



COMMITTEE: Steering
DATE: Wednesday, October 19, 2011
Time: 11:00 AM – 3:00 PM
LOCATION: Frontier Bldg, 3601 C St,
 Room 896, Anchorage Face to Face and
 Teleconference

X	Martha Pearson – SEARHC, WISEWOMAN Committee Chair		Deborah Corker – AK Health Fairs, Inc.
exc	Gary Ferguson – ANTHC		John McCleary – MOA, Parks and Recreation
	Michelle Cassano – ADA		Sarah Paddock – SEARHC, WomenHeart
X	Sandra Carroll-Cobb – UAA, AAHPERD	X	Janice Gray – SOA, Heart Disease & Stroke Prev Pgm
X	Susan Suarez - WISEWOMAN	X	Christie Artuso – PAMC, Neurosciences
X	Brenda Shelden – Mat-Su RMC	exc	Justine Muench – UAA/UAS
	Michael DiFilippo – BP & WIN		Open
exc	Lisa Sauder – AHA/ASA		Open
X	Rena Mathson – SEARHC, WISEWOMAN		Open
	Stan Watkins, MD – American Heart Institute		Open
X	Andrea Fenaughty – SOA Epidemiology	X	Thea Agnew Bemben – Agnew::Beck Consulting (facilitator)
X	Clint Farr – SOA, HDSP Epidemiology	X	Russ Stevens, SOA, HDSP
X	Selinda Shontz – AHA		

ITEM	
Welcome and Introductions	Meeting called to order by Janice Gray and roll call taken.
PowerPoint presentation on the Current State of Heart Disease + Stroke in Alaska (Janice Gray)	<ul style="list-style-type: none"> -Identify health data sources. -Review Alaska Mortality and prevalence for stroke. -Review prevalence data for stroke risk factors. <ul style="list-style-type: none"> -Depression/Stoke correlation. - Recognize low socioeconomic status is a major factor in disease/risk factor prevention. for Heart Disease and Stroke. - Increase knowledge about disparities concerning stroke and the risk factors.
Overview of planning process to date and current status of plan (Janice Gray)	See Attachment #1: Pre-meeting THA Goals and Objectives (as of August 2011) (Pages 3-12)
Prioritization of Objectives: Review objectives under each goal area and identify the top two objectives to tackle over the next 1-2 years (Complete Goal 2 as a large group, split into small groups to complete Goals 3-5) (Thea Bemben facilitated the meeting from this point)	See Attachment #2: Prioritize Objectives for Each Goal Area (Pages 13-14)
(Return to large group) Report back on priority objectives, discuss and agree	See Attachment #3: Post-meeting THA Goals and Objectives (as of November 2011) (Pages 15-19)
Discuss Goal 1 and role of Take Heart Alaska (Andrea Fenaughty)	Requires a separate THA Healthy Lifestyles Mtg to discuss the objectives of Goal 1. A THA Healthy Lifestyles meeting was held by teleconference on November 15, 2011. Results are included in post-meeting Goals and Objectives attachment.

<p>Brainstorm ways to revitalize coalition: who needs to be engaged at January meeting to develop action plans for priorities and begin implementation? How do we engage them?</p>	
<p>Next Meetings: ➤ All members, January 27, 2012 1000-1200 (2 days after the Alaska Public Health Summit) Frontier Bldg, Face-to-face, Anchorage</p>	<p>Next meeting: Need to have a teleconference to plan the January 27th meeting—no date/time yet assigned. An invitation will be sent soon.</p>
<p>Wrap-Up/Close</p>	<p>Meeting was adjourned at 1600.</p>

Attachments:

- #1. THA Goals and Objectives pre-meeting (as of 8/2011).....Pages 3-10
- #2. Meeting Structure: THA Prioritize Objective for Each Goal AreaPages 11-12
- #3. THA Goals and Objectives post-meeting (as of 11/2011)..... Pages 13-16

Attachment #1:

Take Heart Alaska Plan Goals **Draft** (as of August 2011)

2012-2017 Take Heart Alaska Heart Disease and Stroke Prevention Plan Goals

- Goal 1: Work collaboratively to improve the ability of all **Alaskans** to eat a healthful diet, to be physically active, and to live tobacco-free.
- Goal 2: Ensure that **Alaskans** know how to reduce their risk of heart disease and stroke.
- Goal 3: Ensure optimal treatment and secondary prevention for heart disease and stroke patients.
- Goal 4: Improve data collection abilities and documentation systems used by **Alaska** healthcare organizations and providers (especially as they relate to heart disease and stroke data).
- Goal 5: Increase the number of **Alaskan** health care providers who practice using evidence based guidelines for treating and preventing cardiovascular diseases.

