm where you should measure the arm circumference for determining cuff size.

Source: https://www.cdc.gov/nchs/data/r/fares/2017-2018/manuals/2017_Arthropometry_Procedures_Manual.pdf

Check patient's SMBP device for accuracy

Tip: Use the SMBP device accuracy test.

Determine the patient's blood pressure arm (if not currently identified)

- Measure the patient's blood pressure in each arm and use the arm with the higher reading for all future readings

Teach patient how to properly prepare for self-measurement

- Avoid caffeine, tobacco and exercise for at least 30 minutes before measurement
 - Empty bladder if full
 - Take BP measurements before blood pressure medications
- Tip: Show [SMBP training video](#) and hand out the [SMBP infographic](#).*

Teach patient the proper positioning for self-measurement

How to measure your blood pressure at home

TARGET:BP | American Heart Association | AMA

Follow these steps for an accurate blood pressure measurement

- #### 1. PREPARE

Avoid caffeine, smoking and exercise for 30 minutes before measuring your blood pressure.

Wait at least 30 minutes after a meal.

If you're on blood pressure medication, measure your BP before you take your medication.

Empty your bladder beforehand.

Find a quiet space where you can sit comfortably without distraction.
- #### 2. POSITION
- #### 3. MEASURE

Rest for five minutes while in position before starting.

Take two or three measurements, one minute apart, twice daily for seven days.

Keep your body relaxed and in position during measurements.

Sit quietly with no distractions during measurements—avoid conversations, TV, phones and other devices.

Record your measurements when finished.

Content provided by **AMA** | **MAPBP**

The Patient and the device are not affiliated with providers of the services listed above for self-measured blood pressure. The equipment and services are not affiliated with the American Heart Association or the American Medical Association.

7 Day Recording Sheet Self-Measured Blood Pressure Monitoring

Name: _____ Date: _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
MORNING ☼ 1 SYS DIA	MORNING ☼ 1 SYS DIA PULSE	MORNING ☼ 1 SYS DIA	MORNING ☼ 1 SYS DIA	MORNING ☼ 1 SYS DIA	MORNING ☼ 1 SYS DIA	MORNING ☼ 1 SYS DIA
	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE
NOTES	NOTES	NOTES	NOTES	NOTES	NOTES	NOTES
EVENING 🌙 1 SYS DIA	EVENING 🌙 1 SYS DIA PULSE	EVENING 🌙 1 SYS DIA	EVENING 🌙 1 SYS DIA	EVENING 🌙 1 SYS DIA	EVENING 🌙 1 SYS DIA	EVENING 🌙 1 SYS DIA
	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE
NOTES	NOTES	NOTES	NOTES	NOTES	NOTES	NOTES

Diagnostic SMBP, measure for 7 consecutive days

Confirmed hypertension, measure for 7 consecutive days prior to next office visit

Report Back Results By

- Phone
- Patient portal
- Bring back device or written log

If your blood pressure measurement is:

MORE THAN	BETWEEN	LESS THAN
SYS DIA	SYS DIA & SYS DIA	SYS DIA

Your blood pressure is high. Reread in 5 minutes. If it remains in this range, call your physician immediately.

This is the desired range for your blood pressure. Please continue to monitor your blood pressure as you have been instructed by your care team.

Your blood pressure is low. Reread in 5 minutes. If it remains in this range, call your physician immediately.

INSTRUCTIONS: If at any time you feel lightheaded or have a headache, check your blood pressure and call the office immediately.

Let's Talk About Blood Pressure

High Blood Pressure: The Silent Killer

Explore ↓

Am I at Risk for High Blood Pressure?

Explore ↓

Talking About High Blood Pressure

Explore ↓

How Can I Lower My Blood Pressure?

Explore ↓



COMMUNITY BLOOD PRESSURE HUBS (SCREEN AND REFER)



- Self-driven, complimentary program to clinical SMBP.
- It can be hosted in libraries, senior centers, churches, or other community gathering places.
- Provides access to blood pressure monitors in a safe and familiar place.
 - Organization can also host devices that can be checked out for at home use.
- AHA provides educational materials and training for each site.
 - Hosting site staff are not required to have medical knowledge and are not requested to provide medical.
- Two-way referral model



**Clinton Rose Senior Center,
Milwaukee**

COMMUNITY BLOOD PRESSURE HUB RESOURCE MATERIALS



Community Hypertension Hub Staff Orientation Resources

Thank you for helping your library be part of our **Community Hypertension Hub** program. High blood pressure (HBP) – or hypertension – impacts 120+ million American adults. Because HBP is known as the ‘silent killer’ and often has few to no symptoms, many people do not know they have it, putting them at increased risk for heart attacks, stroke, kidney disease, etc.

