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HEART DISEASE AND CEREBROVASCULAR DISEASE

OVERVIEW

In 2006, heart disease was the leading cause of death in Colorado, accounting for 21% of all deaths.1 Heart disease was also the leading cause of death in the United States, representing about 25% of all deaths.2,3,4 Heart disease includes a variety of diseases that affect the heart, including coronary artery disease, angina, heart attacks, cardiomyopathy (heart muscle disease), ischemic heart disease, heart failure, valvular disease, and others. Major risk factors for heart disease are aging, smoking, diets high in fat and salt, hypertension, diabetes, sedentary lifestyle, obesity and stress.5 Treatment for heart disease depends on the underlying cause, but typically involves lifestyle changes, medication, surgery and/or other procedures.

Cerebrovascular disease is a group of brain injuries, including strokes and transient ischemic attacks (TIA) which are due to disease of the blood vessels that supply the brain. Embolisms and aneurysms are some of the more common causes of strokes and TIAs. Strokes are the third leading cause of death in Colorado and the United States, and the principal cause of serious, long term disability in this country. Most strokes occur in people over 65 years old and are higher in African-Americans than in whites. The leading risk factor for strokes is hypertension; other risk factors include smoking, diabetes, and obesity.6

Treatment of heart disease and strokes is expensive. Colorado’s estimated annual treatment costs in 2003 for cardiovascular diseases are the following:

- Hypertension: $.34 billion
- Heart disease: $.59 billion
- Stroke: $.14 billion7

Estimated Colorado Medicaid treatment costs for cardiovascular diseases in 2007 are the following:

- Heart disease: $41 million
- Hypertension: $132 million
- Stroke: $87 million8
- Congestive heart failure: $17.8 million

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1 Colorado Department of Health and Environment, ahttp://www.cdphe.state.co.us/pp/cvd/statistics.html
5 http://www.mayoclinic.com/health/heart-disease/DS0120/DSECTION=risk-factors
6 http://www.strokecenter.org/patients/about-stroke/stroke-statistics/
7 Milken Institute, An Unhealthy America: The Economic Impact of Chronic Disease, October 2007.
8 Centers for Disease Control and Prevention and RTI International Chronic Disease Cost Calculator
HYPERTENSION

HYPERTENSION RATES

**BRFSS Survey Question:** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Adams, Arapahoe, and Denver Counties have hypertension rates that are close to the state average. Douglas County has a hypertension rate that is lower than the state rate. All the counties have rates that are better than the HP 2020 target of 26.9%.

![Hypertension Rates Chart](Figure 1 Hypertension Rates)

---

HYPERTENSION DEMOGRAPHICS

Hypertension rates are generally higher among males, and also increase with age.

Hypertension rates are highest among those of Black race, followed by those of White race and then Hispanics.

11 Ibid.
12 Ibid.
High hypertension rates were most significant among those making less than $25,000 a year. Those with high income levels generally had the lowest hypertension rates. Differences among education levels were not statistically significant.

![Hypertension by Income](image)

**Figure 5 Hypertension by Income**

Divorced/separated/widowed persons also have significantly higher rates, while those who have never married had the lowest rates.

![Hypertension by Marital Status](image)

**Figure 6 Hypertension by Marital Status**

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14 Ibid.
CHECKED CHOLESTEROL IN PAST FIVE YEARS

BRFSS Survey Question: Have you had your blood cholesterol checked in the past 5 years?

People in Douglas County check their cholesterol levels at a similar rate as the HP2020 goal of 82.1%. Arapahoe County is close to meeting that target.

People in Denver and Adams Counties check their cholesterol levels slightly less than the state average.

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Those who are most likely to check their cholesterol levels are female, and the likelihood of checking cholesterol increases significantly with age.

Coloradans of White and Black race were significantly more likely than Hispanics to check their cholesterol levels.

---

17 Ibid.
18 Ibid.
People are significantly more likely to check their cholesterol levels the higher their education and income levels.

People who have never married were the least likely to check their cholesterol.

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20 Ibid.
21 Ibid.
HIGH CHOLESTEROL RATES

**BRFSS Survey Question:** Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (Among those who have ever had it checked.)

When examining high cholesterol levels among those tested, Arapahoe and Adams Counties have rates that exceed the state average. Denver and Douglas Counties have cholesterol rates that are lower than the state average.

Figure 14 High Cholesterol Among Those Tested

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Males are significantly more likely than females to have high cholesterol levels. Cholesterol increases significantly with age, starting at 35 years old.