Healthy Lifestyles

Despite what we know about the importance of healthy lifestyles in the prevention of heart disease and stroke, many Alaskans do not engage in healthy lifestyles. Healthy lifestyles include eating a good diet, being physically active, living tobacco free, obtaining preventive services and where indicated taking medication as prescribed.

Healthy lifestyles can be promoted in many different settings including communities, worksites, schools, and health care settings.

The Take Heart Alaska Heart Disease and Stroke Prevention Plan recognizes the critical role tobacco, diabetes, and overweight plays in the development of heart disease and stroke. For thorough coverage of each of these health issues please see the individual plans listed below. These topics are not elaborated further in the Take Heart Plan.

Please see:

The State of Alaska Strategic Diabetes Plan: <http://www.hss.state.ak.us/dph/chronic/diabetes/diabetes.pdf>

Alaska in Action: Statewide Physical Activity and Nutrition Plan:
<http://www.hss.state.ak.us/dph/chronic/obesity/pubs/AlaskaInAction.pdf>

Tobacco Prevention and Control: <http://www.hss.state.ak.us/dph/chronic/tobacco>

Goal 1: Work collaboratively to improve the ability of all Alaskans to eat a healthful diet, to be physically active, and to live tobacco-free.

Objective 1: Increase the number of Alaskan students who participate in quality physical education classes.

Strategy 1: Support the training of physical education teachers within the University of Alaska system

Strategy 2: Increase participation in the UAA Physical Education Program

Strategy 3: Advocate for a state physical education coordinator

Objective 2: Communities, employers, and schools promote and support physical activity by implementing activity friendly programs, policies and environmental supports.

Strategy 1: Work to improve the playgrounds and play areas for schools, including preschools and universities

Strategy 2: Advocate for increased local and state capital expenditures for indoor and outdoor recreation facilities and areas

Strategy 3: Work with the Alaska Department of Transportation's Safe Routes to School Program to improve walking infrastructure near schools

Strategy 4: Assess the number of employers that have implemented worksite policy/environmental supports for physical activity

Strategy 5: Create and expand after-school physical activity programs

Strategy 6: Work with the Department of Transportation's Safe Routes to School Program to promote Walk to School Day/Week across the state

Strategy 7: Advocate for financial benefits for businesses that implement and maintain worksite health promotion programs

Strategy 8: Advocate for a university-based certificate program focusing on wellness

Strategy 9: Revise and update the Physical Activity Inventory resource: *Putting the Pieces Together, Statewide Efforts to Prevent Cardiovascular Disease, Policies, Programs, and Environmental Supports for Physical Activity and Risk Reduction* that was originally published in 2004.

Objective 3: Communities, employers, and schools facilitate healthy eating through programs, policies and environmental supports that encourage a nutritious diet.

Strategy 1: Encourage vending machine policies that support healthy choices.

Strategy 2: Support local farmers markets.

Strategy 3: Promote use of traditional foods.

Strategy 4: Advocate for a statewide school nutrition coordinator.

Strategy 5: Increase the number of community facilities that provide healthy food choices, including a higher number of fruits, vegetables, whole grains, and unsaturated fats and reduced amounts of overall calories, sugar, salt, sugary beverages, refined starches, and saturated and trans fats.

Strategy 6: Increase healthy food awareness in food suppliers, store owners.

Strategy 7: Advocate for quality school-based nutrition programs as part of a coordinated school health program.

Strategy 8: Increase nutrition education in school-based and early child care settings.

Strategy 9: Advocate enacting legislation to ensure restaurant nutrition fact labels on foods.

Strategy 10: Actively participate in the National Salt Reduction Initiative (a national coalition of more than 45 public agencies and health organizations) sponsored by the New York State Department of Health. The National Salt Reduction Initiative is committed to working toward the goal of reducing population salt intake by at least 20% during the next five years by setting targets and monitoring progress.

