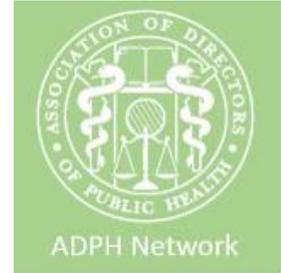




Public Health
England

Protecting and improving the nation's health



**A resource to support community activity in tackling one of the biggest causes of premature death and disability;
Cardio Vascular Disease prevention.**

Resource

Introduction

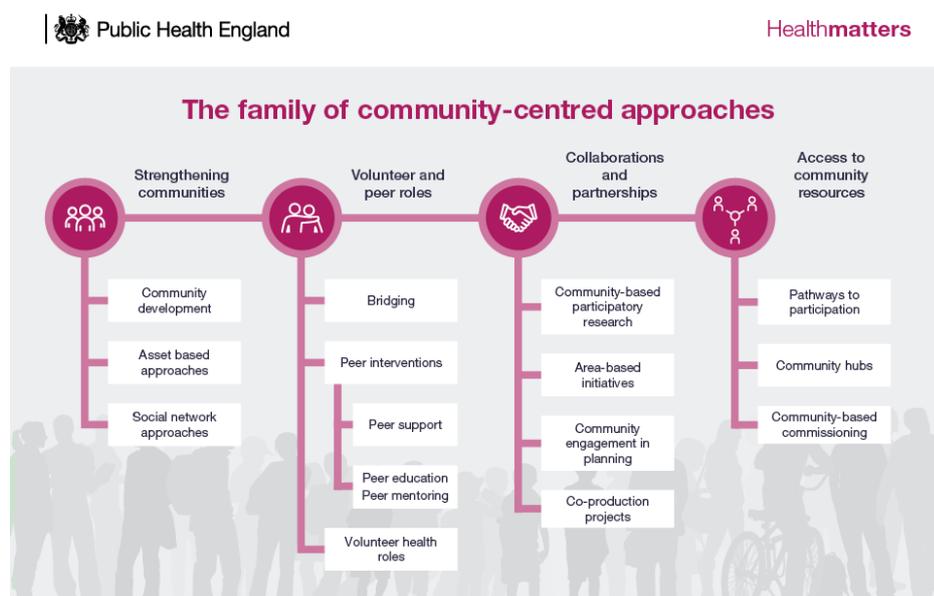
Cardio Vascular Disease (CVD) is still one of the leading causes of premature death and ill health and, is the biggest contributor to health inequalities (PHE, Healthmatters). We know that if you live in England’s most deprived areas, you are almost 4 times more likely to die prematurely from CVD than someone in the least deprived area. Not only do people die younger, they also live longer with poor health which greatly affects their quality of life and ability to participate fully in their community, family life and the workplace (PHE, Healthmatters).

To support the growing interest in healthy communities and community-centred approaches to improving health and reducing health inequalities, this resource has been developed by the CVD programme Manager in Yorkshire and Humber to look at how communities could play a greater role in CVD prevention. It has been developed following discussions with several members of the Yorkshire and Humber CVD Community of Improvement, the Yorkshire and Humber Health Service Engagement lead from the British Heart Foundation and Head of Stroke Support for the North at the Stroke Association.

This guide builds on the work set out in ‘[A Guide to Community Centred approaches to Health and Wellbeing](#)’ and subsequent documents such as [Community-centred public health: taking a whole system approach](#) and [Place-Based Approaches to Reducing Health Inequalities](#). This guide particularly focuses on the role existing community assets such as voluntary groups, clubs and organisations and the experience and social networks of local people can have in CVD prevention. This falls within the pillar of volunteer and peer roles, in the family of community centred approaches for health and wellbeing. Figure 1.

The guide assumes that those using this guide are already familiar with the concept of volunteer and peer roles.

