



Steering Committee and Coalition Meeting

DATE: Friday, January 27, 2012

Time: 10:00 AM – 12:00 PM

LOCATION: Frontier Bldg, 3601 C St,  
Room 890, Anchorage

X	Martha Pearson – SEARHC, WISEWOMAN Steering Committee Chair		Deborah Corker – AK Health Fairs, Inc.
	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
	Susan Suarez - WISEWOMAN		Christie Artuso – PAMC, Neurosciences
exc	Brenda Shelden – Mat-Su RMC		Justine Muench – UAA/UAS
	Michael DiFilippo – BP & WIN		Open
X	Lisa Sauder – AHA/ASA		Open
X	Renae Mathson – SEARHC, WISEWOMAN		Open
	Stan Watkins, MD – American Heart Institute		Open
	Andrea Fenaughty – SOA Epidemiology	X	Laura Miko – SOA, HDSP Admin
	Clint Farr – SOA, HDSP Epidemiology	X	Russ Stevens, SOA, HDSP Public Health Specialist
	Selinda Shontz – AHA		

ITEM	Discussion
Welcome and Introductions	Martha Pearson called the meeting to order at 10:00 AM
Overview of planning process to date and current status of Take Heart Alaska 2012-2017 Plan	<p>Janice Gray:</p> <ul style="list-style-type: none"> <li>- Reviewed the latest version of objectives and goals for the THA Plan.</li> <li>- Reviewed and explained the Plan table of contents.</li> <li>- Is starting to give the publisher content to format.</li> <li>- Gave an update on the Heart Disease and Stroke Prevention Program CDC Funding: the CDC will be extending the fifth (and final) year of our current five-year grant to a 24 month year five. This will allow for continued financial support for the Take Heart Alaska coalition at least through June 2013.</li> <li>- CDC changing focus to the ABCS (<b>A</b>spirin use when appropriate, <b>B</b>lood pressure control (including sodium control), <b>H</b>igh <b>C</b>holesterol control, and <b>S</b>moking cessation. The CDC is leaning more toward a primary care focus.</li> </ul>
<p>Prioritization of Objectives:</p> <ul style="list-style-type: none"> <li>• Review the goals and the objectives under each goal area</li> <li>• Requests for revisions?</li> <li>• Identify the top two “action items” to tackle over the next 1-2 years</li> <li>• Volunteers for committee projects?</li> </ul>	<p>Martha Pearson/ Janice Gray/Steering Committee Members <b>(see revisions of attached THA Goals and Objectives for January 27, 2012)</b></p> <ul style="list-style-type: none"> <li>-Focus on the primary objectives. Revise to make at least the highest priority objectives SMART (<b>S</b>pecific, <b>M</b>easurable, <b>A</b>chievable, <b>R</b>ealistic and <b>T</b>ime-bound), <b>attainable and measurable</b>.</li> <li>-Objective 1: Identify gaps.</li> <li>-Objective 3: Obesity/APPA               <ul style="list-style-type: none"> <li>- Strategy 4: insert “such as programs like Healthy Futures”.</li> <li>- Possible?: Promote an Alaska Day of Play</li> <li>- How to target work environments?</li> </ul> </li> <li>-Objective 4: Obesity/Community Transformation Grant (CTG)               <ul style="list-style-type: none"> <li>- “Smart”en up strategy 1 and 2</li> <li>- Include restaurants.</li> <li>- Strategy 6: Currently working with lobbyist.</li> <li>- Strategy 7,8,9: Criteria used for Alaska Heart Smart Restaurants.</li> </ul> </li> <li>-Objective 5: Rework to fit Heart Smart/Alaskan Grown restaurant promotion.</li> </ul>