Objective 4: Promote the use of traditional foods as a means of making healthy food choices.

Strategy 1: Promote the identification, gathering and preparation of traditional and subsistence foods

Strategy 2: Emphasize traditional meats, sea mammals, fish, plants, and berries in dietary recommendations for rural Alaska

Objective 5: Promote tobacco-free Alaskans through collaboration with other Alaska tobacco control groups.

Strategy 1: Encourage members of Alaska Tobacco Control Alliance (ATCA) and Take Heart Alaska (THA) to participate in both organizations to create a unified message.

Strategy 2: Use existing ATCA and THA listservs and committees to spread tobacco-free messages and activities among all members

Strategy 3: Help Alaska tobacco control groups with clean air and smoking cessation policy development and dissemination.

Objective 6: Increase number of employees who are part of a worksite health promotion program

Strategy 1: Increase the number of employers that adopt evidence-based worksite health promotion programs.

Strategy 1a: Focus on worksites with greater than 250 employees, but include all worksites as possible.

Objective 7: Improve coordination between state programs and with outside agencies to create and improve worksite health programs

Strategy 1: Increase the number of programs and agencies that are working together to create a worksite health program in the state of Alaska.

Strategy 1a: Incorporate the State of Alaska Obesity Prevention and Control, Diabetes Prevention and Control, Tobacco Prevention and Control, Heart Disease and Stroke Prevention, and Health Promotion Programs to create a more effective worksite health promotion (WHP) program for the Alaskan worksites.

Strategy 1b: Incorporate outside agencies such as the American Diabetes Association (ADA), American Heart Association (AHA), American Stroke Association (ASA), National Stroke Association (NSA) and Take Heart Alaska partners to add their expertise.

Strategy 1c: Partner with the Alaska healthcare insurance companies to create incentives for employers and employees to participate in workplace health promotion programs.

Public Education

Alaska has unique characteristics that make delivery of preventive services and education about healthy lifestyles difficult. These include inclement weather, geographic isolation, limited availability of affordable healthy foods, and competing priorities for communities. Developing a sense of urgency around risk reduction for heart disease and stroke prevention, the number two and five killers of Alaskans respectively, is critical. This plan proposes that public education be carried out in a systematic, culturally appropriate manner that is evaluated for effectiveness.

Goal 2: Ensure that Alaskans know how to reduce their risk of heart disease and stroke.

Objective 1: Increase the number of Alaskans who know the signs and symptoms of heart attack and stroke and the importance of calling 911.

Strategy 1: Develop a media campaign to educate the public on the signs and symptoms of heart attack and stroke and the importance of calling 911.

Strategy 2: Include the signs and symptoms of heart attack and stroke and the importance of calling 911 on printed materials developed by Take Heart Alaska when feasible.

Objective 2: Increase the number of Alaskans who are aware of the urgency to implement behavior changes that can prevent heart disease and stroke.

Strategy 1: Increase the percent of patients receiving healthcare provider initiated therapeutic lifestyle modifications.

Strategy 1a: Advocate for the use of the AHRQ framework for Behavioral Health Counseling for physical activity and nutrition.

Strategy 2: Develop a media campaign that highlights the urgency for individuals to implement behavior changes that can prevent or reduce the symptoms and/or disability resulting from heart disease and stroke.

Objective 3: Increase the number of Alaskans who know their blood pressure, cholesterol/lipids, BMI, waist circumference, and glucose numbers; know if these numbers are high or borderline.

Strategy 1: Develop a “Know Your Numbers” campaign to educate the public on these numbers as well as nutrition and exercise guidelines.

Strategy 2: Encourage screening efforts in communities, workplaces and by healthcare providers.

Objective 4: Increase the number of Alaskans who know the risk factors, prevention strategies, and treatment methods for high blood pressure (hypertension).

Strategy 1: Work with Alaska programs and coalitions to provide consistent leadership and guidance on addressing salt consumption as a strategy to reduce high blood pressure.

Objective 5: Increase the number of Alaskans who know the risk factors, prevention strategies, and treatment methods for high cholesterol.

