

September 2012



**Michigan
Cardiovascular
Alliance**

Partner Update

Michigan Department of Community Health News

MiCA Meeting Reminder

Please mark your calendar for the upcoming MiCA meeting on October 23 from 2-4:30 p.m. at the Michigan Public Health Institute in Okemos. More meeting information will be sent later this month. The meeting will feature presentations on new statewide initiatives and plenty of time for partner sharing. We look forward to seeing you there!

Member Survey

An email with a link to the MiCA Member Survey was sent August 28. The 5 question survey should take less than 5 minutes to complete. We value your feedback, and would appreciate you taking the time to complete the survey. If you did not receive the survey, please contact us (demitzc@michigan.gov).

MSI Meeting Set for December 2012

The Michigan Stroke Initiative (MSI) is planning to hold a meeting in December. More information will be shared as it becomes available.

MiCA Members & MDCH Submit Abstracts to International Stroke Conference 2013

Four abstracts were submitted to the International Stroke Conference by MiCA members, partners and MDCH. Notification of acceptance should be received in September 2012. The International Stroke Conference is being held February 6-8 in Honolulu, Hawaii.

- *Use of Existing Trauma System Legislation to Build a Regional System of Care for Stroke*
Authors: Mary Lou Mitchell, Phillip Scott, Howard Klausner, Christopher Lewandowski, Robert Dunne, Amy Barkholz, Robin Shivley, Denise Busman, Deb Detro-Fisher, Sarah Poole, Eileen Worden, Michigan Department of Community Health, Heart Disease and Stroke Prevention/ EMS and Trauma System Section-Systems of Care Workgroups
- *Building a Regional System of Care for Stroke and ST-elevation Myocardial Infarction (STEMI) using the Trauma System*
Authors: Mary Lou Mitchell, Phillip Scott, Howard Klausner, Christopher Lewandowski, Robert Dunne, Amy Barkholz, Robin Shivley, Denise Busman, Deb Detro-Fisher, Sarah Poole, Eileen Worden, Michigan Department of Community Health, Heart Disease and Stroke Prevention/ EMS and Trauma System Section-Systems of Care Workgroups
- *A Collaborative Approach Emergency Medical Service Stroke Training*
Authors: Theresa Price, Mary Lou Mitchell, Teri Connors, Karen Bergman, Kerri Chernauckas, Debbie Lull, Andrea Godfrey, Kathleen Glaza, Eileen Worden, Jamie Zinsmaster
- *Characteristics and outcomes of stroke patients transferred to hospitals participating in the Michigan Coverdell Acute Stroke Registry, 2009-2011*
Authors: Marylou Mitchell, RN, MSN, Adrienne V. Nickles, MPH, Stacey Roberts, BSN, MS, Erin Shell RN, CNRN, Mathew J. Reeves, PhD Sparrow Hospital, Michigan Department of Community Health, Department of Epidemiology, Michigan State University

Partner News

The National Kidney Foundation of Michigan (NKFM), in partnership with the Inkster community, has formed a coalition called “The Inkster Partnership for a Healthier Community” (IPHC). This coalition has brought together a wide range of people and organizations to reduce health disparities in the city of Inkster. To do this, the IPHC addresses the underlying causes of health disparities which are called the social determinants of health. Social determinants of health (SDOH) are those factors that influence peoples health such as the environment in which you live, eat, play, and work. These elements are an important part of assessing and improving the health needs of communities; by identifying these root causes, overall improvement in health outcomes can be achieved.

The results of a community-wide health assessment showed a need to connect women to community resources. Through a grant from the Office on Women’s Health, NKFM has implemented a community health worker (CHW) in the Inkster FQHC- Western Wayne Family Health Center. Western Wayne is an integral part of the community as it is the largest health care provider in the city of Inkster. The CHW serves as a trusted link to the community by aiding in the improvement of chronic disease management, enhancing coordination of community services and thereby improving obesity and diabetes control.