Figure 1 The family of community-centred approaches



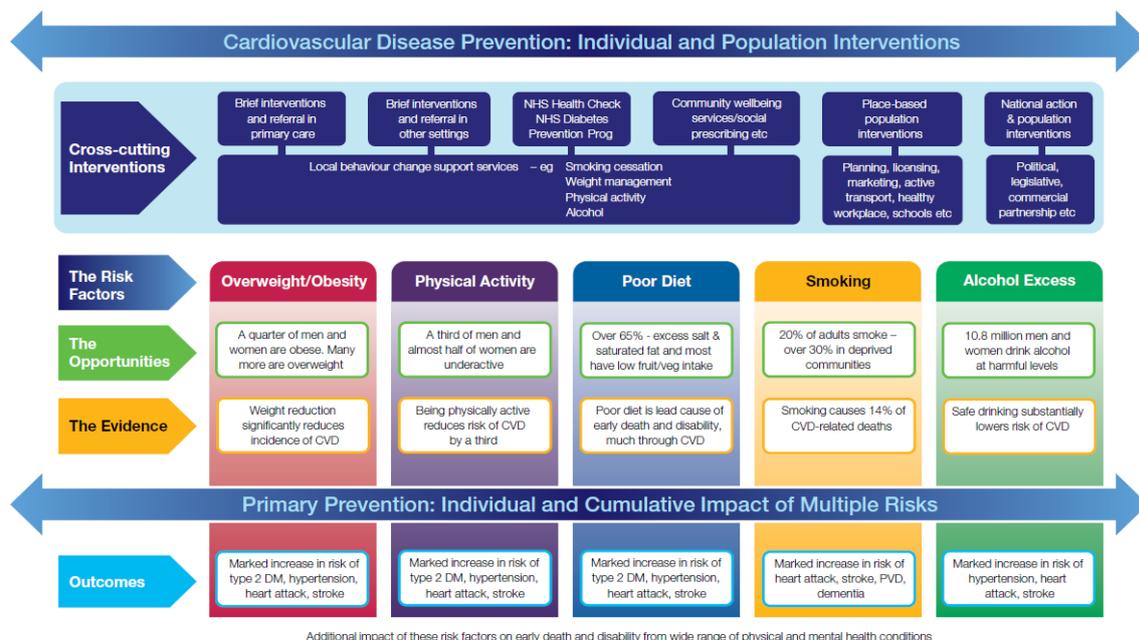
The information in this guide is intended to:

- Support those working with communities, such as community development workers, to help guide conversations to empower communities and individuals to get involved in CVD prevention
- Act as a resource of information in relation to CVD prevention, such as key messages and sources of support
- Generate ideas about how communities could take a greater role in CVD prevention

It is important to remember that different approaches will be required that reflect the different needs of and level of engagements within communities. This relies on building trusting and lasting relationships with the community. This document does not intend to go into detail about how to utilise the assets within community as there is already broad range of literature available on this.

It's also important to remember that CVD prevention is a complex issue which requires more than tackling the individual risk factors and educating people about these risks. It requires action on the environmental and social factors which influences people's opportunity for good health. The '[What Good Cardiovascular Disease Prevention Looks Like](#)' provides a helpful guide on the action required. Although some of the evidence in [What Good Cardiovascular Disease Prevention Looks Like](#) and figure 2 and 3 may be beyond the scope of the volunteer and peer roles, there are still ways for communities to get involved in implementing the evidence. Communities can get involved in sharing key messages and tailoring them to what would be well received in their community. They are well placed to ensure messages reach all parts of the community in an appropriate way.

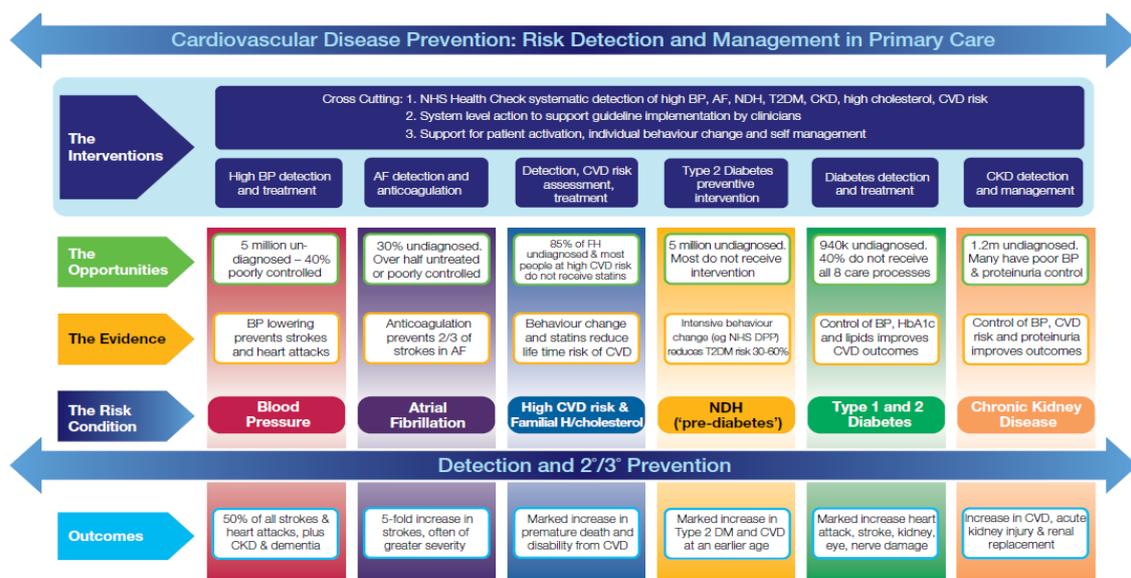
Figure 2: Primary prevention: what works?