Objective 6: Ensure that heart disease and stroke prevention messages reach each level of the socio-ecological model of health from systems to individuals.

Heart Disease and Stroke Treatment and Secondary Prevention

In order to have the largest impact on improving the outcomes for patients with heart disease and stroke it is crucial to apply best practice to systems of care. This includes the way people access that care, their opportunities for receiving care, insurance coverage for care, and the consistent availability of quality care in hospitals, health centers, clinics, and from primary care, emergency care and rehabilitation providers.

Goal 3: Ensure optimal treatment and secondary prevention for heart diseases and stroke patients.

Objective 1: Increase the number of individuals who are screened for the risk factors of heart disease and stroke.

Strategy 1: Reinforce the importance of screening programs.

Strategy 2: Support the expansion of screening (especially in rural areas) for high blood pressure, high cholesterol, diabetes, obesity, poor nutrition, sedentary lifestyle, tobacco use, and depression.

Strategy 3: Support the adoption of evidence-based interventions when screening is positive for detecting a risk factor or disease process.

Objective 2: Increase the percentage of dispatch centers/sites adhering to evidence-based treatment guidelines for heart diseases and stroke.

Strategy 1: Support the establishment and implementation of evidence-based cardiovascular and cerebrovascular guidelines for initial health system contact that are appropriate throughout the state.

Strategy 1a: Collaborate with initial health system contacts to adopt and train on dispatch protocols that are appropriate for varying sophistication levels and structures of dispatch systems.

Strategy 1b: Increase the number of regional EMS and dispatcher sites who receive evidence-based pre-hospital training in stroke and heart attack response.

Objective 3: Increase the percentage of emergency medical services (EMS) centers/sites adhering to evidence-based treatment guidelines for heart diseases and stroke.

Objective 4: Increase the percentage of hospitals and clinics adhering to evidence-based clinical guidelines and treatment protocols for the treatment and secondary prevention of heart diseases and stroke.

Strategy 1: Provide best practice references and/or toolkits for chest pain/acute coronary syndrome, acute MI, heart failure and stroke to facilities, clinics, allied groups, primary care providers, health care practitioners, etc.

Strategy 2: Provide access to best practice resources for healthcare providers.

Strategy 3: Provide written best practices for follow-up treatment of acute MI, heart failure and stroke.

Strategy 4: Evaluate the use of evidence-based clinical guidelines and treatment protocols for chest pain/acute coronary syndrome, acute MI, heart failure and stroke in Alaskan hospitals.

Objective 5: Facilitate the process of communication between hospitals and primary care providers and patients through effective discharge planning for acute coronary syndrome, acute MI, heart failure, and stroke patients.

Strategy 1: Evaluate the quality of hospital based discharge and/or transfer order sets for acute coronary syndrome, acute MI, heart failure, and stroke.

Strategy 2: Ensure written discharge plans include current best practice standards of care.

Strategy 3: Evaluate the how well the hospital-based discharge order sets are used and completed by the medical staff.

Strategy 4: Evaluate the effectiveness of discharge plan communication between hospitals and primary care providers.

Objective 6: Increase the implementation of telemedicine and telestroke capabilities throughout the state of Alaska.

Strategy 1: Advocate for policy changes which would support the placement and ongoing use of telemedicine equipment in clinics especially in rural Alaska.

Strategy 1a: Advocate for policies that would assist in obtaining public or private funding support for telemedicine.

Strategy 2: Advocate for policy changes which would support the use of telestroke equipment and implementation of telestroke protocols in Emergency Departments throughout Alaska.

Strategy 2a: Advocate for policies that would assist in obtaining public or private funding support for telestroke.

Objective 7: Increase the access to self-management support systems for chronic disease patients.

Strategy 1: Expand the reach of the Chronic Disease Self-Management Program (CDSMP): *Live Well Alaska*.

Strategy 2: Increase the number of patients with heart disease and stroke (and other chronic diseases) who review their progress on risk reduction goals with health care providers.

Strategy 2a: Implement and/or support patient-based tracking tools and systems.

Strategy 3: Build the business case for benefit coverage for risk assessment counseling for physical activity, nutrition therapy, and tobacco cessation for all patients (not just those who have had an event).

