



Partner Update

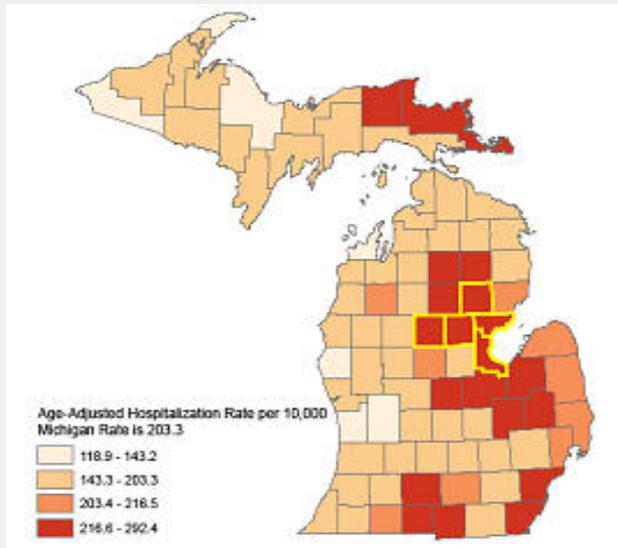
Michigan Cardiovascular Alliance Meeting

Mark your calendar to attend the next MiCA meeting on Tuesday, May 3, 2011, from 2:00 – 4:30 at the Michigan Public Health Institute in Okemos. More information will be sent in April's *Partner Update*.

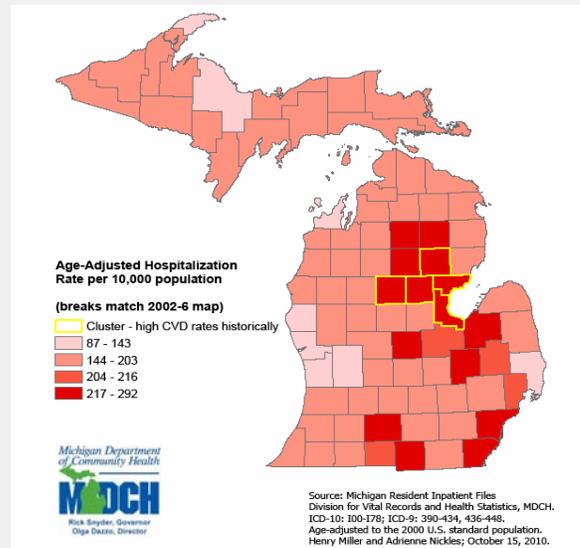
Michigan Department of Community Health News

Five County Study

As mentioned at previous Michigan Cardiovascular Alliance meetings, we have been evaluating a region of Michigan that has high levels of CVD mortality and hospitalization rates. This region, referred to as a group of five counties, includes Arenac, Bay, Clare, Gladwin, and Ogemaw. An analysis of new data showed that this finding is persistent (see maps below). To better understand this problem, MDCH staff have been developing a report that would present the findings in a comprehensive document. The findings will be presented and discussed with community members in the region this summer. Several discussions will be held, possibly in a town hall format. MPH Center for Data Management and Translational Research will offer technical support and evaluation. As this study progresses we will keep the Alliance members updated.



**Cardiovascular Disease
Hospitalization Rates 2002-2006**
State Average: 203.3 (per 10,000)
Arenac: 292.4
Bay: 266.2
Clare: 261.7
Gladwin: 263.2
Ogemaw: 250.0



**Cardiovascular Disease
Hospitalization Rates 2004-2008**
State Average: 196.7 (per 10,000)
Arenac: 291.5
Bay: 257.7
Clare: 256.1
Gladwin: 236.1
Ogemaw: 257.3

2011 CVD Fact Sheet: February Update

The update to the *CVD Fact Sheet* that incorporates all the data except the Behavioral Risk Factor latest numbers is available. This fact sheet highlights Michigan's ranking for CVD, CHD and stroke as well as cost estimates for specific diseases. The main source of data for the February update is the *2011 AHA Heart and Stroke Statistics and MDCH Vital Statistics*. The **new fact sheet is attached**.

Michigan Department of Community Health News (continued)

2011 Stroke Brief

The *2011 Stroke Brief* is a surveillance report focusing on stroke hospitalization, mortality, risk factor data, awareness of signs and symptoms of stroke and emergency action as well as a summary of the Michigan Stroke Registry Quality Improvement project. The last Michigan stroke epidemiology report was done in 2006. The **new *Stroke Brief* is attached.**

EMS Collaboration Update

Collaboration continues with the EMS and Trauma System Section regarding the implementation of the trauma rules and a Regionalized Trauma System Network. Advanced Stroke Life Support Workshops continue throughout the state. Over 400 EMS providers have been trained in this 8 hour hands-on workshop designed to provide the pre-hospital providers with the information needed to recognize the signs and symptoms of stroke and the need for timely treatment.