Cholesterol levels are significantly more likely to be high for those with incomes less than $25,000, while the levels are significantly lower for those making $50,000 and above. Differences among education levels were not significant.

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24 Ibid.  
25 Ibid.
Cholesterol levels were significantly higher for those who are divorced/separated/widowed, than people who are married or part of a couple, and even less for those who have never married.

Figure 18 High Cholesterol by Marital Status

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Heart disease generally includes heart attacks, heart failure, myocarditis and all other forms of heart disease. Death rates due to heart disease are highest in Denver and Adams Counties, and below average in Arapahoe and Douglas Counties.

![Heart Disease Deaths](chart)

*Figure 19 Heart Disease Death Rates*

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The death rates due to heart disease are decreasing in Colorado for all race and ethnic groups. However, among those groups, people of Black race experience the highest mortality rates from heart disease. Asians have the lowest rates followed by American Indians.

Trends in Heart Disease by Race/Ethnicity, Colorado, 1990-2003

Figure 20 Trends in Heart Disease by Race/Ethnicity, Colorado, 1990-2003

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*http://www.cdphe.state.co.us/pp/cvd/HealthDisparities2005.pdf*
CEREBROVASCULAR DISEASE DEATH RATES

Deaths due to cerebrovascular disease are usually caused by strokes. Most of the counties have death rates that are less than the state average. The rate in Adams County is the highest in the market.

![Cerebrovascular Disease Deaths](chart.png)

**Figure 21 Cerebrovascular Disease Death Rates**

---

People of Black race experience higher death rates due to stroke than other ethnic groups. Part of the reason is the higher hypertension rates among this demographic group, which if reduced, would greatly reduce their death rates due to stroke. American Indians have the lowest death rates while people of White race have the steadiest rate.


![Graph showing trends in stroke by race/ethnicity](http://www.cdphe.state.co.us/pp/cvd/HealthDisparities2005.pdf)
Many risk factors for heart disease and stroke are non-modifiable, such as aging, family history, and gender. The risk factors that are modifiable are listed in the chart below. The chart also shows disparities by race and ethnicity.

One of the most significant risk factors is inadequate nutrition. People’s risk for ischemic strokes would be reduced by 30% if they ate five servings of fruits and vegetables a day. Other risk factors are as follows:

- “High blood pressure is a major risk for heart attack and the most important risk factor for stroke.
- High blood cholesterol, high total cholesterol, high LDL cholesterol, high triglyceride levels, and low levels of HDL cholesterol increase risk of heart disease and stroke.
- Tobacco smoking increases risk of cardiovascular disease. Breathing second-hand smoke is an additional risk.
- Adults with diabetes are two to four times more likely to have a heart attack or suffer a stroke than adults who do not have diabetes.
- Adults who are obese are twice as likely to have high blood pressure. Obesity is also associated with elevated triglycerides and decreased HDL cholesterol.
- Physical inactivity increases the risk of heart disease and stroke by 50 percent.”

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INTERVENTIONS

Colorado Program to Reduce Risk of Cardiovascular Disease and Strokes

“The Cardiovascular Disease and Stroke Prevention Program, administered through the Chronic Disease Section of the Colorado Department of Public Health and Environment, is designed to reduce premature morbidity and mortality from cardiovascular disease and stroke and to promote healthy lifestyles for all Coloradans.

The Cardiovascular Health Coalition developed a 10-year strategic plan that helps to guide the efforts of the program. Current efforts focus on prevention, detection and management of high blood pressure and high cholesterol. In addition, the coalition educates health care professionals on the management of these risk factors while informing the public about the signs and symptoms of heart attack and stroke. Future efforts by the Coalition and its task forces will direct special efforts toward:

- Collaborating with healthcare agencies, businesses, community organizations to promote cardiovascular health
- Promoting policy changes which enhance cardiovascular health
- Reducing heart attack and stroke in women
- Training healthcare providers on current guidelines for heart attack and stroke treatment
- Morbidity, mortality, and cardiovascular disease risk factor data are reviewed on an ongoing basis.”

National Programs That Reduce the Risk of Heart Disease, Stroke & Diabetes

“Interventions that reduce obesity, blood pressure, and cholesterol and increase physical activity and healthy eating have been proven effective in reducing risks for cardiovascular disease as well as diabetes and stroke.