Strategy 3a: Identify and compare health insurance plans that provide coverage for risk assessment counseling (non-pharmacological) for physical activity, nutrition therapy, and tobacco cessation for heart disease and stroke patients.

Strategy 3b: Provide support for insurance companies who provide risk assessment counseling services.

Objective 8: Increase the percentage of eligible Alaskans who are referred to a cardiac rehabilitation program after an acute cardiac event.

Strategy 1: Support the development or expansion of cardiac rehabilitation programs in Alaska.

Strategy 2: Develop resources to assist the cardiac rehabilitation programs to expand their reach either in their communities or through distance programs.

Objective 9: Increase the number of Alaskans who are referred to a stroke rehabilitation program or referred to stroke rehabilitation services after an acute stroke.

Strategy 1: Support the development of stroke rehabilitation programs or the expansion stroke rehabilitation services in Alaska.

Strategy 2: Develop resources to assist the primary care providers and neurology specialists to refer patients to stroke rehabilitation programs or services.

Goal 4: Improve data collection abilities and documentation systems used by Alaska healthcare organizations and providers (especially as they relate to heart disease and stroke data).

Objective 1: Support the adoption of electronic health records (EHRs) and health information technology (HIT) systems in Alaska.

Strategy 1: Explore options for assisting providers (particularly smaller primary care practices and individual primary care providers) with the adoption of electronic health record systems.

Strategy 2: Partner with the state health information exchange (HIE) contractors and the Alaska Electronic Health Record Alliance to explore options to assist small primary care practices with adoption of EHRs. (This will occur under the direction of the Alaska Health Care Commission's strategic plan, *Transforming Health Care in Alaska, 2009 Report/2010-2014 Strategic Plan* <http://hss.state.ak.us/healthcommission/docs/report.pdf>.)

Strategy 3: Partner with the Alaska Primary Care Association to assist primary care providers to adopt EHRs in their practices.

Objective 2: Support the development and adoption of data collection systems in Alaska.

Strategy 1: Advocate for and assist with the development and implementation of a statewide traumatic and/or acquired brain injury (T/ABI) registry.

Strategy 2: Advocate for and assist with the development and implementation of a statewide cardiac disease registry that would include high blood pressure and high cholesterol data.

Strategy 3: Advocate for and assist with data collection by Alaska's EMS programs using an electronic medical record.

Strategy 4: Partner with insurance companies to collect data concerning the prevalence and treatment of high blood pressure and high cholesterol for their health plan members.

Strategy 5: Partner with the state health information exchange (HIE) to identify potential uses of data from the exchange to support health care quality and safety improvement opportunities. (This will occur under the direction of the Alaska Health Care Commission's strategic plan, *Transforming Health Care in Alaska, 2009 Report/2010-2014 Strategic Plan* <http://hss.state.ak.us/healthcommission/docs/report.pdf>.)

Strategy 5a: Advocate for an increase in the number of electronic patient tracking systems that follow a patient from discharge from a tertiary system to a primary system.

Strategy 6: Support the acquisition of data sets for outpatient data.

Professional Education

The science of preventing and treating heart disease and stroke continues to improve and evolve. The Take Heart Plan objectives support practitioners' efforts to be up to date on and promote evidence based practices relating to heart disease and stroke. The education must include all levels of practitioners that provide care for patients with these diseases.

Goal 5: Increase the number of health care providers who practice using evidence-based guidelines for treating and preventing cardiovascular diseases.

Objective 1: Increase the use of the **Agency for Healthcare Research and Quality (AHRQ) 5-A's** (Assess, Advise, Agree, Assist, Arrange) framework for clinical and behavioral counseling in primary care settings. <http://www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm>

Strategy 1: Advocate for providers to routinely assess physical activity levels and talk to patients about incorporating physical activity into their daily routine, as part of comprehensive clinical preventive services.

Strategy 2: Advocate for providers to routinely counsel patients to practice healthy eating habits including an increased consumption of fruits, vegetables, and subsistence foods, and a decreased consumption of foods high in fat, cholesterol, and sodium.

Strategy 3: Advocate for providers to routinely assess and assist patients with tobacco use, weight management, depression, suicide risk, oral health, and safety at home.