Your participation as a **Community Hypertension Hub** creates an important opportunity to meet people where they are and empower them to learn about health and take action to improve it. You are not checking blood pressure but, rather, making it possible for people to learn about Self-Measured Blood Pressure (SMBP).

Access to monitors **does not** replace visits with health care professionals and you are **not asked in any way** to function as a clinician. We **do hope you’ll understand the basics of HBP, feel comfortable showing patrons how to use the monitors, and know where to point them for more information.** A variety of educational materials are provided for you to have available for the program, but below are the ones that, especially together, should give you a good understanding of HBP! **We would ask that all involved staff review these tools.**

- What is High Blood Pressure?** This 1-pg guide explains the basics of HBP and what the numbers mean.
- How can I reduce my HBP?** Overview of general ways to address your HBP.
 - This **chart** has similar information and is available in Spanish & Chinese.
- Talk About BP.** This mobile friendly “guide” functions as a sort of HBP 101, including what the numbers mean, what to do about them, and how to measure your BP. It is featured (via QR Code) on the large **Community Hypertension Hub** poster provided.
- Good technique is important for SMBP. This **video** shows **how** to use a monitor like the ones you received to measure your own blood pressure. (Here is the same video in **Spanish** and an **infographic** that also shows proper positioning).
- Be sure to review the **BP Referral Sheet** created for your Community. This provides important information to help patrons get connected to local health care organizations who can provide further guidance and support as they seek to understand and control their blood pressure.

Additional Materials

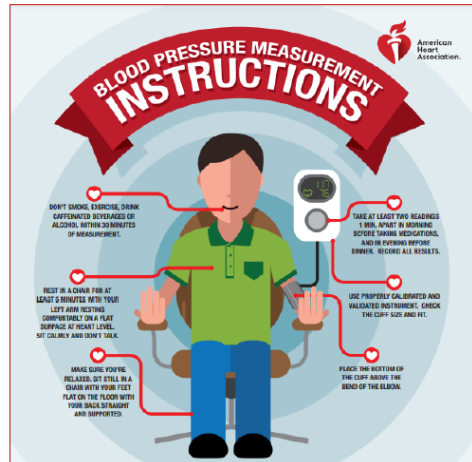
- This **website** hosts simulations of blood pressure (& more) showing how the cardiovascular system is functioning.
- Review **Answers by Heart & Healthy For Good** for additional one-page sheets and infographics on health topics and tips for improving diet, physical activity, etc.

Staff with Questions? Please reach out to Tim.Nikolai@heart.org at the American Heart Association.



Community Hypertension Hub

Helping you check your blood pressure right where you are.



Scan for a video on how to use this monitor to check your own blood pressure!

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120



Scan to access a guide on understanding and measuring your blood pressure.



Community Hypertension Hub

Connecting with Health Care

These blood pressure monitors are provided as a public service to our community.

- They are to help individuals understand an important indicator of heart health but **should not replace medical visits.**
- The device model was selected for its accuracy, and every effort is made to maintain their functionality, but **they should not be used to diagnose high blood pressure.**

Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

heart.org/bplevels

How to Participate

- Using the proper technique (see display materials), take your blood pressure.
- Review the blood pressure levels on the chart above.
- If your blood pressure is high, wait quietly for five (5) minutes and take it again.
- If your blood pressure is still high, or you have additional questions about what the numbers might mean, contact your doctor's office to make an appointment.

If you do not have a local doctor, a list of local health care sites and their contact information is provided for your convenience:

- Lakeshore Community Health Care***, 2719 Calumet Avenue (920) 686-2333.
 - This site may help provide free or reduced cost access to medical care.
- Aurora Urgent Care**, 3509 Dewey St, (920) 686-5731.
- Holy Family Memorial Walk-in Clinic**, 1650 S. 41st St. (920) 320-2436

If this is a medical emergency, please call 9-1-1.