Additional impact of these risk factors on early death and disability from wide range of physical and mental health conditions

[Ref: 2018 CVD prevention action plan](#)

Figure 3: Secondary prevention: what works?



[Ref: 2018 CVD prevention action plan](#)

The [NHS Long Term Plan \(NHS LTP\)](#) includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years. While acting on the primary prevention risk factors is still vitally important, evidence shows that addressing the clinical risk factors such as improved detection and treatment of the high-risk conditions including, atrial fibrillation, hypertension (high BP) and high cholesterol, has the potential to unlock considerable health gains. Recent work from Public Health England's Social Marketing team has identified that people are still unfamiliar with these risk factors for CVD. There is a need to ensure communities can understand the risk factors, so they can act. These messages need to be accessible and reach all those within the community, especially the vulnerable and marginalised groups. This document focuses on ways in which communities could support the key messages through volunteer and peer roles.

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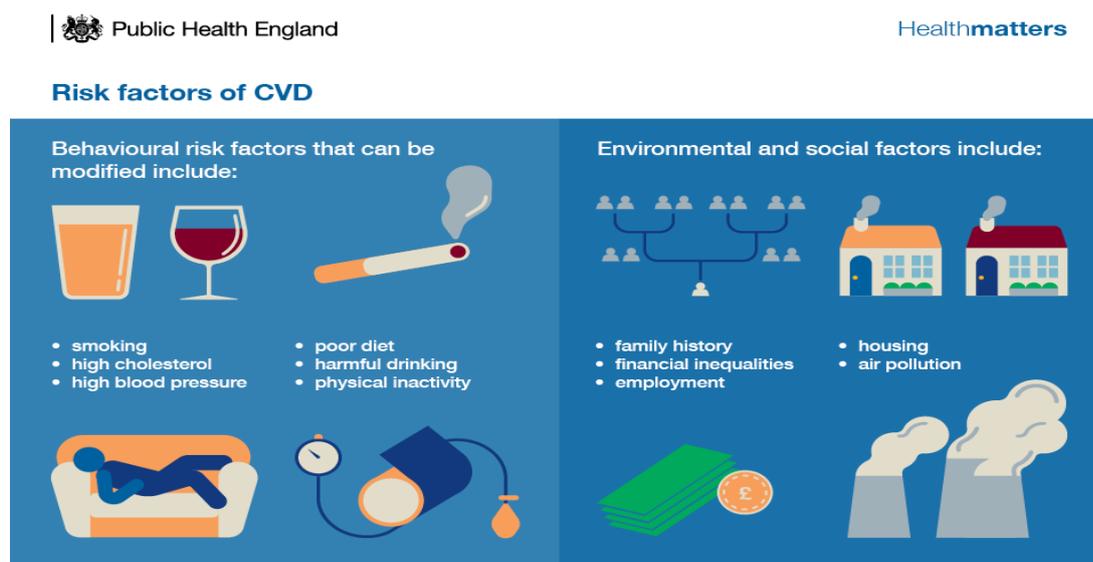
What is CVD and the scale of the problem

Cardiovascular disease (CVD) includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, high blood pressure (hypertension), stroke and vascular dementia. It's also known as heart and circulatory disease.

Latest figures from the [British Heart Foundation](#) show that around 44,000 people under the age of 75 in the UK die from heart and circulatory diseases each year. One in four deaths are due to CVD and it is estimated that 7.4 million people are living with circulatory disease. Data from the World Health Organisation, mortality database is showing that although deaths rates from heart and circulatory disease have improved since 2001, these improvements have stalled. Not only is the premature death rate a cause for concern, but also the impact living with CVD has on an individual's quality of life; CVD remains a significant contributor to disability.