ITEM	Discussion
<p>Review Mission and Vision Statements (see attachment)</p>	<p>Martha Pearson/ Janice Gray</p> <p><b>MISSION STATEMENT</b>                      Original: To increase heart health among all Alaskans by advocating for individual and community-based commitment to healthy lifestyles, and improving access to preventative services, evidence-based cardiovascular treatment, and secondary prevention.</p> <p>New: Increase cardiovascular and cerebrovascular health for Alaskan individuals and communities by encouraging healthy lifestyles and better access to proven preventive and treatment services.</p> <p>Final: <b>Increase cardiovascular health for Alaskan individuals and communities by promoting healthy lifestyles and proven preventive and treatment services.</b></p> <p><b>VISION STATEMENT</b>                      New: A heart-healthy and stroke-free Alaska in mind, body, and spirit.</p> <p>Final: <b>Balancing mind, body, and spirit to create a heart-healthy and stroke-free Alaska.</b></p>
<p>Review Committee Structure (see attachment)</p> <p>Original:</p> <ul style="list-style-type: none"> <li>• Healthy Lifestyles, Eat Smart Alaska, Alaskans Promoting Physical Activity (APPA)</li> <li>• Public Education</li> <li>• Professional Education</li> <li>• Stroke Systems of Care</li> <li>• Secondary Prevention and Treatment</li> </ul> <p>Proposed:</p> <ul style="list-style-type: none"> <li>• Healthy Lifestyles, Eat Smart Alaska, Alaskans Promoting Physical Activity (APPA)</li> <li>• Public Education</li> <li>• Stroke Systems of Care</li> <li>• Cardiac Systems of Care</li> </ul>	<p>The proposed revised committee structure was reviewed and approved. The Professional Education and the Secondary Prevention and Treatment Committees will not be reawakened. (They have not met for more than two years.) The functions of these committees will be included in the remaining committees with an emphasis on the Stroke Systems of Care and Cardiac Systems of Care Committee's work.</p> <p><b>Approved Structure:</b></p> <ul style="list-style-type: none"> <li>• Healthy Lifestyles Committee                         <ul style="list-style-type: none"> <li>○ Eat Smart Alaska!</li> <li>○ Alaskans Promoting Physical Activity (APPA)</li> </ul> </li> <li>• Public Education Committee</li> <li>• Stroke Systems of Care Committee</li> <li>• Cardiac Systems of Care Committee</li> </ul>
<p>Committee Updates</p> <ul style="list-style-type: none"> <li>• Healthy Lifestyles</li> <li>• Public Education</li> </ul>	<p>Renae Mathson                      Lisa Sauder</p> <ul style="list-style-type: none"> <li>- Comprehensive Stroke resource guide.</li> </ul>
<p>2012 THA Steering Committee President and President-Elect</p>	<p>Martha Pearson and Russ Stevens will draft an invitation letter for new members of the Take Heart Alaska coalition and Martha will draft a letter inviting members to serve on the Steering Committee and on the other Take Heart Alaska committees.</p>
<p>Wrap-Up/Close</p>	<p>Martha Pearson ended the meeting at 1210 PM. Martha reminded everyone about Wear Red Day on February 3<sup>rd</sup> 2012</p>
<p>Next Meetings:                      ➤ TBA</p>	<ul style="list-style-type: none"> <li>- Will send out an e-mail for scheduling.</li> <li>- Need to review bylaws.</li> <li>- 5 open spots on committee.</li> </ul>

ITEM	Discussion
Assignments:	<p><u>Janice:</u> Get the THA Plan ready for publishing</p> <p><u>Martha/Russ:</u> Write a letter to the Steering Committee members to identify what we are doing, where we are hoping to go, and asking what part each person would like to play in getting there</p> <p><u>Martha:</u> Contact all steering committee members to ask about continued interest, to recruit additional members</p> <p><u>Renaë:</u> Determine <i>Healthy Lifestyles Committee</i> Primary Objectives (those few to be done first) and Secondary Objectives (those that will be done if the opportunity exists), define <i>Healthy Lifestyles</i> SMART objectives for Primary objectives</p> <p><u>Lisa:</u> Determine <i>Public Education Committee</i> Primary Objectives (those few to be done first) and Secondary Objectives (those that will be done if the opportunity exists), define <i>Public Education</i> SMART objectives for Primary objectives</p> <p><u>Steering Committee:</u> Review Take Heart Alaska Bylaws.</p>

Attached:

THA Goals and Objectives (as of January 27, 2012).....4-10

Mission and Vision Statements.....11

Take Heart Alaska Committee Structure.....12-13

## Take Heart Alaska Heart Disease and Stroke Prevention Plan, 2012-2017 (Changes in Red)

1-27-2012

### 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: Increase the number of Alaskans who take action to reduce their risk of heart disease and stroke.

Goal 3: Increase the number of health care providers who provide 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 role that healthy lifestyles contribute to the prevention of heart disease and stroke, many Alaskans do not engage in these healthy behaviors. Healthy lifestyles include eating a balanced diet, staying physically active, living tobacco free, obtaining preventive services, and when indicated taking medication as prescribed by a licensed healthcare provider.