Objective 2: Increase the number of health care providers who are aware of and use current cholesterol guidelines (Adult Treatment Panel) ATP III or ATP IV Guidelines.

Strategy 1: Provide access to current cholesterol guidelines and resources for health care providers.

Strategy 2: Promote the use of ATP III (or ATP IV) guidelines in community health centers by contributing to the updates for the Community Health Aid Manual.

Objective 3: Increase the number of health care providers who are aware of and use current blood pressure guidelines: *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)* (or JNC 8 when released).

Strategy 1: Provide access to current blood pressure guidelines and resources for health care providers.

Strategy 2: Promote the use of JNC 7 guidelines by providing continuing education (CE) to health care providers.

Objective 4: Increase the number of health care providers who are aware of and use current stroke evaluation, treatment, rehabilitation, and prevention guidelines.

Strategy 1: Provide access to current stroke evaluation guidelines and resources for health care providers.

Strategy 2: Provide access to current stroke treatment and prevention guidelines and resources for health care providers.

Strategy 3: Promote the use of stroke evaluation and treatment guidelines by providing continuing education (CE) to health care providers.

Strategy 3: Promote the use and reach of stroke rehabilitation programs and services.

Objective 5: Increase the number of health care providers who are aware of and use current myocardial infarction treatment, rehabilitation, and prevention guidelines.

Strategy 1: Provide access to current myocardial infarction treatment and prevention guidelines and resources for health care providers.

Strategy 2: Promote the expansion, use, and reach of cardiac rehabilitation programs.

Strategy 3: Promote the use of myocardial infarction treatment and prevention guidelines by providing continuing education (CE) to health care providers.

Objective 6: Increase the number of health care providers who are aware of and use current atrial fibrillation treatment guidelines.

Strategy 1: Provide access to current atrial fibrillation treatment guidelines and resources for health care providers.

Strategy 2: Promote the use of atrial fibrillation treatment guidelines by providing continuing education (CE) to health care providers.

Objective 7: Increase the number of health care providers who are aware of and use current heart failure treatment and prevention guidelines.

Strategy 1: Provide access to current heart failure treatment and prevention guidelines and resources for health care providers.

Strategy 2: Promote the use of heart failure treatment and prevention guidelines by providing continuing education (CE) to health care providers.

Objective 8: Develop or assist with the development of data collection tools or systems to evaluate the use and effectiveness of evidence-based and evidence-informed care in Alaska.

Strategy 1: Survey health care providers (or clinic champions) to evaluate practice guideline use.

Objective 9: Provide resources for professional education focusing on the care of heart diseases and stroke and their risk factors.

Strategy 1: Using the THA website and social media sites to post tools, links to current practice guidelines and educational programs that offer continuing education credits, and notices of other training opportunities around the state.

Attachment #2:

Take Heart Alaska Steering Committee October 19, 2011

Meeting Structure: Prioritize Objectives for Each Goal Area

What is prioritization?

- Places a number of items in rank order based on their perceived or measured importance or significance
- Important process that assists a group in identifying the issues on which it should focus its limited resources
- The process of determining the most important thing to do given the context we are working in and the resources we can bring to the table.
- Setting priorities helps us implement our plan by determining what to do first.

Why Prioritize?

- Maximize effectiveness with limited time and resources
- Better maintain focus and target efforts
- Have a greater impact
- To align our efforts with those of others

As we go through this exercise, remember that:

- Each team member's perceptions of priority may be different from the others
- There is no clear right or wrong order.

Prioritizing Objectives

For each set of objectives, ask the group to briefly compare and contrast the following criteria (make sure someone is taking notes!):

- Can the objective produce quick results and/or does it have a high likelihood of success?
- Do we have or are we likely to get the necessary commitment of human or other resources to implement the objective?
- Will the objective have a truly meaningful impact? Will it change the way we work, save considerable resources, and/or maximize the efforts of programs or partners?

If the group answers no to one of the above questions, consider whether to "knock out" the objective. Based on the above discussion, ask individuals to take a moment and rank the remaining strategies in order of priority on their handout. Ask each individual to call out their rankings and tally the individual scores next to each strategy. By tallying the rankings, each strategy is given a total score. (For example, Strategy #1 gets ranked as 1st, 2nd, 1st, and 4th priority by four individuals. The tally is 8.) The lower the total score, the higher the priority. Using the scoring system, identify the group's priorities. Any concerns? Are we ok with this ranking? Does it make sense? Are there lower priority strategies that we should consider removing altogether?