In FY12, NKFM provided technical training to the clinic staff on correct Blood Pressure (BP) techniques as part of a Cardiovascular Health, Nutrition and Physical Activity Section initiative. In addition, a BP Measurement station has been placed at two FQHC’s where patients have an opportunity to learn the proper technique of taking their BP at home. These measures have resulted in an improvement of BP control (BP less than 140/90) by approximately 5% over 6 months. Upcoming plans for FY 13 include the education of CHW’s in proper BP technique and initiation of follow up in non-compliant hypertensive patients.

National Partner News

Women and Heart Disease

Recent news coverage about Rosie O’Donnell and her cardiovascular event is an important reminder that one in three women in the US has some form of cardiovascular disease. While awareness of heart disease among women has increased dramatically, 46% of women still do not recognize it as the leading cause of death. Women may experience undiagnosed warning signs weeks, months, or even years before having a heart attack. The top five warning symptoms for CVD in women are: unusual fatigue, trouble sleeping, shortness of breath, indigestion and anxiety (note: chest pain is not in the top five). While taking an aspirin (if no allergies) can be helpful for a possible heart attack, dialing 9-1-1 is the best way to ensure a positive outcome. MDCH has a fact sheet available on [Women & CVD](#).

Shift work link to 'increased risk of heart problems'

Shift workers are slightly more at risk of having a heart attack or stroke than day workers, research suggests. An [analysis of studies](#) involving more than 2 million workers in the *British Medical Journal* said shift work can disrupt the body clock and have an adverse effect on lifestyle. It has previously been linked to an increased risk of high blood pressure and diabetes. Limiting night shifts would help workers cope, experts said. The team of researchers from Canada and Norway analyzed 34 studies. In total, there were 17,359 coronary events of some kind, including cardiac arrests, 6,598 heart attacks and 1,854 strokes caused by lack of blood to the brain. These events were more common in shift workers than in other people. The BMJ study calculated that shift work was linked to a 23% increased risk of heart attack, 24% increased risk of coronary event and 5% increased risk of stroke. But they also said shift work was not linked to increased mortality rates from heart problems and that the relative risks associated with heart problems were "modest." significantly. These findings may provide useful information for monitoring the U.S. adult population for risk factors that could lead to CVD. Authors Cheryl D. Fryar, M.S.P.H.; Te-Ching Chen, Ph.D.; and Xianfen Li, M.S., taken from *NCHS Data Brief*, Number 103, August 2012.

Prevalence of Uncontrolled Risk Factors for Cardiovascular Disease: United States, 1999–2010

In 2009–2010, approximately 46.5% of U.S. adults aged 20 and over had at least one of three risk factors for CVD and stroke. More than one-quarter were current smokers, more than 23% had uncontrolled high levels of LDL-C, and almost 12% had uncontrolled high blood pressure. Adults who were male, or female aged 60 and over, or non-Hispanic black, or of lower income were more likely to have one of the risk factors for CVD compared with their counterparts. Over the 12-year period from 1999 through 2010, the percentage of adults aged 20 and over with uncontrolled high blood pressure or uncontrolled high levels of LDL-C declined. During the same time period, the percentage of adults who smoked cigarettes did not decrease significantly. These findings may provide useful information for monitoring the U.S. adult population for risk factors that could lead to CVD. Authors Cheryl D. Fryar, M.S.P.H.; Te-Ching Chen, Ph.D.; and Xianfen Li, M.S., taken from *NCHS Data Brief*, Number 103, August 2012.

Expansion of a Regional ST-Segment Elevation Myocardial Infarction System to an Entire State

A recent study published in *Circulation* (J. Jollis et al, June 4, 2012) concludes that “a uniform and comprehensive approach to organizing STEMI care across an entire state on a voluntary basis resulted in marked improvements in timely coronary artery reperfusion. Patients presenting directly to PCI hospitals received the fastest treatments, while those requiring inter-hospital transfer showed the greatest improvements in treatment time. By extending our organization to an entire state, rapid diagnosis and treatment of STEMI has become an embedded standard of care independent of health care setting or geographic location.”