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

The Take Heart Alaska coalition recognizes the critical role that tobacco, diabetes, and obesity plays in the development of heart disease and stroke. For thorough coverage on each of these health issues, please view the individual plans listed below. These topics are not elaborated any further in the Take Heart Alaska 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: 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; promote healthy lifestyles. [Comment: define what constitutes a gap.]

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 gaps in primary prevention strategies involving diet and physical exercise.

**Objective 2:** Support an increase in 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: Coordinate with the University of Alaska to develop a physical education certificate program

Strategy 3: Coordinate with the Department of Education to modify the certification requirements to allow for classroom teachers to teach physical education with a university certificate

Strategy 4: Advocate for a state physical education coordinator. [Comment: May need to be advocated to the legislature.]

**Objective 3:** Advocate for communities, employers, and schools to promote physical activity by implementing activity friendly programs, policies, and environmental supports.

Strategy 1: Support work to improve playgrounds and play areas for schools, including pre-schools and universities.

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

Strategy 3: Support the Alaska Department of Transportation's "Safe Routes to School Program" to improve walking and biking infrastructure near schools.

Strategy 4: Support the creation and expansion of after-school physical activity programs, such as "Healthy Futures" Alaska.

Strategy 5: Advocate for a statewide "Alaska Play Day" to increase physical activities for communities, employers and schools.

**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: Assist with the work of the Alaska Food Policy Council.

Strategy 4: Support the work of the Alaska Department of Natural Resources Alaska Grown program.

Strategy 5: Advocate for a statewide school nutrition coordinator.

Strategy 6: 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 7: Increase healthy food awareness in food suppliers and store owners.

Strategy 8: Advocate for quality school-based nutrition programs, as part of a coordinated school health program.

Strategy 9: Increase nutrition education in school-based and early child care settings.

Strategy 10: Actively participate in statewide and national efforts to reduce sodium in the food supply.

**Objective 5:** Restaurants will promote healthy eating.

Strategy 1: Develop criteria for a recognition program for restaurants with healthy menu items.

Strategy 2: Use the "Eat Smart Alaska!" logo with a healthy menu recognition program for restaurants.

Strategy 3: Advocate for enacting legislation to ensure nutrition fact labels are available for restaurant foods.

**Objective 6:** Increase the use of traditional foods as a means to making healthy food choices.

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

Strategy 2: Emphasize the use of traditional meats, sea mammals, fish, plants, and berries in dietary recommendations especially for rural Alaska.

**Objective 7:** 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.

Strategy 4: Improve access to the Alaska Quit Line and to tobacco cessation activities through Take Heart Alaska publications and media.

## Public Education

Alaskans are proud to live in a state that is **teeming with** resources **and natural beauty**, including **nearby** recreation, an abundance of **wild** foods, and close community and family connections. Alaska also has unique characteristics which **can** make **health promotion**, the delivery of preventive services, and education about **health and** healthy lifestyles difficult. Some of **the challenges** include inclement weather, geographic isolation, limited availability of affordable healthy foods, and competing priorities within communities. These **challenges** have contributed to a developing sense of urgency surrounding the reduction of heart disease and stroke, the number two and five killers of Alaskans respectively. This plan proposes that **heart disease, stroke, and healthy lifestyles** public education will be carried out in a systematic and culturally appropriate manner. **Public education programs** will be evaluated for effectiveness.

**Goal 2: Increase the number of Alaskans who take action to reduce their risk of heart disease and stroke.**

**Objective 1:** Increase the number of Alaskans who know their “numbers” including their blood pressure, cholesterol/lipids, BMI, waist circumference, and glucose, and also know if these numbers are high or borderline.

Strategy 1: Develop and expand a “Know Your Numbers” campaign to offer health care providers a useful method to educate the public on these numbers, as well as nutrition and exercise guidelines.

Strategy 2: **Provide resources to health care providers and the public that will assist**

**Objective 2:** 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 3:** Increase the number of Alaskans who know the risk factors, prevention strategies, and treatment methods for heart disease and stroke and who are motivated to implement behavior changes to decrease their risk of heart disease and stroke.

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

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

Strategy 3: Work with programs and coalitions within Alaska and nationally to provide consistent leadership and guidance on addressing salt consumption as a strategy to reduce high blood pressure.

