

## Division for Heart Disease and Stroke Prevention

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# A Brief History of Cardiovascular Health Activities Within the CDC

Heart disease and stroke are among the nation's leading killers for both men and women and among all racial and ethnic groups. CDC's public health activities to combat heart disease and stroke include the following:



- **1984:** [The Behavioral Risk Factor Surveillance System](#), a state-based telephone health survey, begins in 15 states, with all 50 states participating by 1993. High blood pressure and high blood cholesterol are standard topics in the BRFSS. By 2005, other topics include aspirin use for secondary prevention of heart disease and stroke, use of cardiac rehabilitation, awareness of heart attack and stroke signs and symptoms, and actions to control high blood pressure.
- **1985:** [CDC's National Center for Environmental Health](#) participates in the Laboratory Standardization Panel of the National Cholesterol Education Program to develop national standards for improving measurements of cholesterol in clinical laboratories (1985 through 1990). CDC subsequently develops the lipid standardization program, assuring that measures of cholesterol are accurate across laboratories. CDC provides the "gold standard" for accurate cholesterol measurements.
- **1987:** CDC provides technical assistance to the South Carolina Department of Environment and Health in the development of the South Carolina Cardiovascular Disease Prevention Project, a 5-year project in an intervention and a control community to assess the impact of community interventions on risk factor and behavior change. Community interventions focus on media campaigns, blood pressure screenings, and health promotion activities in malls, schools, worksites, grocery stores, and restaurants.
- **1989:** CDC's Cardiovascular Health Studies Branch emerges as part of the re-organization involved in the development of the [National Center for Chronic Disease Prevention and Health Promotion](#).
- **1991:** CDC collaborates with the [Indian Health Service](#) in the design and implementation of the Inter-Tribal Heart Project, a cardiovascular health survey in three tribal communities within the Bemidji Area Indian Health Service. The tribal communities include two Chippewa bands in Minnesota (White Earth and Red Lake) and the Menominee in Wisconsin.
- **1995:** CDC collaborates with several international organizations to develop the second of several international heart health declarations, The Catalonia Declaration: Investing in Heart Health (1995). The first declaration, The Victoria Declaration on Heart Health was published in 1992. CDC collaborates to develop subsequent Heart Health Declarations in 1998, 2001, and 2004.
- **1998:** CDC receives the first funding from Congress for states to develop comprehensive heart disease and stroke prevention programs. In 1998, 6 states receive funding for core capacity building and two states for more comprehensive programs (now called basic implementation).
- **1998:** CDC and the National Heart, Lung, and Blood Institute become co-lead agencies working together on the nation's Healthy People 2010 objectives to combat heart disease and stroke. In 2001, they sign a Memorandum of Understanding (MOU) with the American Heart Association and the following federal agencies to speed progress toward meeting the goals set forth in Healthy People 2010:
  - [National Center for Chronic Disease Prevention and Health Promotion \(CDC\)](#)
  - [National Heart, Lung, and Blood Institute of the National Institutes of Health \(NIH\)](#)
  - [National Institute of Neurological Disorders and Stroke \(NIH\)](#)
  - [Office of Disease Prevention and Health Promotion, Office of Public Health and Science \(DHHS\)](#)
- By 2005, the collaborative also includes the [Indian Health Service](#) and the [Centers for Medicare and Medicaid Services \(CMS\)](#).
- **1999:** CDC develops the first county-level atlas and interactive website highlighting geographic variations in heart disease among women, *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*. Subsequently, *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* (2001), *Atlas of Stroke Mortality: Racial, Ethnic and Geographic Disparities in the United States* (2003), the *Atlas of Heart Disease and Stroke Among American Indian and Alaska Natives* (2005), the *Atlas of Stroke Hospitalizations Among Medicare Beneficiaries* (2008), and the *Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries* (2010), are published.
