



FACT SHEET

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Such a transformation could strongly support the surveillance requirements of health promotion and disease prevention if its scope included cardiovascular and other noncommunicable diseases and their determinants. Additionally, the monitoring of acute clinical events and chronic disease management is fragmented and incomplete. These gaps have detracted from our ability to be target focused and implement effective local and national actions to improve cardiovascular and brain health.

Modernizing the public health surveillance infrastructure would enhance the detection, prevention, and treatment of heart disease and stroke by:

- Serving as an early warning system for impending disease gaps;
- Documenting the impact of an intervention, or tracking progress toward, specified goals;
- Monitoring and clarifying the epidemiology of health problems for priority-setting; and
- Informing heart and brain health policy and strategies.

Surveys should be based on samples representing all ages from early childhood throughout the life course and should be relevant both nationally and locally. They should also provide meaningful estimates for historically underrepresented or misrepresented subgroups within the population.

Federal, state, and local governments should conduct purposeful interagency and intergovernmental coordination to link data to public health practice, resource prioritization, strategic planning, and policy development.

Funding considerations should recognize the cost-effectiveness of using surveillance to reduce the burden of disease. Private-public collaboration should be explored to provide sustainability for optimal surveillance.

Government agencies conducting surveillance should leverage novel digital platforms, including EHRs and mobile health, for behavioral and environmental risk factors,