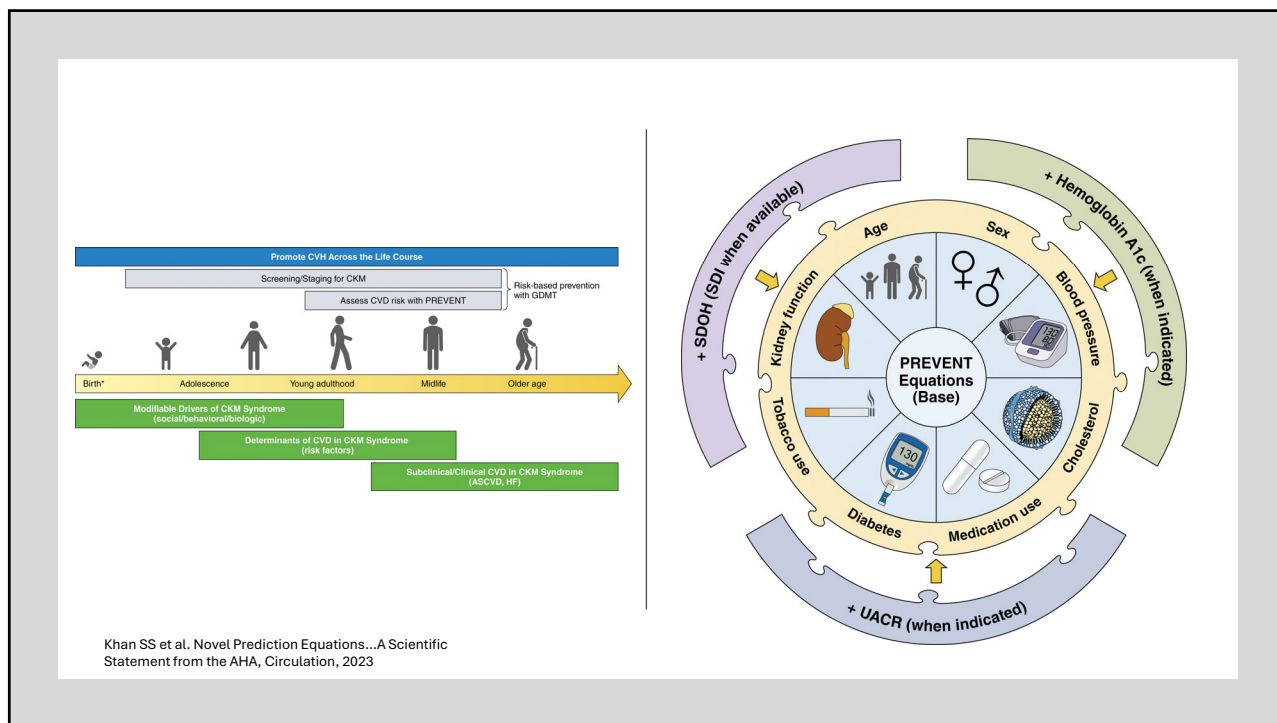


Sustained Patient Engagement: Making ASCVD Primary Prevention Stick

Erica S Spatz, MD, MHS
 Associate Professor | Cardiovascular Medicine
 Associate Professor | Epidemiology (Chronic Diseases)
 Director | Yale Preventive Cardiovascular Health
 Director | Remote Patient Monitoring, Digital Health



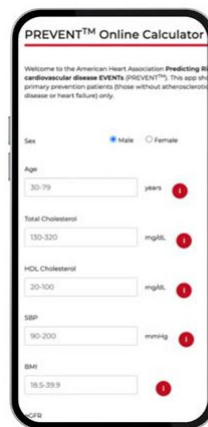
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Numerical risk communication may not be sufficient to drive sustain action

“...Many young people view risk as remote and easily mitigated later (‘I’ll take a statin when I need to’).

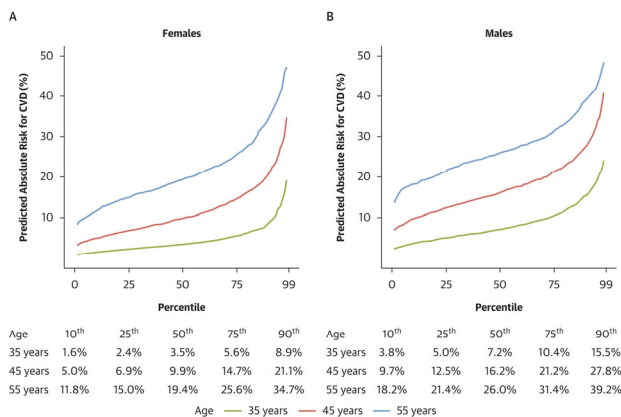
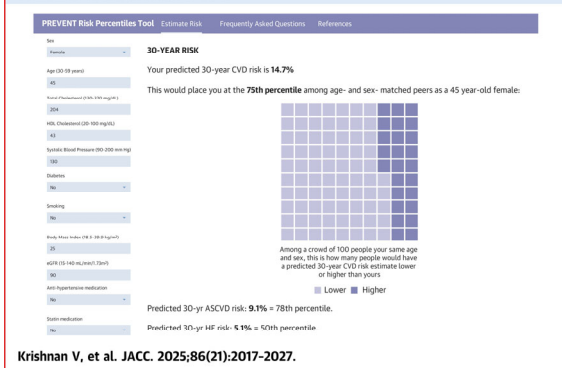