- **1999:** The first Cardiovascular Health (CVH) Practitioners Institute is developed jointly by staff from the Centers for Disease Control and Prevention (CDC), the [American Heart Association \(AHA\)](#), the [Association of State and Territorial Chronic Disease Prevention Directors \(ASTCDPD\)](#), the [Association of State and Territorial Directors of Health Promotion and Health Education \(ASTDHPHE\)](#), and the University of Rochester Medical Center. The Institute is held at Mountain Lake, Virginia. Twelve state CVH Coordinators, a representative from ASTCDPD and ASTDHPHE, four national AHA staff, ten state AHA affiliate staff, and five CVH Branch State Program staff participate. The intensive week long program provides lecture content on theory, research that informs community-based heart health promotion, partnership development and promotes interactive small group work on practical problem solving and program planning. Subsequent institutes are held in 2001 and 2002 and are shortened and opened to all states in 2003, regardless of funding.
- **2000:** CDC begins supporting the [Tri-State Stroke Network](#) (Georgia, South Carolina, and North Carolina). Stroke networks allow state health departments and their partners to share and coordinate prevention activities and advocacy strategies. Other funded stroke networks include the Delta States Stroke Consortium (Alabama, Mississippi, Louisiana, Arkansas, and Tennessee) in 2002 and the [Great Lakes Stroke Network](#) (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin) in 2004.
- **2000:** The First International Conference on Women, Heart Disease and Stroke is held in Victoria Canada, co-sponsored by Health Canada, CDC, AHA, the Heart and Stroke Foundation of Canada, and the Canadian Cardiovascular Society. The 2000 Victoria Declaration: Science and Policy in Action was a product of this event. CDC also co-sponsors The Second International Conference on Women, Heart Disease and Stroke, held in 2005 in Orlando, Florida.
- **2001:** CDC convenes The First National CDC Prevention Conference on Heart Disease and Stroke on August 22–24, 2001, in Atlanta, Georgia. In attendance are more than 400 participants representing state health departments, federal agencies, national partners, and six countries. The focus is on building and expanding comprehensive state-based cardiovascular health programs with an emphasis on partnership-building and environmental and policy interventions. The Second National CDC Prevention Conference on Heart Disease and Stroke: Charting the Course is held August 17–19, 2004 in Atlanta, Georgia with more than 700 participants.
- **2001:** CDC receives the first funding from Congress for stroke and establishes the Paul Coverdell National Acute Stroke Registry and funds pilot programs in eight states (California, Georgia, Illinois, Massachusetts, Michigan, North Carolina, Ohio, and Oregon) in 2002 to design and test prototypes to assess and improve acute stroke care in these states. Registry data will be used to help state health departments and hospitals develop plans to reduce death and disability from stroke and improve quality of life for survivors.
- **2001:** CDC initiates development of [A Public Health Action Plan to Prevent Heart Disease and Stroke](#). The purpose of the plan is to chart a course for the Centers for Disease Control and Prevention (CDC) and collaborating public health agencies, with all interested partners and the public at large, to help in promoting achievement of national goals for preventing heart disease and stroke over the next two decades—through 2020 and beyond. Key partners, public health experts, and heart disease and stroke prevention specialists come together to develop targeted recommendations and specific action steps. The plan is released in 2003 and enters an implementation phase driven by two fundamental requirements and five essential components that together define seven action areas: Effective communication; Strategic leadership, partnership, and organization; Taking action; Strengthening capacity; Evaluating impact; Advancing knowledge through prevention research; and, Engaging in regional and global partnerships. The National Forum for Heart Disease and Stroke Prevention, convened in September, 2002, to review draft recommendations of the Action Plan, becomes a permanent national organization meeting annually in Washington, DC, in 2004, 2005, and 2006.
- **2003:** CDC partners with the [World Health Organization](#) to develop a global cardiovascular disease atlas which highlights stroke and heart diseases, their risk factors, and public health programs and policies throughout the WHO regions. The publication is released in 2004.
- **2004:** Based on results and evaluation of the Paul Coverdell National Acute Stroke Registry prototypes, supplemental funds are provided to State Heart Disease and Stroke Prevention Programs in Georgia, Illinois, Massachusetts, and North Carolina to implement the [Paul Coverdell National Acute Stroke Registry](#). Information collected will guide quality improvement interventions at the hospital level that will fill the gap between clinical guidelines and practice. The registries will help facilitate necessary policy and system changes at national, state and local levels to improve patient outcomes.

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