My blood pressure log

Name: _____

Instructions:

- Try to check your blood pressure twice a week.
- For best results, sit comfortably with both feet on the floor for at least two minutes before taking a measurement.
- Review the proper technique for checking your blood pressure including resting your arm on a table so the blood pressure cuff is at about the same height as your heart.
- Record your blood pressure on this sheet and show it to your doctor at every visit.

Date	Blood Pressure Reading	Date	Blood Pressure Reading
Day 1: AM	/ /	Day 5: AM	/ /
Day 1: PM	/ /	Day 5: PM	/ /
Day 2: AM	/ /	Day 6: AM	/ /
Day 2: PM	/ /	Day 6: PM	/ /
Day 3: AM	/ /	Day 7: AM	/ /
Day 3: PM	/ /	Day 7: PM	/ /
Day 4: AM	/ /	Day 8: AM	/ /
Day 4: PM	/ /	Day 8: PM	/ /

Always losing papers?
Going green?

A variety of blood pressure monitoring apps are also available for Apple & Android.



Scan for tips on finding the right health app.



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Nutrition Security



NUTRITION SECURITY SOLUTIONS



Changing Policies & Practices

Educational Resources

- Screening for nutrition insecurity and referral to resources in libraries, clinics, YMCAs, and more.
- Helping increase access to healthy produce by working with farmer's markets, food pantries and more.
- Food As Medicine
- Nutrition Rx

“Now I can finally shop here since you have EBT.”
- Rural Farmers Market Customer

FOOD INSECURITY SCREENING AND REFERRAL PROCESS

4-STEP SCREENING AND REFERRAL PROCESS

- 1 Identify individuals living in households experiencing food insecurity via simple screening questions.
- 2 If they are food insecure and respond with interest in receiving initial support, connect individuals to national, government and/or community resources for help.
- 3 Recommend these individuals to follow up with a health care professional (as appropriate). Note: Consider establishing a relationship with a local free/low-cost health care provider for warm referrals. (Search at: www.wafaclinics.org/find-a-clinic.html)
- 4 Follow up with these individuals 1-2 months after you make the resource referral.

HOW DO I SCREEN FOR FOOD INSECURITY?

Two questions from the Hunger Vital Sign™ assessment enables you to assess the food needs of an individual and their household quickly:

- 1 "Within the past 12 months, we worried whether our food would run out before we got money to buy more."
 - * For private household was that Often true, Sometimes true, Never true...?
- 2 "Within the past 12 months, food we bought just didn't last and we didn't have money to get more."
 - * For private household was that Often true, Sometimes true, Never true...?

Cautioning: A response of sometimes true or often true to either question should trigger a referral for food resources.

Frequency: Screening for food insecurity generally takes one minute or less. It should not be done more frequently than once every 30 days.

HOW DO I SENSITIVELY ADDRESS THE ISSUE?

Be prepared: Seek out trainings and resources to help you feel confident and prepared to make a positive impact.

Be private: Conduct screenings in a private setting and by someone in a trusted, professional position, for example, helpful volunteers educated in food insecurity who are invested in the social health needs of individuals may be able to help.

Be sensitive: Make sure the conversation is held in a respectful and comfortable format for both you and the individual. One good practice is to preface the screening with a statement like this: "As you likely know, access to nutritious food is an important part of managing your health, and I'm in a position where I can connect you to resources should you need help."

STOCKING HEALTHY PANTRIES

Heart Healthy Food Drive Toolkit

THE SUGARY SIX

DID YOU KNOW?

Added sugars can be found in these six popular foods and beverages.

- 1 **Regular Sodas, Energy and Sports Drinks**
Just one can of regular soda has about 35 teaspoons of sugar. Water is a healthier choice. Try adding slices of cucumber or fruit to boost flavor.
- 2 **Fruit Drinks and Punches**
Fruit-flavored drinks, including beverages, including fruit-flavored drinks, are the No. 1 source of added sugars in the U.S. diet. An 8-ounce fruit punch could have 23 grams of added sugar.
- 3 **Candy**
A 1.5-ounce chocolate bar has 21 grams of added sugar — nearly a whole day's worth for women and kids. Get some protein or other health fruit, or a handful of nuts, instead.
- 4 **Sweet Baked Goods**
One snack-size, frosted
- 5 **Dairy Desserts and Milk Products**
Two-thirds of a cup of
- 6 **Sweetened Breakfast Foods**
Skip the morning sugar

PROTEIN PORTION

Healthy for Good logo

Healthy for Life®

Educational Experiences

Welcome Toolkit

The American Heart Association and Aramark are working together to help improve the health of all Americans 20% by 2020.

