



LETTER FROM THE CHAIR

As Chair of the American Heart Association's Advocacy Coordinating Committee (AdCC), I am pleased to present to you the Summer/Fall 2020 issue of the Policy Report.

Many things have changed in our world since our last publication. One thing that has remained is the American Heart Association's steadfast resolve to ensure adequate, accessible and affordable healthcare for all in the face of a global pandemic—and our continued commitment to race and social justice.

The Report includes Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement from the American Heart Association and the American Medical Association which reviews evidence in support of SMBP and offers policy guidance to adequately and equitably address barriers to implementation.

Basic Life Support Training for Healthcare Providers, reviews and comments on global disparities that exist in terms of access to basic life support training opportunities, the quality of available training and the likelihood of training implementation and quality improvement.

Creating Built Environments That Expand Active Transportation and Active Living Across the United States discusses the importance of safe, equitable active transportation policies in communities across the country to create healthier communities.

Our Marijuana Policy Supplement comes on the heels of our recent science statement and provides guidance in key policy areas related to cannabis as use is increasing considerably, especially in adolescents and young adults.

These statements and more make up one of our largest issues of the Policy Report to date. Even in uncertain times, the American Heart Association has pivoted our policy development and advocacy work with an equity framework and prioritized in the context of the COVID pandemic, making our efforts as relevant as ever.

As always, we welcome your response and feedback on this Policy Report to uphold the American Heart Association's mission to be a relentless force for a world of longer, healthier lives. Please continue to contact us at policyresearch@heart.org.

Sincerely,

Dr. Keith Churchwell, FAHA
Chair, Advocacy Coordinating Committee

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HOW TO USE THIS REPORT

- Use data from the policy report in your internal communications to support statements regarding cardiovascular disease (CVD) and brain health.
- Share with your connections in local media markets by referencing how Association policy translates into improved health outcomes and can be tied to broader health policy issues.
- Send a copy to your professional contacts who support the Association's mission or have a stake in cardiovascular and brain health.
- Use social media icons to quickly share policy updates and statistics with your network.



SELF-MEASURED BLOOD PRESSURE MONITORING: A JOINT POLICY STATEMENT FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION



Improving the diagnosis, treatment, and control of hypertension is critical for achieving the American Heart Association's (AHA's) impact goals and improving the cardiovascular health of all Americans. Of the 85.7 million American adults estimated to have hypertension, nearly half do not have the condition under control, with many cases going undiagnosed. Ensuring accurate measurements across the care team is an essential component for improving blood pressure (BP) control rates. Self-measured blood pressure (SMBP)

BASIC LIFE SUPPORT TRAINING FOR HEALTHCARE PROVIDERS

Sudden cardiac arrest survival rates are low worldwide, particularly in developing countries.

Basic Life Support training (including CPR and AED use) for healthcare workers is a vital component of care systems worldwide.

Global disparities exist in terms of access to basic life support training opportunities, the quality



CREATING BUILT ENVIRONMENTS THAT EXPAND ACTIVE TRANSPORTATION AND ACTIVE LIVING ACROSS THE UNITED STATES

Active transportation is any mode of transportation that is powered by the human body, such as walking, biking, and using mobility assistive devices such as wheelchairs

MARIJUANA POLICY SUPPLEMENT

3 THINGS TO KNOW

1

Cannabis should be removed from its Schedule 1 categorization in the U.S. Controlled Substances Act to allow for more robust research and a more coordinated approach at the state and federal levels regarding marijuana regulation and legislation.

2

For states that do legalize cannabis, a robust public health infrastructure encompassing prevention, surveillance, counter-marketing and public safety is imperative.

3

The public health response should prevent access by minors; include robust enforcement around product integrity, sales tracking and food safety and informed public health work force; protect third parties from unwanted consequences of legalized marijuana use; and leverage mass-market public awareness and education campaigns. Marijuana should be carefully integrated into comprehensive tobacco control and prevention efforts.

Marijuana, or cannabis, is the most commonly used illeo-