Certain population groups and individuals as outlined in figure 4 are more at risk of developing CVD than others. In addition to tackling the risk factors outlined in figure 4, there has been an increased focus on the 'high risk' clinical risk factors. These high risk clinical risk factors include Hypertension (high blood pressure), atrial fibrillation and high cholesterol. Late diagnosis and under-treatment of these high-risk conditions is common, and this substantially increases the incidence of stroke and heart attack (NHS Rightcare). In addition to the high risk clinical conditions, certain population groups are also at higher risk. For example, people living a severe mental illness have a 53% higher risk of having CVD and 85% higher risk of death from CVD (NHS Rightcare). In the UK, CVD is more common in people of south Asian and an African or Caribbean background. This is because people from these backgrounds are more likely to have other risk factors for CVD, such as high blood pressure or type 2 diabetes.

Figure 4: CVD Risk factors



Awareness about CVD

Evidence from behavioural science suggests that simple and easy ways of helping people to change their behaviour are the most effective. [One You](#) has been the brand Public Health England has used to communicate, campaign and offer solutions on preventative behaviours for heart and circulatory diseases. It deliberately doesn't talk about disease and instead talks about how living a healthy life can be a struggle, whilst providing practical solutions and support to get help people get started. The [How Are You](#) quiz is an overarching component of the brand, that nudges people to think about their behaviours, explores motivation and barriers, and signposts to assets that are most relevant to the person. One of those is the [Heart Age quiz](#).

Recent work by Public Health England's Social Marketing Team identified that people are more familiar with the consequences of heart and circulatory disease such as heart attack and stroke, but are less familiar with the clinical risk factors, especially high blood pressure. Although they were familiar with the consequences of smoking, physical inactivity, poor diet on their heart, they were less familiar with the link between these risk factors and Dementia. This presents an opportunity to do more with communities to share messages about the risk factors and how people can reduce their risk. A study carried out by the Alzheimer's Society in 2016 identified Dementia as being one of the most feared health conditions in the UK. Therefore, changing the conversation to 'what's good for your heart is also good for your brain/head' may encourage people to take more action.

Key points:

- Most people are aware that they should be eating less, eating better, moving more, drinking less, and not smoking but they are just not doing it or enough of it.
- People don't want to be told what they already know; they want help to make changes

- [One You](#) in addition to local services can be great place to get ideas and help to make changes
- People are at different stages of wanting to and feeling able to make changes; a lot determined by external factors
- Promote 'what's good for your heart is also good for your brain/head'

How can communities support people to understand their risk and take action?

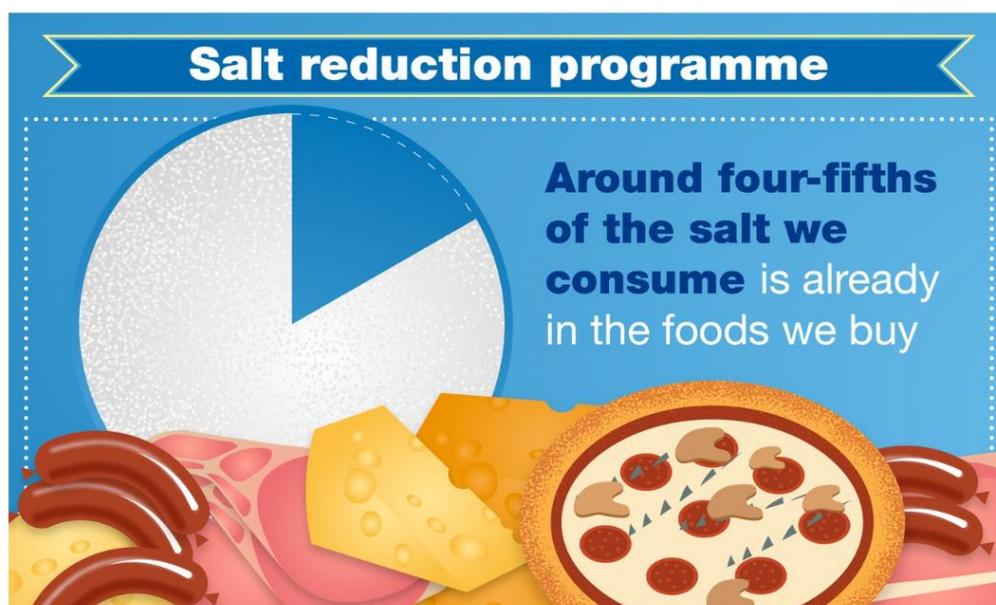
High Blood pressure

High blood pressure is medically known as hypertension. It means a person's blood pressure is consistently too high causing the heart to work harder to pump blood around the body. High blood pressure is serious and has no symptoms. If ignored it can lead to heart and circulatory diseases like heart attack or stroke. It can also cause kidney failure, heart failure, problems with sight and vascular dementia. The British Heart Foundation have produced a short two minute [animation](#) about blood pressure.