Teaching Gardens Network Resources

American Heart Association Recipes





American
Heart
Association.

Cardiac Readiness



CARDIAC READINESS



Cardiac Emergency Response Plans (CERPs)

- A CERP is a written document that establishes the specific steps to reduce death from cardiac arrest in any setting
- Developing [Cardiac Emergency Response Plans](#) for schools and community spaces.



The American Heart Association (AHA) wants all people to learn First Aid, CPR and AED to create a generation of people that are prepared to act in an emergency, putting more qualified lifesavers in our communities and creating a Nation of Heartsavers™.

About 9 in 10 cardiac arrest victims who receive a shock from an AED in the first minute live. During cardiac arrest, CPR can double or triple a person's chance of survival.

All schools, workplaces, and sports facilities should establish a Cardiac Emergency Response Plan (CERP). The following checklist contains the minimum steps to include in your plan:

- Establish a Cardiac Emergency Response Plan (CERP) and Team.
- Share** the CERP at your site. Ensure the plan is integrated with local emergency medical services, fire and police (if applicable). Post the CERP in key locations throughout the site.
- Implement Automated External Defibrillator (AED) placement and a routine maintenance schedule within the school, workplace, or athletic facility (similar to fire-extinguisher protocols)
- Schedule and maintain ongoing staff training in First Aid, CPR and AED
- Educate as many people as possible in Hands-Only CPR (which can be used for teens and adults). If feasible, include information on rescue breathing and/or



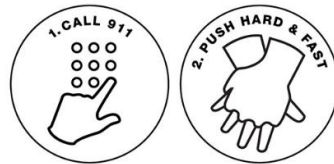
NATION OF LIFE SAVERS



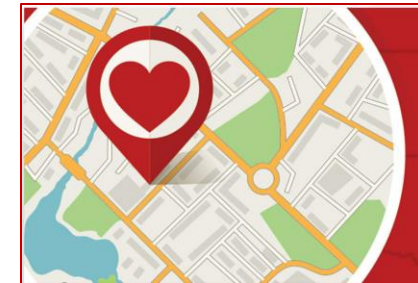
- Our goal is to turn bystanders into life savers
- Systematically integrating CPR training to reach populations in need
- Anyone can learn Hands Only CPR in 60 seconds



**2 STEPS
TO SAVE A LIFE**



**CPR Anytime Kits
(Adult or Infant)**



**CPR Training Center
Locator**

[Join the Nation of Lifesavers today!](#) Learn CPR. Save a Life.





American
Heart
Association.

Training Resources

COMMUNITY FACING

PROFESSIONAL EDUCATION

Collections of Presentations

- [Healthy For Life Nutrition Lessons](#)
- [Empowered To Serve Modules.](#)

Ongoing Opportunities

- KDBH: [Ask The Experts Podcasts.](#)
- [House Calls: Real Docs, Real Talk™](#)

- [Health Equity](#)
- [Hypertension](#)
- [Resuscitation](#)
- [Stroke & Brain Health](#)
- [Telehealth Professional Cert.](#)
- [Tobacco Treatment Certification.](#)



A mix of free / \$\$ options.



[Future](#) & [Past](#) webinars.



AHA WORKING IN RURAL WISCONSIN



Blood Pressure & Beyond - in the Rural Midwest Grant for Health Care Organizations*

Receive up to \$2000* for your efforts in addressing rural health outcomes.

In July of 2024, the American Heart Association released a [Presidential Advisory: Forecasting the Burden of Cardiovascular Disease \(CVD\) & Stroke in the U.S. Through 2050—Prevalence of Risk Factors and Disease](#). The report emphasized the role that a growing incidence of high blood pressure and diabetes will play in the overall growth of CVD while anticipating a continued disproportionate impact on rural areas.