Objectives to Pursue in Year 1:

Assume the plan holds a three-year time horizon. Based on the above responses and rankings, consider whether the objective should be implemented within the first year. *Remind the group that not all objectives can be pursued at once or start in the first year!*

When identifying objectives for Year 1, the group should consider the following questions:

- Is it a high priority? Is it critical to achieving the outcome?
- Is it already happening?
- Does it fill a crucial gap?
- Does it make sense (due to resource or other constraints) to start pursuit of this now or could it occur later?

Compile results from your conversation to report back to the larger group.

Attachment #3:

Take Heart Alaska Plan Goals Final Draft (as of November 2011)

Take Heart Alaska Heart Disease and Stroke Prevention Plan, 2012-2017

Goals and Objectives

Goal 1: Work collaboratively to improve the ability of all Alaskans to eat a healthful diet, to be physically active, and to live tobacco-free.

Goal 2: Ensure that all Alaskans know how to reduce their risk of heart disease and stroke.

Goal 3: Ensure optimal treatment and secondary prevention for heart disease and stroke patients.

Goal 4: Improve data collection abilities and documentation systems used by Alaska healthcare organizations and providers (especially as they relate to heart disease and stroke data).

Healthy Lifestyles

Despite what we know about the importance of healthy lifestyles in the prevention of heart disease and stroke, many Alaskans do not engage in healthy lifestyles. Healthy lifestyles include eating a good diet, being physically active, living tobacco free, obtaining preventive services and where indicated taking medication as prescribed.

Healthy lifestyles can be promoted in many different settings including communities, worksites, schools, and health care settings.

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Tobacco Prevention and Control: <http://www.hss.state.ak.us/dph/chronic/tobacco>

Goal 1: Support efforts to improve the ability of all Alaskans to eat a healthful diet, to be physically active, and to live tobacco-free.

Objective 1: Decrease the gaps in primary prevention strategies promoting healthy lifestyles

Strategy 1: Identify primary prevention strategies being [led] by Alaskan groups and coalitions statewide (outside of the Take Heart Alaska coalition) involving eating a healthful diet and being physically active

Strategy 2: Identify the gaps in primary prevention strategies involving diet and physical activity being met by Alaskan groups and coalitions statewide

Strategy 3: Develop a plan to address [some of] the gaps in primary prevention strategies involving diet and physical exercise

Objective 2: Increase the number of Alaskan students who participate in quality physical education classes.

Strategy 1: Support the training of physical education teachers within the University of Alaska system

Strategy 2: Increase participation in the UAA Physical Education Program

Strategy 3: Advocate for a state physical education coordinator

Objective 3: Communities, employers, and schools promote and support physical activity by implementing activity friendly programs, policies and environmental supports.

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Strategy 4: Assess the number of employers that have implemented worksite policy/environmental supports for physical activity

Strategy 5: Create and expand after-school physical activity programs

Strategy 6: Work with the Department of Transportation's Safe Routes to School Program to promote Walk to School Day/Week across the state

Strategy 7: Advocate for financial benefits for businesses that implement and maintain worksite health promotion programs

Strategy 8: Advocate for a university-based certificate program focusing on wellness

Strategy 9: Revise and update the Physical Activity Inventory resource: *Putting the Pieces Together, Statewide Efforts to Prevent Cardiovascular Disease, Policies, Programs, and Environmental Supports for Physical Activity and Risk Reduction* that was originally published in 2004.

Objective 4: Communities, employers, and schools facilitate healthy eating through programs, policies and environmental supports that encourage a nutritious diet.

Strategy 1: Encourage vending machine policies that support healthy choices.

Strategy 2: Support local farmers markets.

Strategy 3: Promote use of traditional foods.

Strategy 4: Advocate for a statewide school nutrition coordinator.

Strategy 5: Increase the number of community facilities that provide healthy food choices, including a higher number of fruits, vegetables, whole grains, and unsaturated fats and reduced amounts of overall calories, sugar, salt, sugary beverages, refined starches, and saturated and trans fats.

