

OBJECTIVES OF THIS SESSION 1. DISCUSS THE PRIORITY AREAS FOR MILLION HEARTS 2022. 2. DESCRIBE THE APHN-ACADEMIC PARTNERSHIP AND CONSIDER WAYS TO INITIATE SIMILAR PARTNERSHIPS WITH ACADEMIC INSTITUTIONS IN THEIR COMMUNITY TO SUPPORT THE WORK OF APHN AND THEIR MEMBERS. 3. RELATE APHN STRATEGIC FOCUS AREAS TO ACTIONS THAT SUPPORT MILLION HEARTS 2022 AND NURSING STUDENT LEARNING OUTCOMES. 4. REFLECT ON LIFESTYLE IMPROVEMENTS THAT CAN BE MADE AT A PERSONAL LEVEL TO IMPROVE HEART HEALTH AND PROVIDE A LIVING EXAMPLE OF POSITIVE CHANGE FOR THEIR COMMUNITIES.

	IILLION HEARTS 2022
	NG PEOPLE HEALTHY (COMMUNITY)
	REDUCE SODIUM INTAKE DECREASE TORACCOLISE
	DECREASE TOBACCO USE NORFASE PHYSICAL ACTIVITY
	MIZING CARE (CLINICAL)
	 IMPROVING ABCS (ASPIRIN THERAPY, BLOOD PRESSURE CONTROL, CHOLESTEROL MANAGEMENT & SMOKING CESSATION)
	INCREASE USE OF CARDIAC REHAB
	ENGAGE PATIENTS IN HEART-HEALTHY BEHAVIORS
MPR	OVING OUTCOMES FOR PRIORITY POPULATIONS
	BLACKS/AFRICAN-AMERICANS
	• 35-64 YEAR-OLDS
	PEOPLE WHO HAVE HAD A HEART ATTACK OR STROKE
	PEOPLE WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS

MILLION HEARTS COLLABORATION

- APHN IS A MEMBER OF THE MILLION HEARTS COLLABORATION
- CO-LED BY AHA & NATIONAL FORUM FOR HEART DISEASE & STOKE PREVENTION
- OTHER PARTNERS: THE OHIO STATE UNIVERSITY, PCNA, NACCHO, ASTHO, PHARMACY ASSOCIATION
- CALLS EVERY-OTHER MONTH AND IN-PERSON MEETINGS IN WASHINGTON, DC TWICE/YEAR

APHN COMMITMENTS TO MH 2022

- KEEP MILLION HEARTS/CHRONIC DISEASE PREVENTION & MANAGEMENT "IN FRONT ON" APHN MEMBERS.
- 2. DEVELOP AND DISSEMINATE SUCCESS STORIES THAT HIGHLIGHT HOW PUBLIC HEALTH NURSES ARE MOVING THE NEEDLE/IMPACTING CARDIOVASCULAR HEALTH.
- 3. ENCOURAGE PUBLIC HEALTH NURSES TO GET INVOLVED IN MILLION HEARTS® AND PROMOTE THE INITIATIVE.
- 4. FOR COLLECTIVE IMPACT, CONNECT WITH OTHER NURSING PARTNERS TO IDENTIFY WAYS TO ADVANCE MILLION HEARTS*.

ACADEMIC NURSING PROJECT

PROJECT GOALS:

- 1. EDUCATE APHN MEMBERS ON THE MILLION HEARTS INITIATIVE AND 2022 PRIORITIES.
- COLLABORATE WITH OTHER NURSING ORGANIZATIONS AND PARTNERS ON MILLION HEARTS GOALS.
- COLLECT STORIES FROM COMMUNITY/PUBLIC HEALTH NURSES TO SHOW THE IMPACT OF THEIR WORK WITHIN THE MH 2022 PRIORITY AREAS AND DISSEMINATE THEM ON APHNS MILLION HEARTS WEBPAGE.
- 4. PROMOTE HEART-HEALTHY LIFESTYLES AMONG APHN MEMBERS.

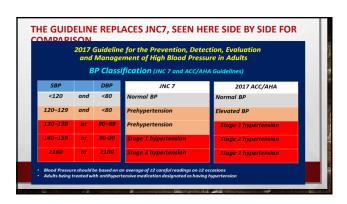


• PA	RTICIPANTS: 49
• AV	VERAGE TIME: 3 MINUTES
• AV	YERAGE SCORE: 70% (LOWEST: 30% HIGHEST: 100%)
• AR	IEAS THAT PHINS SCORED THE HIEIGES: ** DERINGNET OPULATION HARTH STREATEGY* (90%) ** TRAGEQWINEN TO CALE 912 (90%) ** KNOWLIDGE READANDS HE AREOS OF MILLION HEARTS (88%)
• AR	REAS THAT PHINS SCORED THE LOWEST:
	% OF PARTICIPANTS WERE CORRECT ON THE PERCENTAGE OF HEART ATTACKS AND STROKES ARE PREVENTABLE THROUGH HEALTHY **ESTYLE BEHAVIORS. WHAT DO YOU THINK?**

MILLION HEARTS EDUCATIONAL MODULES
MILLION HEARTS FELLOW MODULES TRAINING ON CONDUCTING MILLION HEARTS SCREENINGS FREE ACCESS AND CEUS FOR APHN MEMBERS

