



**Michigan
Cardiovascular
Alliance**

Partner Update

Michigan Department of Community Health News

New Heart Disease & Stroke Prevention Staff

Kristina Dawkins joined the Heart Disease and Stroke Prevention Unit on January 14, 2013, as a public health and clinical consultant. Kristina will be assuming many of the activities previously assigned to Eileen Worden. Kristina previously worked in the laboratory at Munson Medical Center in Traverse City, and she holds an MPH from Michigan State University. We are looking forward to having her join our team and working with her on efforts to prevent and reduce cardiovascular disease in our state.

MiCA Partner Survey Results

Several of you participated in the 2012 MiCA partnership survey. The main purpose of the survey was to learn how partners wished to be involved and what they needed to remain engaged through the end of the project period (June 2013). Though the 23% response rate was lower than expected, we gathered useful feedback to assist us in our partnership maintenance. One of the main questions was to learn all the ways partners would remain involved in MiCA for the remainder of the project. Most respondents (90%) said they would attend MiCA meetings. Additionally, 70% said they would continue to implement initiatives to support the strategic plan, and 60% were willing to present information during MiCA meetings. We then asked what partners needed for the remainder of the project. The number one need was awareness of new events, conferences, materials, etc. (80%), and 70% needed networking opportunities and information about state/national heart disease and stroke services or programs. Lastly, all respondents saw a role for MiCA after the completion of the project. Most respondents saw MiCA as a convener of organizations to collaborate on heart disease and stroke prevention special projects and a centralized contact for heart disease and stroke prevention resources. Thank you again for your responses. Your suggestions will be helpful when we plan our future heart disease and stroke prevention efforts.

Partner News

Disparities and Cardiac Health

MPRO, Michigan's Quality Improvement Organization (QIO), is implementing a new national cardiac health and disparities quality initiative called *Disparities and Cardiac Health Program*. This is one of only two disparities programs awarded nationally. The program will bring together 200 providers using Health Information Technology (HIT) to capture, review and analyze program data. They also will share and implement successful evidence-based strategies and interventions for improving cardiac health in Genesee and Wayne Counties. The populations targeted for this program are African American and Hispanic populations in Michigan. This program not only provides the physician with the opportunity to positively impact disparities in healthcare at a local community level, it also provides the opportunity for the physician to be recognized by the Governor's Award of Excellence for participating in this select program. For more information contact Ashley Lee, RN, BSN, Clinical Applications Coordinator, MPRO, 248/465-7363 or alee@mpro.org.

Million Hearts™

There have been over 12,800 Million Hearts™ pledges from US states and territories. Michigan's 166 pledges ranks it in the top half of states for total pledges. Individuals (91), pharmacies (29) and providers (13) make up the top three pledge types in Michigan. [Click here](#) for a map showing national progress of pledges by state.

Two states recently shared resources they are using to support the Million Hearts™ initiative. The Washington State Department of Health recently released a [new tool](#) for improving the screening, prevention, and management of hypertension for clinic practice teams. The Virginia Department of Health has launched the [Million Hearts™ VA campaign](#) to help fight high blood pressure.

Partner News Continued

The Incidence and Health Economic Burden of Ischemic Amputation in Minnesota, 2005-2008 Critical limb ischemia (CLI) is the most severe manifestation of peripheral artery disease (PAD), is associated with high rates of myocardial infarction, stroke, and amputation, and has a high health economic cost. A study published in Preventing Chronic Disease reports the incidence of ischemic amputation in Minnesota. These data represent the first population-based estimate of ischemic amputation at the state level and provide a national model for state-based surveillance.

Divided States of America: Regional Variations in Cardiovascular Health The Journal of the American Heart Association reports variations in cardiovascular health by state and region of the country. Using 2009 Behavioral Risk Factor Surveillance System data, researchers collected information on the AHA's seven major CV health factors: BP, total cholesterol, smoking, BMI, diabetes, physical activity, and fruit and vegetable consumption. According to researchers, this study is the first to assess CV health at the state level. Results showed that the percentage of the population reporting ideal CV health was lowest in Oklahoma, West Virginia, and Mississippi and highest in Washington, D.C., Vermont and Virginia. Only 3% of the total US population reported ideal CV health. About 10% reported having poor CV health, with two or less CV health factors at optimal levels.

Tobacco Cessation Resources for 2013

Many people make New Year's resolution to improve their lives and health. A key resolution many tobacco users make is to quit. The Office on Smoking and Health at CDC has several activities and products that can help people quit smoking. One of the main smoking cessation resources is the toll-free quit line 1-800-QUIT-NOW (1-800-784-8669). Callers get free advice and support in helping them quit. Additional resources can be found on the Office on Smoking and Health's [website](#). Share these resources with individuals who want to quit as well as with organizations supporting tobacco cessation efforts within your community.

10 Years of Going Red

Heart disease still kills more women than all cancers combined. Make a difference on February 1st National Wear Red Day®. Since the first National Wear Red Day 10 years ago, tremendous strides have been made in the fight against heart disease in women, including:

- 21% fewer women dying from heart disease
- 23% more women aware that it's their #1 health threat
- Publishing of gender-specific results, established differences in symptoms and responses to medications and women-specific guidelines for prevention and treatment
- Legislation to help end gender disparities

But the fight is far from over as still hundreds of thousands of women still die each year. It's time to stand stronger, speak louder and join us in the fight this [National Wear Red Day](#).