Spatz ES, JACC 2025

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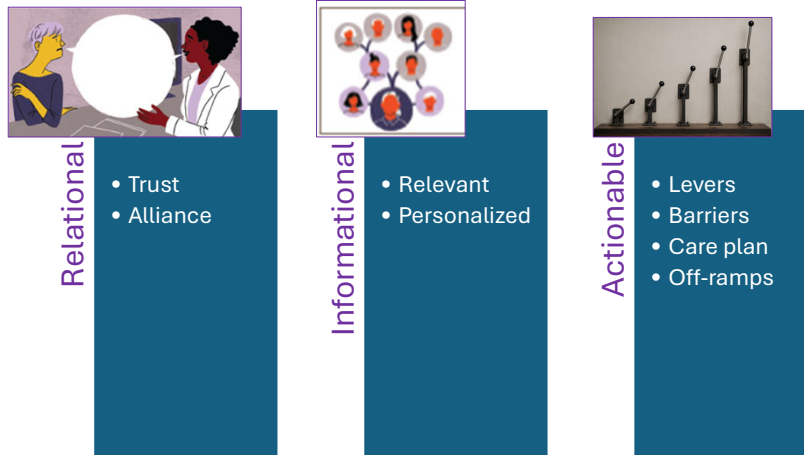
30-year risk tools: Comparison to Peers

CENTRAL ILLUSTRATION: Illustration of the Online Age- and Sex-Specific PREVENT Risk Percentiles Tool



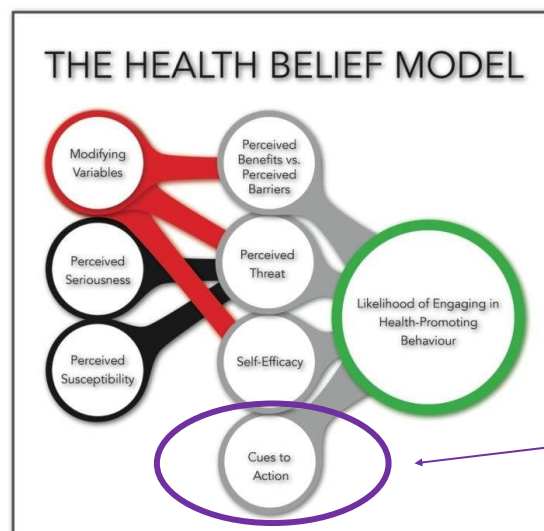
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Pillars of making early prevention sticky



5

Beyond Numeracy

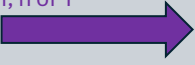


- ❖ [How can we address bias?](#)
- ❖ [How can we reframe perceptions?](#)
- ❖ [What are some effective cues to action; i.e., nudges?](#)

6

Health Belief Model: Susceptibility

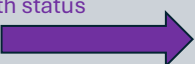
	Baseline Perception	Bias	Transformed Perceptions
Susceptibility	“Heart disease happens to older people.”	Optimism bias; unable to see future self → reduces motivation to act Personalized risk communication; peer comparison; n of 1	“I’m at higher risk because of my family history.” “My risk is higher than my peers.” “I’ve noticed my numbers creeping up, and that scares me.”



7

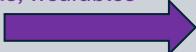
Health Belief Model: Severity

	Baseline Perception	Bias	Transformed Perceptions
Severity	“I will worry about my heart health when I’m older.” “I can get healthy if I wanted to or really needed to”	Illusion of control/reversibility → lack urgency to act. Imagining one’s future health status	“Having a heart attack would completely change my life.” “I’ve seen my dad struggle with diabetes and I don’t want that for myself.” “I’m worried about my risk for dementia.”




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Health Belief Model: Benefits

	Baseline Perception	Bias	Transformed Perceptions
Benefits	<p>“Eating better and getting more physical activity are good things and I will be better about them in the future (when it <i>really</i> matters)”</p>	<p>Temporal discounting (recognize a health behavior has future benefit but discount those benefits in the present)→ Underinvest time/\$ to support prevention</p> <p>Real-time metrics about health status; wearables</p> 	<p>“If I start exercising now, I might be able to avoid medication.”</p> <p>“Getting healthy now can help me and my family live longer.”</p>

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Health Belief Model: Barriers


	Baseline Perception	Bias	Transformed Perceptions
Barriers	<p>“I don’t have time.”</p> <p>“Medications have side effects.”</p> <p>“I’m not a person who likes to take pills.”</p>	<p>Immediate priorities or pleasures outweigh future rewards-→ Prioritize short-term needs; anchor on rationales that support inaction</p> <p>Reduce implementation barriers</p> 	<p>“I am ready to prioritize me.”</p> <p>“My doctor told me my cholesterol was high and that scared me.”</p> <p>“I’m overwhelmed and haven’t had time to make changes, but taking a medication is something.”</p>

10

Health Belief Model: Self-Efficacy

	Baseline Perception	Bias	Transformed Perceptions
Self-Efficacy	"I could change my risk; I have the power to change my trajectory."	Belief in ability to successfully adopt healthy behaviors now or when needed → Paradoxically supports inaction, procrastination, and belief that changes can be made later.	"I am taking control of my health." "I am prioritizing my needs." "I can live a long and healthy life." "I can feel great at 80."

Positive framing around healthy aging; changes now can affect health later



11

Shared decision making

Clinician:

- Evolving science
- Evolving knowledge and clinical approaches
- New targets
- Implementation goals



Patient:

- Evolving priorities
- Evolving perceptions
- Evolving capacity
- Evolving relationship to health

Shared care journey

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