

**Michigan Cardiovascular Alliance**  
Meeting October 19, 2010  
Michigan Public Health Institute

**Attending:** Mark Fendrick, Sandra Chase, Alice Betz, Bob Ross, Rochelle Hurst, Sandy Waddell, Art Franke, Phillipa Clark, Henry Miller, Robin Roberts, Deb Duquette, Adrienne Nickles, Katherine Knoll, Steve Levy, Velma Theisen, Christi Demitz, Jill Scott Gregus

**Welcome and Introductions:** Sandra Chase

This meeting will summarize progress this year and look ahead to 2011 plans and projects.

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**Heart Disease & Stroke Prevention Efforts - Velma Theisen**

Introduction of the HDSP unit employees; Adrienne Nickles is our new Epidemiologist; Henry Miller is our map maker; Christi Demitz works on a large range of programs as a consultant; Jill Scott Gregus works on our website and staff support; Eileen Worden, nurse consultant, works on several initiatives and is currently working with the FQHC's.

Over the past year we've done more with less. We have been able to meet all the priority "vision" strategies. There were 12 recommendations outlined to focus on this year. We used many of the available resources, updated them, and branded them. Please refer to the power point on-line at [http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_2959\\_3208-148961--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2959_3208-148961--,00.html) or printed in today's packet, for examples of how the recommendations were addressed.

**Question:** Have you worked with Mission Life-Line?

**Answer:** Yes, one of the accomplishments was to have STEMI involved as a subgroup in the Regional Trauma Network meetings.

The Measurement and Evaluation Annual Benchmarks are designed around 6 priorities that CDC has given us. The Benchmark Program Report is in your packet. Each benchmark and the aligned current data were reviewed. A general indicator was used to show progress, no change, need more information, or issue needing discussion. Ten objectives show progress, two show no or little change. Four need more data, two of which were because the baseline was just established. Two objectives are difficult to get information on so we may explore revising them. The question to you is whether or not we need to tweak some of the objectives since they may no longer be relevant because of no funding.

**Question:** Are you familiar with BMC2 PCI report and could that data be used?

**Answer:** Yes, we can explore those data but it won't be correlated with our activities.

2011 Plans: We will work with the ABC'S, (Aspirin, BP including sodium reduction initiatives, cholesterol reduction & smoking cessation). We are thinking about adding Cholesterol to the High Blood Pressure University pages. Christi has offered to work on that. If members are aware of material for low literacy, let us know as it has been challenging to find.

**Question:** What are we doing with legislation now that Trauma funding was stripped out of the crime victim's legislation and we need to work to get it back in?

**Answer:** We do plan to work with EMS and partners to educate legislators about the need for trauma system funding. A new flyer is being developed and will be used when legislators are back in session.

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## **New Michigan Data and Power Point: 2010 Heart Disease and Stroke Surveillance Update - Adrienne Nickles**

Topics included Cardiovascular Disease in Michigan; the risk factors; comparison of CVD in Michigan and the US; racial disparities in Michigan; and what CVD looks like throughout the state. Power point available as handout and will be posted online under "What's New" page.

**Comment:** It would be remarkable to see an overlay of risk factors, medical resources, etc. for the 5 county region identified.

An overlay is a good suggestion and will work on that.

**Comment:** Do we have any thoughts about what's going on?

First, we now know that the pattern continues, and we need to explore it further. One of our funded FQHC projects is in that area. Velma asked one of the board members why they continue to have the same results. His comment was that "the population is involved in risky behaviors, and unhealthy lifestyles and it is passed down to generations." We need to try to understand it more, what doctors they see and how often. The poverty rate is high and it is in a rural area. One of the members grew up in the Bay City area and commented that there is a bar on every corner; there is a cultural piece to this, they have an attitude "Don't tell me how to live or what to do." More investigation will occur.

This power point will also be on the website at:

[http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_2959\\_3208-148961--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2959_3208-148961--,00.html)

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## **What Does Health Care Reform Mean for Public Health? - Mark Fendrick**

- Health care will be more widely available
  - Cannot exclude pre-existing conditions, insurance exchange for those without coverage and must have insurance, more decision involvement of coverage from doctors and patients.
- Health care will be more affordable
  - No higher premiums for medical conditions, gender or occupation and limits those due to age; no lifetime and annual caps on essential benefits, limits out-of-pocket costs, tax credits based on financial need, tax breaks for small employers.
- More people will have adequate health care coverage
  - Coverage includes essential services, prevention and prescription coverage in Medicare, provider access, consumer friendly information & incentive for quality care.

One challenge is more people will be diagnosed but may not have complete coverage for treatment so a dilemma is whether it is better not to know if they cannot get treatment. The blue sheet in the folder "What Nurses Need to Know to Help Their Patients Affordable Care Act of 2010" has a lot of good information, places to get more information is on the back, especially good is the Kaiser Family Foundation reference.