In addition to physical inactivity, too much alcohol, stress and being overweight, salt is a risk factor that people are less familiar with. As a nation, we are consuming too much salt – 8 grams a day on average. This is a third higher than government's maximum recommendation of 6 grams per day for adults, equivalent to one teaspoon.

Figure 5: Salt Reduction

 Public Health England



How communities can support:

The following provides some suggestions to how communities can support the messages. However effective community engagement will be required to adapt and tailor these messages.

- Raise awareness about the risk of high blood pressure and get involved in [May measurement](#) month or [know your numbers week](#) in September or other awareness raising campaigns
- Encourage people over 45 years who have not been diagnosed with high blood pressure to have their blood pressure checked at least every five years; this can be done by taking up the offer of the [NHS Health Check](#); some community pharmacies or GP practices have blood pressure machines free to use and don't require an appointment
- Encourage healthy behaviours and where people can get support. [One You](#) has lots of information and resources for people to use
- If organising community events, don't make salt readily available; remove it from tables and work with catering companies to reduce the amount of salt they add to food
- Help dispel myths about blood pressure, some myths might include:
 - It's not a big deal?
 - It can't be prevented?
 - I take medication so I don't need to bother about healthy behaviour
 - My medication has worked, my blood pressure is controlled now so I don't need to take my medication; you do, that's why it's now controlled.

High Cholesterol

High cholesterol is when you have too much of a fatty substance called cholesterol in your blood. It's mainly caused by eating fatty food, not exercising enough, being overweight, smoking and drinking alcohol. It can also run in families. The British Heart Foundation has produced a [short videos](#) explaining what is cholesterol and why it is bad for you. Like high blood pressure high cholesterol has no symptoms.

How communities can support:

The following provides some suggestions to how communities can support the messages. However effective community engagement will be required to adapt and tailor these messages.

- Help dispel myths about cholesterol lowering medication. People should always discuss concerns about their medication with their pharmacist, nurse or GP.
- Encourage healthy behaviours and where people can get support. [One You](#) has lots of information and resources for people to use

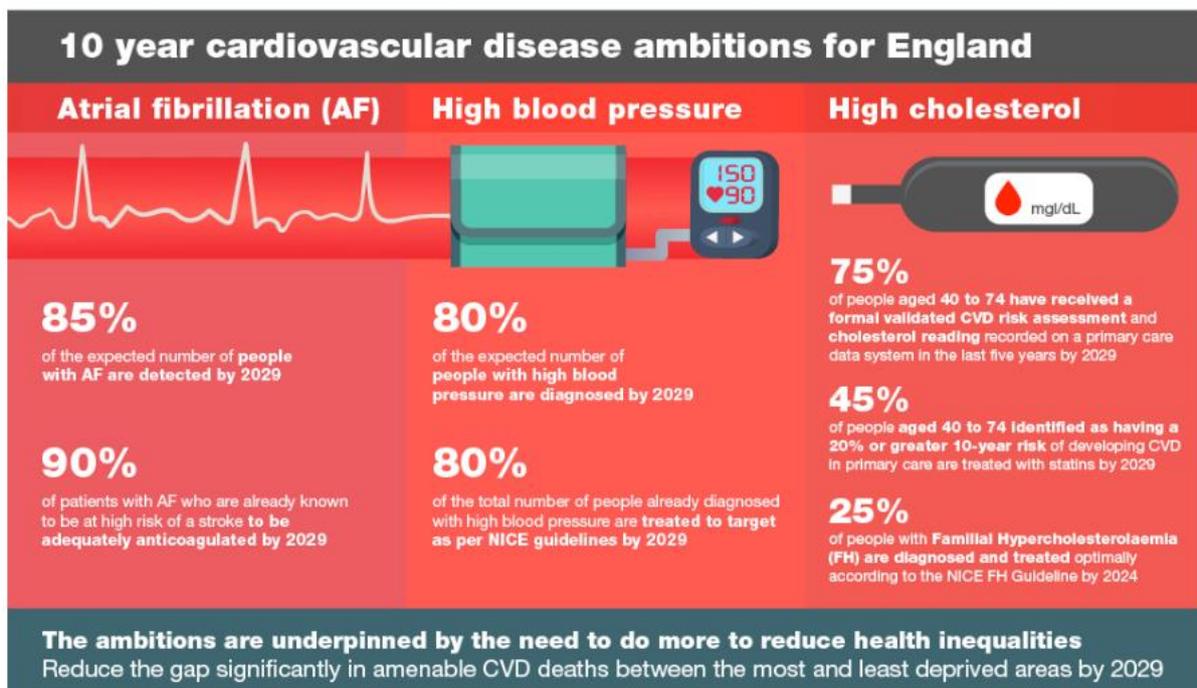
- Encourage people to take up the offer of an [NHS Health check](#) where their cholesterol levels will be tested to help establish their CVD risk factor
- Some GPs might write to patients whose cholesterol levels may be better controlled through switching to a high intensity statin, people who have had a letter from their GP and are concerned should be encouraged to speak to their GP or pharmacist
- If organising community events where food is available, offer low fat, healthier food particularly food that is lower in saturated fat