Strategy 6: Increase healthy food awareness in food suppliers, store owners.

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Strategy 2: Use existing ATCA and THA listservs and committees to spread tobacco-free messages and activities among all members

Strategy 3: Help Alaska tobacco control groups with clean air and smoking cessation policy development and dissemination.

Alaska Strategic Planning Documents:

Transforming Health Care in Alaska Strategic Plan, Alaska Health Care Commission:
<http://hss.state.ak.us/healthcommission/docs/report.pdf>

Alaska Commission on Ageing State Plan for Senior Services:
<http://www.hss.state.ak.us/acoa/StatePlan.html>

RECOMMENDATIONS excerpted from *The Burden of Heart Disease and Stroke in Alaska: Mortality, Hospitalization and Risk Factors, December 2009*

The gaps in our knowledge of heart disease and stroke in Alaska are unsettling. Despite these gaps, the following recommendations for action seem clear:

1. Given Alaska's low rates of heart disease mortality and morbidity and moderate to high levels of key risk factors, we have an enormous opportunity and public health responsibility to keep those disease rates low by tackling risk factors head on. We need to turn our obesity, diabetes, hypertension, and high cholesterol rates around, begin to make an impact on rates of inadequate nutrition, and continue to gain ground with physical activity, smoking, and cholesterol screening.

2. Hospital discharge and Medicaid claims data indicate that treatment and long term care for Alaskans who have had a stroke create a tremendous economic burden. Given the demographic shift projected to occur in Alaska over the next decades, coupled with the reality that the vast majority of hospital discharges and Medicaid payments for stroke occur among those 65 and older, it is imperative that we take an evidence-based, comprehensive approach to stroke treatment and care in order to reduce these substantial health and economic stroke-related costs. Toward this end we recommend the development of standardized stroke diagnostic guidelines for pre-hospital transport and a comprehensive stroke treatment plan that addresses acute and subacute care.

3. The data indicate a significant gender gap in the treatment of female hospital patients with ischemic heart disease. They are consistently less likely to receive angiography or arteriography, cardiac catheterization, PCI, or bypass surgery. More data are needed to understand the reasons for the disparities, and to develop strategies to correct them.

4. Forty percent of hospital discharges for heart disease and stroke are for Alaskans between the ages of 18 and 64. As a large proportion of the individuals in this age group are in the workforce, worksite-based prevention strategies may be an effective way to reach this population. More work needs to be done establishing best practices for primary and secondary prevention of heart disease and stroke

within Alaskan worksites, the majority of which are small businesses.

5. Phase II cardiac rehabilitation (CR)—that is, 12-week, outpatient CR—is an effective but highly underutilized method of reducing morbidity and mortality from heart disease. There are several coverage-related challenges to more widespread adoption of this standard of care. Current Medicare coverage guidelines for Phase II CR are: (a) ambiguous regarding requirements for physician supervision of CR, and, (b) too restrictive regarding requirements for physician referral to CR. Alaska's unique size, population density, and limited road system create an additional challenge to achieving higher levels of CR participation—particularly in more rural parts of the state. Over 40% of Alaskans live in communities with less than 10,000 residents—61 communities have populations under 1,000. Traditional hospital-based CR facilities are not sustainable in such communities. Public health and health care professionals in Alaska are encouraged to advocate for the appropriate changes to Medicare guidelines, and to support the utilization of existing CR programs and the development of alternative safe and reimbursable delivery models of CR in rural Alaska.

6. The prevalence of several key heart disease and stroke risk factors is high in Alaska, particularly in subgroups with relatively low income and education. Clinicians and public health professionals need to pay close attention to these social class-based inequities, often called disparities. Addressing disparities in health often equates to reducing gaps in health outcomes between racial or ethnic groups. While such gaps exist in Alaska, there are even stronger disparities for heart disease and stroke along lines of income and education. These disparities are especially challenging to address, as they require interventions aimed at marginalized and poorly organized populations. Clearly, renewed efforts targeting poor and undereducated Alaskans are required, including those aimed at tobacco prevention and cessation, better availability of low-cost healthy foods, increased opportunities for physical activity, and improved access to clinical preventive services.