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## **What HDS Activities Are Going On?...What Does It Mean To My Agency?**

**Hypertension Core Curriculum** – National Kidney Foundation - Sandy Waddell and Art Franke The Core Curriculum is printed and dissemination has started. They have been reaching out to physician assistants, nursing schools. They are looking into offering CME/CEU's. Also looking at copyrighting which takes about 6 months. They want to keep it current with updates; could explore having it on a CD and/or doing supplements. Most Michigan hospitals and universities now have a couple. They plan to explore how they are being used. Next steps: developing a dissemination

plan, an evaluation, etc. will convene the group. The document is online at HBPU and can be printed out by chapter. Presenting at conferences and having CEU and certificates will help the dissemination and use.

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**Cardiac Rehabilitation Project and Outcomes Report MSCVPR - Christi Demitz**

We have been working with this project since 2008. The goal has been to collect data and evaluate outcomes with 16 indicators such as BP, BMI, Life satisfaction, etc. Michigan is part of a larger program with other states but Michigan has collected 40% of all the data. There are quarterly conference calls where information and resources are shared. The summary report from last year shows where Michigan stands. A more detailed report is being developed.

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**Peripheral Arterial Disease - P.A.D. coalition member Bob Ross**

Went to Washington D.C. to a P.A.D. annual board meeting & conference where Velma presented. Reviewed the patient education booklet that is available in print and showed on-line P.A.D. coalition resources at [www.PADcoalition.org](http://www.PADcoalition.org) Notice at the back of the one page hand-out the statement; The ABI is the only tool at hand that can be deployed now to identify patients, facilitate treatment, lower costs, and improve outcomes. Bob is committed to the P.A.D. message and is willing to present at meetings, conferences, or facilitate material.

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**Emergency Medical Services EMS and Trauma Section – Velma Theisen** reported for Michelle Mora. We are in the process of making a new flyer to educate decision makers about the importance of funding an EMS Trauma System and Regionalized systems of care. We are continuing to collaborate with EMS on some initiatives.. We have a full report of the EMS CDC optional grant covering all 3 years. It is being printed now and will be available online.

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**Michigan Stroke Registry Quality Improvement Program – Rochelle Hurst** reported for Stacey Roberts. We just started the 4<sup>th</sup> year of the 5 year grant. There are 36 hospitals and 10 performance measures that we monitor. The three top priorities are LDL, Stroke Education and Dysphasia Screening. These 3 performance measures are identified in the strategic plan and as Velma mentioned, we are making good progress on them. We have conference calls each month and annual site visits. We just recognized all of the hospitals at the Stroke Conference for their contributions.

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**American Heart Association – Katherine Knoll**

There are many things happening right now as seen on the agenda. We are proactively working to address childhood overweight/obesity. Sarah Poole is focusing on the health care initiative and is helping with advocacy efforts. Complete Streets had legislation pass last summer and the State Nutrition Standards just past last week. Physical education legislation will hopefully be enacted during the lame duck session – how do we deal with high standards for academics and no time for gym? Childhood obesity is on everyone’s mind, there are more requests coming in than resources available, we’re moving fast hoping to find more resources. We are continually looking for members to join the *Healthy Kids, Healthy Michigan* coalition. School districts are piloting the Nutrition Standards, and the 4-2-3-1-0 program is a parallel effort.

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## **Sudden Cardiac Death in the Young (SCDY) – Deb Duquette**

Thanks to many important partners in and out of this room because we are getting a message out there regarding SC DY. Check the quick links in the handout: Detroit Free Press and UM Michigan Today also have recent articles and another is expected from NPR. You can also see the SC DY Report: Too Young to Die – Impact of Sudden Cardiac Death of the Young in Michigan 1999-2008 for more information. There is a 12 minute video featuring Dr. Greg Holzman and two families; one having a positive outcome and another one that didn't. Email Deb if you want a DVD of the video or you can view it on-line. The Michigan High School Athletic Association has been given recommendations to update their sports physical form. They have used the same form since 1970 so it is extremely outdated. They claim that they have not changed because they have so many forms on hand. The SC DY workgroup will take action for change if they continue to be resistant.

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### Announcements:

- Henry Miller – We will be sending out an online partnership evaluation. It will update what is happening with the partnership. We'll do our best to keep it from being too long. We need this feedback to share with our funders. It was recommended that Henry use a title on the subject area so that partners will be more likely to open it up. They get so many emails every day to answer that this helps to prioritize.
- There is a handout from Marianne Morrissey, who could not attend today, about a Spectrum Health event in Grand Rapids on Tues. Nov. 9 from 7pm-8:30pm "Healthy Active Heart: Options to Get Moving."
- Look for Phase 2 of Adrienne's power point in the next few months. We will meet again in March or April.