Atrial Fibrillation

Atrial fibrillation (AF) is a heart condition that causes an irregular and often abnormally fast heart rate. A normal heart rate should be regular and between 60 and 100 beats a minute at rest. AF increases the risk of a blood clot forming inside the heart. If this clot travels to the brain it can lead to a stroke. All strokes are different but according to the AF Association, AF is the most powerful single risk factor for a deadly or debilitating stroke. However, AF can be treated with medication.

According to Public Health England, 79% of expected number of people with AF have been identified. The target set by the CVD system leadership forum, figure 6, is to identify 85% of the expected population with AF by 2020. Currently 84% of the population with AF are receiving the right medication (anticoagulation). The target is for 90% to be adequately anticoagulated by 2020.

Figure 6: System leadership CVD ambitions



How communities can support:

The following provides some suggestions to how communities can support the messages. However effective community engagement will be required to adapt and tailor these messages.

- Don't use scare mongering tactics as this increases a person's sense of guilt and leads to inaction. Messages need to give people a sense of control and empowerment
- Encourage people to take their medication as prescribed and if they have concerns to talk to their health practitioner including the pharmacist
- Work with communities to recognise the signs and symptoms of a stroke. Acting FAST can save lives and improve the chance of better recovery. There are lots of free material to use from the [Stroke Association](#).
- Help those who have had a stroke to find support. The [Stroke Association](#) is a good place to start.

Other areas of CVD where communities can support

Heart Attack

Many people still think of heart attack as a male problem. Research by the British Heart Foundation (BHF) identified that women having a heart attack delay seeking medical help longer than men because they don't recognise the symptoms. The British Heart Foundation have developed a [short animation](#) explaining what a heart attack is, the signs and symptoms, treatment and recovery. The British Heart Foundation have a [free booklet](#) which can be used with individuals and communities to explain what a heart attack is and how it is treated

Cardiac rehabilitation is an important part of recovery following a heart attack. It is proven to reduce hospital readmissions and it reduces the chance of a someone having another cardiac event. Despite this, at a national level, cardiac rehab uptake rates are low. Access to, and uptake of cardiac rehabilitation services varies across England, and only 62,822 patients (52%) of the 121,500 eligible patients per year take up offers of cardiac rehabilitation (NHS Long Term Plan). A quarter of patients attending do not complete their programme, just 29% of attendees are women; women from deprived areas are least likely to attend (NACR Quality and Outcomes report 2018)..

How communities can support:

- Make people aware of the signs, symptoms and what to do if someone is suspected of having a heart attack,
- Encourage people who have had a heart attack to attend cardiac rehabilitation
- Seek opportunities to get involved in discussions about new types of cardiac rehabilitation services
- Use resources from the British Heart Foundation to help share the messages

Out of Hospital Cardiac Arrest

Cardiac arrest is a sudden loss of blood flow to the heart and where it stops beating; it is not the same as a heart attack. Immediate initiation of **cardiopulmonary resuscitation** (CPR) can double or quadruple survival from out hospital cardiac arrest, and defibrillation within 3–5 minutes of collapse can produce survival rates up to 50–70% (NICE). The British Heart Foundation have developed a [short animation](#) explaining what a cardiac arrest is and the treatment needed.