		Cla	ssification and M	lanagement of	Blood Pressure for A	dults	
BP Classification	Systolie* BP		Diantelic* BP	Lifertyle Modification	Initial Drug Therapy Without Compelling Indications**	Initial Drug Therapy With Cardio-Vascular risk factors**	Referral and Follow-Up
Normal	less than 120	and	less than 80	Encourage	None	None	Re-uses in 1 yr.
Elevated	120-129	and	less than \$0	Yes	Possible BP lowering medications	Possible BP Lowering medications are recommended if cardio-vascular risk factors** are present.	Refer to physician if cardio-vascular risk factors ¹⁸ are present (re-assess in 1 month). Otherwise, re-assess in 3-6 months. Document follow-up.
Stage 1 Hypertension	130-139	or	\$0.59	Yes	Possible BP lowering mediatrices are recommended	BP lowering medications are recommended if cardio-vascular risk factors ⁴⁸ are present.	Refer to physicism. If cardio-vascular risk factors** are present, re-assess in 1 month. Otherwise, re-assess in 3-6 meeths. Document follow-up.
Stage 2 Hypertension	140 or higher	or	90 or higher	Yes	BP lowering medications are recommended	BP lowering medications are recommended	Refer to physician Re-assess in 1 month. Document follow-up.
Hypertensive Crisis	higher than 180	and/ or	higher than 120	Yes			Re-take BP in 5 min. If still elevated, see physician numediately

Blood Pressure	e Categor	ies	American Heart Stroke Association Association
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		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





CONNE	CTING WITH PCNA	
• WHAT IS PCNA? • UPCOMING WEBIN	IAR: JUNE 19 AT 2:00 PM EST	



PHN SUCCESS STORIES CALL FOR STORIES HAS BEEN THERE, BUT WITH LITTLE RESPONSE OR FOLLOW-UP EMAIL ACCOUNT CREATED TO COLLECT STORIES: phnursestories@gmail.com GOAL IS TO DEVELOP AN "EMERGING PHN PRACTICES IN CARDIOVASCULAR HEALTH" GUIDE AND/OR A MINI-LEARNING COLLABORATIVE NEW IDEAS: RECORDING INTERVIEW



Α	APHN MILLION HEARTS MEMBER CHALLENGE
PHI	AL-TO MEASURABLY IMPROVE THE HEALTH OF INDIVIDUAL PHIS IN ALIGNMENT WITH MILLION HEARTS 2022 GOALS. THIS WILL ALLOW MS TO BE ABLE TO UNDERSTAND ON A PERSONAL LEVEL THE LIFESTIVE CHANGES REQUIRED TO A CHIEVE A HEART-HEALTHY LIFESTYLE, CHIEV WILL MAKET HEN'E MORE GEOLOPED TO ASSIST MEMBERS OF THE COMMUNITY TO IMPROVE THEIR HEALTH.
но	W TO PARTICIPATE:
	SCORE YOURSELF: USING THE HEALTH CONTINUUM GRID, RATE YOUR HEALTH IN EACH OF THE SIX FOCUS AREAS, FROM 5 (IDEAL) TO 1 (SIGNIFICANT HEALTH RISK).
	SELECT AREAS FOR IMPROVEMENT: CHOOSE AT LEAST TWO AREAS THAT YOU WOULD LIKE TO IMPROVE, PREFERABLY ONE OF THEM BEING A CATEGORY IN WHICH YOU SCORED THE LOWEST.
	SET A GOAL: SET YOUR GOAL FOR IMPROVEMENT (I.E IF YOU SCORED A 2 ON STRESS MANAGEMENT, YOUR GOAL MIGHT BE TO IMPROVE YOUR SCORE TO A 4).
	SPECIFY A TIME FRAME: ONCE YOU HAVE SELECTED YOUR GOAL, SET A REASONABLE TIME FRAME IN WHICH YOU WOULD LIKE TO REACH YOUR GOAL
•	SHARE YOUR SUCCESS

About Abou	Comparison of the person with the person win the person with the person with the person with the person with			Sodium Intake	Tobacco Use	Physical Activity	BP Control	Cholesterol	Stress Mgt. Skills
4 3,400 Social sent Dally activity but 100-129/400 [10x 100-129] special events characteristic (desarroll) [controlled (processed) 10x 100-129] special events (desarroll) [controlled (processed) [controlled (processed) 10x 100-129] special events (desarroll) [controlled (processed)	4 3,000 Social sent/ Duby activity but 120-129-1400 10x 100-129 (pleasant) operated events -0,000 activity but 120-129-1400 (pleasant) operated of my fill	[deal	•	2,300mg/day for persons with no BP issues <i>OR</i> Max of 1500/day for persons with	NO tobacco use	minutes of aerobic activity	<120/<80	LDL <100	does not affect the quality of my
3 4,000mg/day Informatizant use 2,000mg/day 1,000mg/day 1,00	3 100.00mg/day		4					(near/above	affects the quality of my life 1 days/week or
*for enference: oug Daily use: 30 min of activity >140/>90 LDL 160-189 Poor: Stress full foot med in <pre>-toock/day</pre> 1-2days/ week	*for reference: evg Daily use: 30 min of activity >140/>90 LDL 160-189 Poor: Stress int food med in <1.pocl/day 1.2days/ week affects the		3	4,000mg/day (avg. American consumption is	3 days/week or				affects the quality of my life
			2	*for reference: avg fast food meal is					

QUESTIONS/COMMENTS?	
CONTACT:	
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Thanks for joining the session!	