National News

Stroke articles of note:

1. Two levels of hospitals for the treatment of stroke patients are recommended in the *Stroke*, January 13, 2011, publication: Primary Stroke Centers (PSCs) and Comprehensive Stroke Centers (CSCs). **Article is attached.**
2. “Among patients with acute ischemic stroke, admission to a designated stroke center was associated with modestly lower mortality and more frequent use of thrombolytic therapy” (JAMA, 2011:305 (4) 373-380). **Article is attached.**

Updates from 2011 International Stroke Conference:

- There are increasing rates of stroke in the young (ages 15-34 and 35-44).
- Stroke in Mexican American is expected to increase 350% in the next 40 years.
- 10% of discharged ischemic stroke patients are re-admitted in one month (this is especially true for the elderly, due to cardiac arrhythmia, myocardial infarction, stroke, pneumonia, infection, DVT, carotid surgery, and for each decade older there is a 5 times increased risk of re-admission).
- For the uninsured stroke survivor, cost related non-compliance with medication is 60%.
- The “Locomotor Experience Applied Post Stroke (LEAPS) a Randomized, Controlled Trial,” Duke University, showed physical therapy at home started as late as 6 months was as beneficial for improving walking, as robotic, weight supported treadmill training that was started early.
- Based on results from the “Angiotension Receptor Blockade In Acute Stroke: Results from the Scandinavian Candesartan Acute Stroke Trial (SCAST)” there is no indication for blood pressure lowering in the acute stroke setting.

Kudos to the Detroit Free Press and Patricia Anstett, the reporter, for their article, Heart Health: What Women Need to Know to Avoid Becoming a Statistic, see Health & Food Special Section Sunday February 20th, 2011.

International News

Fruit & Vegetable Intake and Mortality from Ischemic Heart Disease. **Article is attached.**

Partner News

Revisions to the ADA Clinical Practice Recommendations 2011 - Standards of Medical Care in Diabetes Reinforcing the Importance of Individualization of Blood Pressure Goals

The American Diabetes Association (ADA) Clinical Practice Recommendations for 2011 have been revised to reflect new evidence reinforcing the importance of individualization of blood pressure goals for treating individuals with diabetes.

Revised hypertension goals are:

1. A goal systolic blood pressure < 130 mmHg is appropriate for most patients with diabetes.
2. Based on patient characteristics and response to therapy, higher or lower systolic blood pressure targets may be appropriate.
3. Patients with diabetes should be treated to a diastolic blood pressure < 80 mmHg.

Partner News (Continued)

Wording for the first goal has changed from the 2010 recommendations of “should be treated to a systolic goal of < 130 mmHg” to “is appropriate for most patients with diabetes.” The second goal, is new for 2011 and acknowledges the need to individualize treatment goals and strategies when treating hypertension in individuals with diabetes. The third goal remains unchanged from 2010 recommendations.

The treatment goals component of the 2011 recommendations discusses at length the further analyses of the ACCORD, ADVANCE, and INVEST randomized clinical trials addressing lowering blood pressure in individuals with diabetes. In conclusion with regards to treatment goals: *The absence of significant harm, the trends toward benefit in stroke and the potential heterogeneity with respect to intensive glycemia management suggest that previously recommended targets are reasonable pending further analyses and results. Systolic blood pressure targets more or less stringent than <130 mmHg may be appropriate for individual patients, based on response to therapy, medication tolerance, and individual characteristics, keeping in mind that most analyses have suggested that outcomes are worse if the systolic blood pressure is >140 mmHg.*

American Diabetes Association: Clinical Practice Recommendations 2011, Diabetes Care, Volume 34, Supplement 1, January 2011 s28. **Article is attached.**

Michigan Health & Hospital Association (MHA) Healthy Food Hospitals

At the Healthy Kids, Healthy Michigan's Health, Family and Child Care Services Policy Action Team meeting, Paige Hathaway from MHA reported that their Board of Trustees adopted a resolution encouraging all community hospitals to lead by example and implement a multi-faceted healthy eating experience for hospital patients, employees and visitors. The Healthy Food Hospitals (<http://www.healthyfoodhospitals.org/>) campaign will give Michigan hospitals the opportunity to model exemplary food service choices and nutritional selections to support the health of all those who walk through their doors. This initiative paves the way for additional efforts to improve health in local communities by teaching businesses and others in public venues to create healthy food environment policies.