## Heart Disease and Stroke Treatment and Secondary Prevention

In order to have the greatest impact on improving the outcomes for patients with heart disease and stroke, it is crucial to implement best practice within systems of care. This includes the way people access healthcare, their opportunities for receiving care, insurance coverage, and the consistent availability of

quality care in hospitals, health centers, clinics, and from primary care, emergency care and rehabilitation providers.

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

**Goal 3: Increase the number of health care providers who provide optimal treatment and secondary prevention for heart disease and stroke patients.**

**Objective 1:** Increase the percentage of healthcare providers, emergency medical services (EMS) (including dispatch), hospitals, and clinics that adhere to evidence-based guidelines for treating and preventing heart disease 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.

Strategy 1c: 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 1d: Provide access to best practice resources for healthcare providers.

Strategy 1e: Provide written best practices for follow-up treatment of acute MI, heart failure and stroke.

Strategy 1f: 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.

**Strategy 2:** Increase the number of health care providers using "decision support" capabilities with their electronic health records (EHRs) to assist providers to use best-practice guidelines and to assist with screening consistency.

**Strategy 3:** Increase the use of clinical and behavioral counseling in primary care settings.

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

**Strategy 4:** 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 4a: Provide access to current cholesterol guidelines and resources for health care providers.

**Strategy 5:** 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 5a: Provide access to current blood pressure guidelines and resources for health care providers.

Strategy 5b: Promote the use of JNC 7 guidelines by providing continuing education (CE) to health care providers.

**Strategy 6**: Increase the number of health care providers who are aware of and use current stroke evaluation, treatment, rehabilitation, and prevention guidelines.

Strategy 6a: Provide access to current stroke evaluation guidelines and resources for health care providers.

Strategy 6b: Provide access to current stroke treatment and prevention guidelines and resources for health care providers.

Strategy 6c: Promote the use of stroke evaluation and treatment guidelines by providing continuing education (CE) to health care providers.

Strategy 6d: Promote the use and reach of stroke rehabilitation programs and services.

**Strategy 7**: Increase the number of health care providers who are aware of and use current myocardial infarction treatment, rehabilitation, and prevention guidelines.

Strategy 7a: Provide access to current myocardial infarction treatment and prevention guidelines and resources for health care providers.

Strategy 7b: Promote the expansion, use, and reach of cardiac rehabilitation programs.

Strategy 7c: Promote the use of myocardial infarction treatment and prevention guidelines by providing continuing education (CE) to health care providers.

**Strategy 8**: Increase the number of health care providers who are aware of and use current atrial fibrillation treatment guidelines.

Strategy 8a: Provide access to current atrial fibrillation treatment guidelines and resources for health care providers.

Strategy 8b: Promote the use of atrial fibrillation treatment guidelines by providing continuing education (CE) to health care providers.

**Strategy 9**: Increase the number of health care providers who are aware of and use current heart failure treatment and prevention guidelines.

Strategy 9a: Provide access to current heart failure treatment and prevention guidelines and resources for health care providers.

Strategy 9b: Promote the use of heart failure treatment and prevention guidelines by providing continuing education (CE) to health care providers.

**Strategy 10**: Provide resources for professional education and data sources in order to inform evidence-based care of heart disease and stroke and their risk factors.

Strategy 10a: Using the Take Heart Alaska 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.

**Objective 2**: 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 2a: Survey health care providers (or clinic champions) to evaluate practice guideline use

**Objective 3**: 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 2: Advocate for policies that would assist in obtaining public or private funding support for telemedicine.

Strategy 3: Advocate for policy changes which would support the use of telestroke equipment and implementation of telestroke protocols in Emergency Departments throughout Alaska.

Strategy 4: Advocate for policies that would assist in obtaining public or private funding support for telestroke.

**Objective 4:** Increase 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.

**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.

Strategy 5: Increase the percentage of eligible Alaskans who are referred to a rehabilitation program after an acute cardiovascular or stroke event.

Strategy 5a: Support the development or expansion of cardiac rehabilitation programs in Alaska.

Strategy 5b: Develop resources to assist the cardiac rehabilitation programs to expand their reach either in their communities or through distance programs.

**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 development and adoption of data collection systems related to heart disease and stroke in Alaska and facilitate information sharing between systems.

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.

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.