In Pawtucket, Rhode Island, the Pawtucket Heart Health Program conducted an intervention to educate 71,000 people about heart disease through a mass media campaign and community programs. Five years into the intervention, the risks for cardiovascular disease and coronary heart disease had decreased by 16 percent among members of the randomly selected intervention population.34

The Stanford Five-City Project used a mass media campaign and community programs to target a population of 122,800 people. At five years, risk for coronary heart disease

disease had decreased by 16 percent, cardiovascular disease mortality risk had decreased by 15 percent, prevalence of smoking was down 13 percent, blood pressure was down 4 percent, resting pulse rates were down 3 percent, and cholesterol was down 2 percent among members of the randomly selected intervention population.35

Researchers at Ohio State University recruited 60 women in their forties for a 12-week walking program that took place on the college’s campus. At 3 months, the intervention group saw a 1 percent decrease in body mass index (BMI), a 3.4 percent decrease in hypertension, a 3 percent decrease in cholesterol, and a 5.5 percent decrease in glucose.36

Shape Up Somerville, a comprehensive effort to prevent obesity in high-risk first through third grade students in Somerville, Massachusetts, included improved nutrition in schools, a school health curriculum, an after-school curriculum, parent and community outreach, collaboration with community restaurants, school nurse education, and a safe routes to school program. After one year, on average the program reduced one pound of weight gain over 8 months for an 8 year old child. On a population level, this reduction in weight gain would translate into large numbers of children moving out of the overweight category and reducing their risk for chronic disease later in life.37

A physical activity intervention targeting low-income adults in Oslo, Norway, provided individual counseling, walking groups, increased accessible areas for safe recreation, and information through leaflets and mass media. After 3 years, compared to the control group, the intervention group had an 8-9 percent increase in physical activity, 14 percent fewer individuals gained weight, 3 percent more quit smoking, and significant decrease in blood pressure rates were reported.38

WISEWOMAN, a CDC-funded lifestyle intervention program, provides low-income uninsured women aged 40 to 64 with chronic disease risk factor screenings, lifestyle interventions, and referral services in an effort to prevent coronary heart disease and improve health. Over the course of a year, WISEWOMAN participants improved their 10-year risk of coronary heart disease by 8.7%, and there were significant reductions in the percent of participants who smoked (11.7%), had high blood pressure (15.8%), or had high cholesterol (13.1%).39

**Hartslag Limburg** is an integrative, community-based cardiovascular disease prevention program that promotes a healthy lifestyle. The 5-year follow-up for a cohort of over 2,400 participants who were compared with a control group found that Hartslag Limburg succeeded in reducing – and in some cases, preventing – age- and time-related increase in BMI, waist circumference, blood pressure, and, in women, non-fasting glucose concentration.\(^{40}\)

The **Rockford Coronary Health Improvement Project (CHIP)** was a community-based lifestyle intervention program aimed at reducing coronary risk, especially in a high risk group. The intervention included a 40-hour educational curriculum delivered over a 30-day period with clinical and nutritional assessments before and after the educational component, in which participants were instructed to optimize their diet, quit smoking, and exercise daily (walking 30 minutes per day). At the end of the 30-day intervention period, stratified analyses of total cholesterol, LDL, triglycerides, blood glucose, blood pressure and weight showed highly significant reductions with the greatest improvements among those at highest risk.\(^{41}\)

A community-oriented, **coronary heart disease prevention program** conducted in six regions of former West Germany included activities that emphasized healthy nutrition and increased physical activity, in addition to the reduction of smoking, hypertension, and hypercholesterolemia. Over a seven year period, the intervention saw a net reduction in the mean values of systolic (-2.0%) and diastolic (-2.0%) blood pressure, total serum cholesterol (-1.8%), as well as the percentage of smokers (-6.7%), compared with the nationwide trend.\(^{42}\)

A study that followed **Diabetes Prevention Program** participants randomized to an intensive lifestyle intervention found that weight loss was the dominant predictor of reduced diabetes incidence. Participants experienced a 16 percent reduction in their diabetes risk for every kilogram of weight that they lost after a 3.2 year mean follow-up period.\(^{43}\)

**EPODE**, a multisectoral, 5-year plan to **improve nutrition among 5 to 12 year old youths** in 10 French towns, involved parents and families, medical providers, school nurses, teachers, towns, businesses, and media campaigns in the intervention. In the targeted towns, obesity rates have remained consistent while they have doubled in control areas, making youths who experienced the intervention less likely to develop

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obesity-related health conditions in the future. Mothers in the intervention towns have reported weight loss as well."44 45