The NHS Long Term Plan highlights that a national network of community first responders and defibrillators will help save up to 4,000 lives each year by 2028 in the year. In addition to the network they want to educate the general public, including young people of school age, about how to recognise and respond to out-of-hospital cardiac arrest as outlined in Figure 7. Communities in Yorkshire and Humber can support this work by working getting in touch with [Yorkshire Ambulance Service](#) who have a community first responders programme.

Figure 7: Cardiac arrest signs and treatment



How communities can support:

- Learn CPR. The British Heart Foundation offer free [Heartstart courses](#) in communities as does [The Yorkshire Ambulance Service](#).
- Learn CPR by watching <https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr> and <https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr#cprvid>
- If communities or organisations purchase a defibrillator, ensure they register it with the ambulance service
- Get involved in the Nation Restart a heart day campaign on the 16th October
- Educate the local community that to gain access to the defibrillator, they need to call 999 and get the code from the ambulance service (assuming it has been registered)

Examples of how communities have got involved in CVD prevention:

The Public Health England [community-centred practice examples](#) provides examples of approaches communities have taken to improve health and wellbeing and reduce health inequalities in their areas. In addition, the following examples specific to CVD prevention and detection have been identified through conversations with key partners. These examples have not been assessed for impact; they are purely to stimulate local discussions and ideas about what might work. In all of the cases, it is important to work closely with primary care so people are not unnecessarily referred to their GP or community pharmacists which could increase their overstretched capacity. Careful consideration also needs to be given to who takes responsibility for following up any health concerns identified. In addition to the examples below, and from the [PHE community-centred practice examples](#), it is worth looking at the [British Heart Foundation's](#) blood pressure award programme.

- **Delivering blood pressure checks in faith setting:** Guildford Diocese in Surrey have trained a number of volunteers to deliver Blood Pressure checks from their parish. They are delivering BP+ sessions in a church and signposting to local pharmacies. **More information from:** Jason Ralphs, Public Health Lead for Cardiovascular Disease, Surrey County Council, jason.ralphs@surreycc.gov.uk
- **North West Academic Health Science Network (NWAHSN) AF ambassador scheme:** The patient and public engagement team at the NWAHSN has trained volunteers, mainly recruited from GP patient and public groups, to raise awareness about AF and use the portable ECG devices to check people's pulse. People with a possible irregular heart rhythm identified through the portable ECG device are advised to go and see their GP. See [here](#) for the full case study.
- **Community health check Healthwatch Kirklees:** Using blood pressure and heart rhythm checks as an engagement tool to speak with people about local health and social care services. Healthwatch Kirklees worked with the West Yorkshire Academic Health

Science Network and the British Heart Foundation health service engagement team to develop their skills on mini health checks. They have also developed a range of resources staff take to outreach sessions, ranging from general health information to details of local services and support groups. **More information:** Clare Costello, Healthwatch Kirklees, 01924 450379

Developing your skills to support change

Communities and individuals are well placed to tailor brief intervention advice to help raise awareness, motivate and signpost people to help and resources which may help improve their health and wellbeing. It's important that people take into account the person's individual assets, needs and preferences, as well as taking account of any inequalities and accessibility barriers. Some communities and individual may want specific training about behavior change conversations. The best place to start would be to work with the local authority to see what training and support they can offer. However, the following may be useful:

Making Every Contact Count (1/2 day training)

Making Every Contact Count (MECC) is an approach to behaviour change that supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

Available as e-learning on the Population Health and Wellbeing Portal. Tutor-led provision is recommended to order to enable the workforce to gain the skills and confidence needed to apply this approach regularly and effectively. This provision is usually at least 3.5 hours training.

This type of provision is supported by Local Authority Public Health Teams. Training should be completed with the use of signposting support websites such as [MECC Link](#).

All Our Health e-learning

The All Our Health e-learning sessions have been developed to provide a bite-sized introduction to the wide range of topics covered within the All Our Health framework. Within these sessions, you'll find signposting to trusted sources of helpful evidence, guidance and support. You can dip in and out of the content as and when you need it.

Currently, there are seven 17 All Our Health e-learning sessions available covering a wide variety of public health topics.