### 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 about 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. Alaska needs to turn its 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. The projected demographic shift for Alaska over the subsequent decades, in addition to the reality that a 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. We recommend the development of standardized stroke diagnostic guidelines for pre-hospital transport, and a comprehensive stroke treatment plan that addresses acute and sub-acute care.
3. The data indicates 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 these 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. Since a large proportion of individuals in this age group are active in the workforce, worksite-based prevention strategies may be an effective way to reach this wide-ranging population. Additional work is needed to establish 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)—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 until there is a more standard widespread adoption of this standard of care. Currently 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. More than 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, 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, also referred to as "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, improved availability of low-cost healthy foods, increased opportunities for physical activity, and improved access to clinical preventive services.

## TAKE HEART ALASKA COMMITTEE STRUCTURE – 27 January 2012

### Healthy Lifestyles Committee

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 lifestyle habits include eating a good diet, being physically active, living tobacco free, obtaining preventive services and taking medication as prescribed.

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

#### ❖ Alaskans Promoting Physical Activity (APPA)

Alaskans Promoting Physical Activity (APPA) is a coalition representing a wide variety of organizations interested in promoting the benefits of regular physical activity. Our mission is to increase physical activity among Alaskans by influencing policies, physical and social environments, and personal behaviors through health promotion, education, and advocacy efforts. Our goal is to improve health, fitness, and quality of life for all Alaskans.

To accomplish our mission and goal, APPA works to implement recommendations in the Take Heart Alaska Cardiovascular Disease Prevention Plan that involve physical activity.

#### ❖ Eat Smart Alaska!

Eat Smart Alaska is a group of volunteers working toward a healthier Alaska. Members are consumers, foodservice representatives, educators, health professionals, government agencies, and private businesses. Eat Smart's mission is to help shape food consumption in a positive way, and promoting health and reducing disease among all Alaskans. Eat Smart Alaska advocates for increased availability of healthful foods; increased education efforts on the economic benefits of healthful eating; increased use of media to promote healthful eating messages; and publicized healthful eating promotes enhanced quality of life and prevents disease.

Eat Smart Alaska supports activities across Alaska such as health fairs, Fruits and Veggies More Matters campaign, promotion of slow foods, local foods, traditional foods, in-store food demonstrations, grocery store tours, and collaborates with teachers, schools and other health care educators.

### Public Education Committee

The Public Education Committee focuses on the goals and objectives within the Take Heart Alaska Heart Disease and Stroke Prevention Plan that target the production and dissemination of educational materials to the general public.

The Public Education Committee focuses on risk reduction of heart disease and stroke while encouraging and promoting behavior change. Risk factors targeted include high blood pressure and high cholesterol, while emphasizing safe and accurate medication management, recognition of the signs and symptoms of heart attack and stroke and calling 911. Additional risk factors that are collaboratively being targeted with the assistance of other coalitions and programs are overweight and obesity, unhealthy diets, physical inactivity, tobacco use, and diabetes management and control.

This committee proposes that public education be carried out in a systematic, culturally appropriate manner that is evaluated for effectiveness.

## The Systems of Care Committees

In order to have the largest impact on improving outcomes for patients with heart disease and stroke it is crucial to look at systems of care that include the way people access that care, their opportunities to receive care, insurance coverage for care, and the consistency of the quality of care they receive as they move from acute to primary facilities. Measurements of care access, receipt of care, insurance coverage, and quality of care must be identified. The measurements will determine a baseline of heart disease and stroke care, and determine if outcomes of heart disease and stroke care are improving over time.

The Systems of Care Committees target efforts to ensure optimal treatment and secondary prevention for those people who have had cardiovascular diseases, a heart attack, or stroke.

### ❖ Cardiac Systems of Care Committee:

The cardiac systems of care committee works to improve cardiac care in Alaska and reduce death and disability from cardiac diseases. This committee targets efforts to ensure optimal secondary prevention for those people who have had a heart attack.

- Acute Coronary Syndrome (ACS)
- Acute MI (AMI)
  - ST segment Elevation MI (STEMI)
  - Non ST segment Elevation MI (NSTEMI)
- Heart Failure
- High Blood Pressure
- High Cholesterol
- Cardiac Rehabilitation

### ❖ Stroke Systems of Care Committee:

The stroke systems of care committee works to improve stroke care in Alaska and reduce death and disability from stroke. This committee targets efforts to ensure optimal secondary prevention for those people who have had a stroke.

- Stroke
- Transient Ischemic Attacks (TIAs)
- Telestroke
- Atrial Fibrillation
- Stroke Rehabilitation