



# Alabama Cooperative

**EvidenceNOW: Building State Capacity** is an initiative of the Agency for Healthcare Research and Quality (AHRQ) to improve heart health and help reduce cardiovascular disease disparities by engaging with primary care practices to implement patient-centered outcomes research (PCOR) findings to improve care delivery. The initiative aims to address health equity in primary care by working with health care organizations, public health, and primary care practices in states with the highest rates of preventable cardiovascular disease events. Over three years, grantees in four states – Alabama, Ohio, Michigan, and Tennessee – will form cooperatives by aligning clinical, public health, and community interventions and working with state partners that collectively have the resources, skills, and commitment to support primary care practice improvement. The goal is to catalyze the development of a sustainable, state-based external primary care quality improvement support infrastructure using the EvidenceNOW model of external support.

## Project Name:

Alabama Cardiovascular Cooperative

## Principal Investigators:

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## Cooperative Partners:

Alabama Department of Public  
Health

Alabama Quality Assurance  
Foundation

Alabama Primary Health Care  
Association

Auburn University

Consortium for Southeast  
Healthcare Quality

## Project Period:

2021-2023

*Supporting cardiovascular risk  
reduction in primary care*

## Background

Alabama has a population of approximately 4.9 million. It is the sixth poorest state in the country, with 37 percent of residents living at or below 200 percent of the federal poverty level. One in five Alabamians rely on Medicaid for their health insurance and 10 percent are uninsured. Alabama ranks 49th in the U.S. for heart disease and stroke as a cause of death. These numbers are worse for Black/African American individuals in Alabama (27% of the state's population), with rates of CVD at 386/100,000 compared with 338 for whites. Alabama has the highest rate of CVD events (death, hospitalizations, ED visits) among all 50 states and ranks 48th in the U.S. for hypertension, with rates at nearly 42 percent of all adults. The Alabama adult smoking rate is 19.2 percent compared to the U.S. average of 14 percent.

## Goal

Alabama's Heart Health Improvement Project (HHIP) is designed to build primary care quality improvement (QI) capacity and improve cardiovascular health through implementation of evidence-based, risk reduction strategies. The project seeks to coordinate cardiovascular risk reduction efforts across the state to create efficiency, synergy and reduce duplicative efforts, with a particular focus on Alabama's most underserved areas.

## Aims

1. Establish a cardiovascular health collaborative to support primary care practices with improving ABCS outcomes.
2. Provide strong evidence-based consultancy, direction, and instruction to clinical peers and fellow quality professionals related to cardiovascular health.
3. Evaluate implementation and blood pressure and tobacco use outcomes.

## Approach

The Heart Health Improvement Project will use a three-pronged approach including: (1) practice facilitation and technical assistance; (2) improvement through data transparency; and (3) onsite and eLearning. The Cooperative will engage primary care practices and non-traditional providers of primary care across the state in a Cardiovascular Risk Reduction Network, which will provide an interactive forum for discussions around best practices and shared learning focused on improved cardiovascular health in Alabama.

## Evaluation

Alabama's Heart Health Improvement Project evaluation plan will examine the effectiveness of the statewide Cooperative, including the establishment, processes, and products. The evaluation will assess the creation and utility of the Cardiovascular Risk Reduction Network of primary care practices and related stakeholders. It will assess the effectiveness of the Cooperative as a resource for practice-level QI supports focusing on key implementation and outcome measures, including changes in hypertension control and rates of tobacco screening and counseling/referral for cessation efforts at the clinics.

## Notable Features

- The Alabama Cardiovascular Cooperative represents the first time all of these partners will collaborate on a singular mission. The partners have statewide reach and demonstrable capacity to engage primary care practices as well as non-traditional providers of primary care throughout Alabama.



*“One of the things that excites me most about this project is that it provides an opportunity to leverage ongoing efforts across multiple organizations, individual projects, and existing partnerships to reduce cardiovascular disparities in our state through support for primary care.”*

– Principal Investigator Andrea L. Cherrington, MD, MPH