Furthermore, the Advisory encourages the need for a comprehensive approach to prevention and management. Thus, we are working with health systems, Rural Health Clinics, Federally Qualified Health Centers, free clinics, and, more recently, pharmacies, dentists, behavioral health clinics, etc, to improve the clinical response to chronic disease disparities. In many cases, we are working with those same organizations to integrate opportunities to address the Social Drivers of Health (SDOH) and improve resource access in coordination with local community based organizations.

Deaths from cardiovascular disease increased among younger U.S adults in rural areas

American Heart Association Scientific Sessions 2024, Abstract Poster MDPI058

Meeting People Where They Are Improving Health in Collaboration with the Places Where Rural Communities Gather



Receive up to \$1500 for your efforts to improve health in your community.

The American Heart Association's mission to be a *relentless force for a world of longer, healthier lives* is a prospect that is increasingly difficult in many rural communities. Among other health challenges, rural Americans face higher rates of [high blood pressure](#), [nutrition insecurity](#), [tobacco use](#), [cardiac arrest death rates](#), and more. At the same time, rural communities have strong assets – organizations and individuals who are dedicated to making a difference and thinking creatively to overcome challenges. That reality aligns with our Guiding Values which include a focus on “meeting people where they are” and “building powerful partnerships.”

Rural Health Care Outcomes Accelerator



Improving care at hospitals and clinics with no-cost access to Get With the Guidelines® programs for coronary

HeartCorps



Enlisting service-minded people to work in rural communities to improve heart health.

Health Equity Research Network on Rural Health



Funding \$20 million in projects to find fresh solutions to the issues.

ADVOCACY

- Postpartum Extension
 - Wisconsin and Arkansas are the only states without an extension
 - Move from 2 months of coverage to 12 months for **Mom** and Baby
- Cardiac Emergency Response Plan Implementation with Financial Support for Schools
- Healthy School Meals for All

ADD YOUR VOICE: American Heart Association You're The Cure Advocacy Network

Every day, Americans' lives are touched by heart disease and stroke. Whether it is our own health that is impacted or the lives of family members, friends, or co-workers, there is a lot at stake when it comes to fighting our nation's No. 1 and No. 5 killers. But we all have the power to make a difference by speaking out for policies that help build healthier communities and healthier lives.

We're a community of fathers and mothers, neighbors and friends, researchers and caregivers, passionate about an America that's free of heart disease and stroke. Each day, we work together to advocate for heart-healthy and stroke-smart communities through legislative and regulatory policies in our cities, states and across the country, and **we hope you'll join us!**



Become an Advocate Today!



Enter your information to sign up

Full Name *

Address *

Zip * city and state not required

Phone *

Email *

Submit →

- Send me emails about this campaign
- Send me text messages about this campaign

By clicking on the Submit button above, I am agreeing to the terms of the AHA's Privacy Policy, the Mobile User Agreement, and the Terms of Use for this website.

*By checking the "Send me text messages" checkbox below, I agree to receive no more than 5 texts per month from the AHA's Advocacy program to the mobile number I have provided in the above form. I understand that I am not required to provide my consent to receive text messages as a condition to participating in this program. Reply HELP for help, Reply STOP to unsubscribe. Message and data rates may apply.



[ADD YOUR VOICE: American Heart Association You're The Cure Advocacy Network](#)



NEXT STEPS...

- 1) Share these tools and resources to educate your friends, family, and community.
- 2) Fill out our [interest survey](#) if your organization or another in your community might be interested in:
 - Being a host for a Community Blood Pressure Hub
 - Systemic screening for Nutrition Insecurity (and/or other SDOH)
 - Adopting a Cardiac Emergency Response Plan
 - Clinical quality improvement
- 3) Consider sharing the rural grant opportunities.

QUESTIONS OR ASSISTANCE?

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Subscribe to the (Rural) Health Update



UPCOMING EVENTS:

Tuesday, February 4th:

American Heart Month Kickoff @ the State Capitol

Friday, February 7th: **National Wear Red Day**

- **Share your pictures on Social with #WisconsinGoRed**

Volunteer with Us!

Saturday, February 15th: **MKE Heart & Stroke Ball**

Friday, February 21st: **Go Red For Women** – Madison

Tuesday, April 15th: **Advocacy Day in Madison!**



THANK YOU!!