There are a wide range of other All Our Health topics which will be created into e-learning sessions over the course of 2019 and 2020 and released as they are developed. To view the full range of All Our Health topics, visit <https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>

Health Literacy Toolkit

Public Health England, NHS England and Community Health and Learning Foundation, we have invested in an innovative project to develop, test and implement a range of strategic and practical interventions towards improving health literacy.

[A Health Literacy toolkit](#) was developed as part of this project. It contains a suite of resources that will be helpful in raising awareness of health literacy and upskilling the health, care and wider public health workforce.

PHE One You - Social Marketing Programme

Launched in March 2016, 'One You' encourages adults to take part in an online health quiz, called 'How Are You?', which helps them reassess their lifestyle choices. After completing the quiz, individuals can receive email reminders and resources to motivate them to make changes to lead a healthier lifestyle. 'One You' has its own [website](#) with a range of resources and free [apps](#). In the first year of its launch, there were 1.34 million completions of the quiz. Promotional materials can be downloaded and ordered for free from the PHE [resource hub](#).

Under the banner of 'One You', PHE has launched several campaigns covering different lifestyle choices and changes that can be made:

[Drink free days](#) – PHE in association with Drinkaware, launched this campaign in September 2018 to help people, particularly 45-64 year olds, cut down on the amount of alcohol they are regularly drinking and to highlight that having more drink free days can reduce risks of serious conditions like CVD and improve their health.

[Active 10](#) – Initially launched in March 2017 and re-launched in June 2018, this PHE campaign aims to combat physical inactivity and lower the risks of serious illnesses such as heart disease, by encouraging adults to incorporate more physical activity into their daily lives, by going for a brisk ten-minute walk (or more) each day.

[400-600-600](#) – Adults are consuming on average an extra 200-300 calories per day. This 'calorie creep' contributes to two thirds of adults being overweight or obese, which can in turn lead to serious CVD conditions. This PHE campaign was launched in March 2018, to help adults manage the 'calorie creep' by providing simple tips to help them make healthier choices whilst on the go. The aim is around 400 calories for breakfast, 600 for lunch and 600 for dinner, plus a couple of healthier snacks and drinks in-between.

[Stoptober](#) – Originally launched in October 2012, this PHE 28-day stop smoking challenge, encourages and supports smokers across England towards quitting for good. There are lots of ways to quit and Stoptober can help people choose what works for them and provides free support along the way.

[Heart Age Test](#) – This tool is a collaboration between NHS, PHE, the British Heart Foundation and UCL. It was relaunched in September 2018 and is an 'always-on' campaign. This simple online test helps individuals compare their heart age to their real age and explains the importance of knowing their blood pressure and cholesterol numbers. The test can still be completed if these numbers are not known. As part of the results, it also provides individuals with advice on how to lower their heart age and reduce their risk of heart attack and stroke.

Smoking

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise committed to support the delivery of effective evidence-based tobacco control programmes and smoking cessation interventions.

[The NCSCT have published a number of resources](#) to support and describe their training programme, all of which are available to read on the website (or download) free of charge

Appendix 1 – Further Reading and Supportive Documents

| |
|--|
| Public Health England, 2017- 2018 CVD prevention Action plan |
| Health Matters on community-centred approaches for health and wellbeing summarises available guidance |
| Health Matters on Cardio Vascular Disease summarises the ambitions for addressing the secondary prevention risk factors for CVD |
| Public Health Matters The official blog of Public Health England, providing expert insight on the organisation's work and all aspects of public health. |
| Tool B Civic Support to Communities provides a diagnostic checklist to help areas work out how well they are enabling communities to take part in approaches to reduce health inequalities |
| Slides developed by the British Heart Foundation and Public Health England to increase knowledge about CVD – aimed at those already trained in behaviour change methodology such as Making Every Contact Count  20200113 MECC training slides update |
| British Heart Foundation UK factsheet 2020 |
| Resources to help support a conversation about looking after your heart including easy read version https://www.mecclink.co.uk/heart-and-brain-health/ |
| British Heart Foundation animation of 'What is a heart attack?' including signs and symptoms. https://www.bhf.org.uk/information-support/conditions/heart-attack |
| Bias and Biology ; briefing by the British Heart Foundation on how How being a woman can put you at a disadvantage if you have a heart attack |

Acknowledgements and contributions

This resource has been written by Karen Pearson, CVD Programme Lead at Yorkshire and Humber Public Health Centre with contributions from the following people:

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