44 Ensemble Prevenons L'Obesite Des Enfants (EPODE). Together, we can Prevent Obesity in Children.
http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/ev_20041029_c007_e
45 The New York Academy of Medicine,
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<td>Brighton</td>
<td>Platte Valley Medical Center Cardiology and Pulmonary Rehabilitation</td>
<td>Jade Alvarez</td>
<td>*</td>
<td><a href="http://www.pvmc.org/services/cardiac-pulmonary-rehab.aspx">http://www.pvmc.org/services/cardiac-pulmonary-rehab.aspx</a></td>
<td>1600 Prairie Center Parkway, Brighton, CO 80061</td>
<td>(303)498-1850</td>
<td>Cardiology services and cardiac rehab services including heart health</td>
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<td>Adams</td>
<td>South Platte</td>
<td>Saint Anthony's North Cardiology Services</td>
<td>*</td>
<td>*</td>
<td><a href="http://www.stanthonynorth.org/heart">http://www.stanthonynorth.org/heart</a></td>
<td>2551 W. 84th Ave, Westminster, CO 80031</td>
<td>(303)-426-2005</td>
<td>Centura Healthcare Cardiology Services for Adams County</td>
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<td>Arapahoe</td>
<td>Littleton</td>
<td>Littleton Adventist Hospital Cardiac Services</td>
<td>*</td>
<td>*</td>
<td><a href="http://www.mylittletonhospital.org/cardiacservices">http://www.mylittletonhospital.org/cardiacservices</a></td>
<td>7700 S. Broadway Littleton, CO 80122</td>
<td>303-730-8900</td>
<td>Centura Healthcare Cardiology Services for Arapahoe County</td>
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<td>Arapahoe</td>
<td>Aurora</td>
<td>The Medical Center or Aurora Cardiac Rehabilitation</td>
<td>Sheryl Bussard</td>
<td>*</td>
<td><a href="http://www.auroramem.com/conditions_we_treat/heart_care/cardiac_rehabilitation.htm">http://www.auroramem.com/conditions_we_treat/heart_care/cardiac_rehabilitation.htm</a></td>
<td>Aurora, CO 80012 Centennial Medical Plaza 14200 E Arapahoe Road Centennial, CO 80112</td>
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<td>Cardiology services and cardiac rehab services including heart health</td>
</tr>
<tr>
<td>Colorado/</td>
<td>Colorado</td>
<td>Colorado Foundation for Physical Fitness-Shape Up Colorado</td>
<td>Jeff Taylor</td>
<td><a href="mailto:jtaylor@jefftaylor.com">jtaylor@jefftaylor.com</a></td>
<td><a href="http://www.coloradofitness.org/?page_id=3">http://www.coloradofitness.org/?page_id=3</a></td>
<td>*</td>
<td>*</td>
<td>Community outreach program to encourage individuals to incorporate physical activity into everyday living to increase healthful lifestyles and habits</td>
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<tr>
<td>Statewide</td>
<td>Colorado</td>
<td>9 Health Fair</td>
<td>Becky Aragon</td>
<td>*</td>
<td><a href="http://www.9healthfair.org/default.aspx">http://www.9healthfair.org/default.aspx</a></td>
<td>1139 Delaware Street, Denver, CO 80204</td>
<td>(303) 698-4455</td>
<td>Statewide Health Fairs that encourage the public to partake in weight loss programs and develop healthy eating habits</td>
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University of Colorado Hospital | Heart Disease and Cerebrovascular Disease
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<td><a href="http://www.elevateyourhealthco.com/node/534">http://www.elevateyourhealthco.com/node/534</a></td>
<td>*</td>
<td><strong>Kaiser Permanente Program</strong> that offers the public advice via the web on weight loss and maintaining and developing a healthy lifestyle</td>
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<td>Colorado</td>
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<td><a href="mailto:cdphe.psdrequests@state.co.us">cdphe.psdrequests@state.co.us</a></td>
<td><a href="http://www.cdphe.state.co.us/pp/cvd/cvdhom.html">http://www.cdphe.state.co.us/pp/cvd/cvdhom.html</a></td>
<td>PSD-CD-A5 4300 Cherry Creek Drive South Denver, CO 80246-1530</td>
<td>(303) 692-2562</td>
<td><strong>Prevention program based on community projects, awareness, education and referral</strong></td>
</tr>
<tr>
<td>Colorado/Statewide</td>
<td>Colorado</td>
<td>Colorado Prevention Center</td>
<td>Marilyn Greenwalt</td>
<td><a href="mailto:Marilyn.Greenwalt@cpcmed.org">Marilyn.Greenwalt@cpcmed.org</a></td>
<td><a href="http://www.cpcmed.org">http://www.cpcmed.org</a></td>
<td>13199 E. Montview Blvd. Suite 200 Aurora, CO 80045</td>
<td>(303) 860-9900</td>
<td><strong>Interactive cardiovascular risk assessment kiosks, community programs, awareness, education</strong></td>
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<tr>
<td>Colorado/Statewide</td>
<td>Colorado</td>
<td>CDC National Heart Disease and Stroke Prevention Program Colorado Capacity Building</td>
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<td><a href="mailto:cdcinfo@cdc.gov">cdcinfo@cdc.gov</a></td>
<td><a href="http://www.cdc.gov/dhsp/programs/nhdsp_program/co.htm">http://www.cdc.gov/dhsp/programs/nhdsp_program/co.htm</a></td>
<td>CDC/NCCDPHP/DHSP 4770 Buford Hwy, NE Mail Stop F-72 Atlanta, GA 30341-3717</td>
<td>800-CDC-INFO</td>
<td><strong>CDC National Initiative regarding heart health and stroke prevention focusing on education and reduction in case numbers</strong></td>
</tr>
<tr>
<td>Colorado/Statewide</td>
<td>Colorado</td>
<td>Colorado Connections for Healthy Kids</td>
<td>Carol Muller</td>
<td><a href="mailto:cmuller@actionforhealthykids.org">cmuller@actionforhealthykids.org</a></td>
<td><a href="http://take.actionforhealthykids.org/site/Clubs?club_id=1104&amp;pg=main">http://take.actionforhealthykids.org/site/Clubs?club_id=1104&amp;pg=main</a></td>
<td>*</td>
<td>*</td>
<td><strong>Statewide initiative in support of Coordinated School Health Programs. Through this coordination of programs, resources, messages and training school staff, students, families and community resources we will work together for healthy students, healthy living, and better learners</strong></td>
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<td><a href="mailto:cmuller@actionforhealthykids.org">cmuller@actionforhealthykids.org</a></td>
<td><a href="http://take.actionforhealthykids.org/site/Clubs?club_id=1104&amp;pg=main">http://take.actionforhealthykids.org/site/Clubs?club_id=1104&amp;pg=main</a></td>
<td>*</td>
<td>(1-800) 416-5136</td>
<td>Build awareness and encourage positive role modeling among administrators, teachers, food service workers, develop and implement policies that are consistent with dietary guidelines, provide age appropriate education to children and offer opportunities for youth to explore nutrition and physical activity topics</td>
</tr>
<tr>
<td>Colorado/Statewide</td>
<td>Colorado</td>
<td>Live Well Colorado</td>
<td>Maren C. Stewart</td>
<td>*</td>
<td><a href="http://www.livewellcolorado.org">www.livewellcolorado.org</a></td>
<td>1490 Lafayette Street #404 Denver, CO 80218</td>
<td>(720) 353-4120</td>
<td>LiveWell Colorado is a nonprofit organization committed to reducing obesity in Colorado by promoting healthy eating and active living. In addition to educating and inspiring people to make healthy choices.</td>
</tr>
<tr>
<td>Denver, Broomfield,</td>
<td>*</td>
<td>Denver Chapter of American Heart Association</td>
<td>Rob Bluestein</td>
<td><a href="mailto:Rob.Blaustein@heart.org">Rob.Blaustein@heart.org</a></td>
<td><a href="http://www.heart.org/HEARTORG/Affiliate/Denver/Colorado/Home_UCM_SCA030_AffiliatePage.jsp">http://www.heart.org/HEARTORG/Affiliate/Denver/Colorado/Home_UCM_SCA030_AffiliatePage.jsp</a></td>
<td>1280 South Parker Road Denver, CO 80231</td>
<td>(303)369-5433</td>
<td>Advocacy, research, education, fund raising</td>
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<td>Douglas</td>
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<td><a href="http://www.parkerhospital.org/cardiology">http://www.parkerhospital.org/cardiology</a></td>
<td>9395 Crown Crest Blvd. Parker, CO 80138</td>
<td>(720)225-4500</td>
<td>Centura Healthcare Cardiology Services for Douglas County</td>
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<td>Douglas</td>
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<td>Sky Ridge Medical Center Heart Program</td>
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<td><a href="http://www.skyridgemedcenter.com/home/search_results.htm?keyword=cardiac">http://www.skyridgemedcenter.com/home/search_results.htm?keyword=cardiac</a></td>
<td>10101 Ridgegate Parkway Lone Tree, CO 80124</td>
<td>(720) 225-1318</td>
<td>Cardiology services and cardiac rehab services including heart health</td>
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See Resource Inventory for Obesity, Nutrition and Physical Activity for other relevant resources.