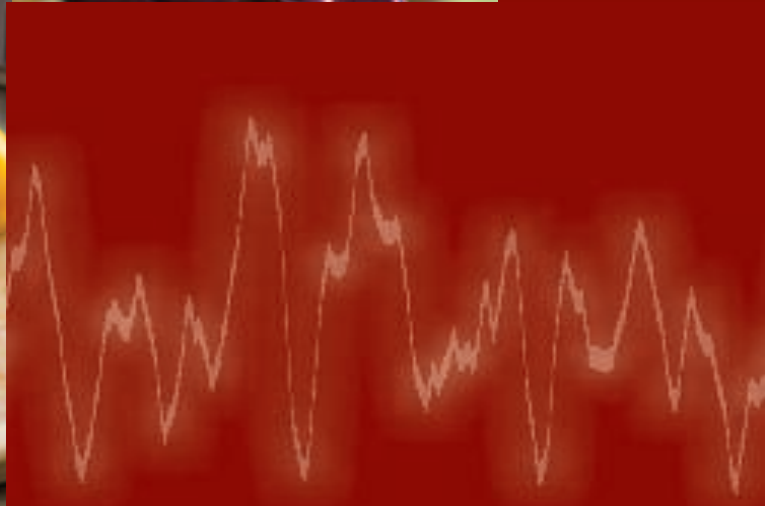


Florida Heart Disease & Stroke Prevention

State Plan for 2009-2012



Heart Disease & Stroke Prevention Program
FLORIDA DEPARTMENT OF HEALTH

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Message from the Surgeon General



Dear Floridians and Colleagues;

The Florida Department of Health, Bureau of Chronic Disease Prevention and Health Promotion, is pleased to present the Heart Disease and Stroke Prevention State Plan 2009 - 2012. The number of deaths in Florida due to cardiovascular disease in 2007 was 54,542, with an estimated hospital cost of \$7.2 billion. This disease is largely preventable, yet it is the number one cause of death in Florida.

This plan is the result of many dedicated professionals' efforts. The broad range of expertise and experience of this group contributes to a comprehensive view of Florida's burden of heart disease and stroke and the strategies that will be effective in reducing that burden. Major initiatives have been planned to accomplish the ambitious goals outlined in this plan.

The partnerships needed to address specific strategies and areas of need have been created over years of cooperation and collaboration to accomplish similar goals. Many of the initiatives and strategies described are being accomplished through these state level efforts to change policies to improve health. One example involves partnering with the Florida Association of Community Health Centers, Inc., to encourage member centers to adopt a total system of treating patients with heart disease by using an electronic health record with specific reminders for health care providers. This system has been shown to improve the medical care of the patient. Another example is posting online educational courses hosted by an academic partner. The courses are accessible to all health care professionals and can be completed at any convenient time.

Two promising projects are being piloted. One project involves training pharmacy students to provide medication monitoring and education services to their customers with heart disease. The other establishes employee wellness programs in school districts for all staff.

We would like to express our appreciation and gratitude for the contributions of our partners' time and effort to plan and conduct these programs and to produce this document. The Department of Health and the Heart Disease and Stroke Prevention Program are committed to promoting and protecting the health and safety of all Floridians. We appreciate your interest in Florida's efforts to reduce the burden of cardiovascular disease in this state. We hope you will be inspired to become involved in helping Floridians reduce their risk of heart disease, stroke, and improve their own health.

Sincerely,

A handwritten signature in dark ink that reads "Ana M. Viamonte Ros". The signature is written in a cursive, flowing style.

Ana M. Viamonte Ros, M.D., M.P.H.

State Surgeon General

Acknowledgements

The Florida Department of Health (DOH), Heart Disease and Stroke Prevention Program (HDSPP) prepared this state plan in collaboration with the American Heart Association, the Arthritis Prevention and Education Program, the Healthy Communities, Healthy People Program, the Comprehensive Cancer Control Program, the Diabetes Prevention and Control Program, and the Bureau of Epidemiology, Chronic Evaluation and Surveillance. The expertise of these non-profit and public health professionals, as well as the input from our partners was invaluable in developing this state plan.

This Florida Heart Disease and Stroke Prevention State Plan for 2009 - 2012 outlines priorities, objectives, and specific strategies that can realistically be achieved within a four-year period to improve the health of Floridians. The objectives and strategies relate to prevention, treatment, and control of heart disease and stroke, and to the risk factors that lead to those conditions.

Highlights of the State Plan

Key strategies in this four-year plan include:

- Establishing school district employee wellness for all staff in four pilot district offices and schools.
- Developing a program at NOVA Southeastern University to train pharmacy students to expand pharmacy interventions to include medication evaluation and patient education in order to promote positive health outcomes in Florida's heart failure patients.
- Expanding the employee wellness program by offering more programs and services to promote healthy lifestyles that reduce the prevalence of high blood pressure or high cholesterol.
- Collaborating with the Tobacco Prevention Program to increase the number of tobacco users who enroll in the Quit Smoking Now program and who access the Florida Quit-For-Life Line.
- Training first responders in Emergency Medical Services Tracking and Reporting System (EMSTARS), which will allow Emergency Medical Service (EMS) to collect and analyze data for improving emergency response.
- Training Emergency Medical Technicians (EMTs) and paramedics in Advanced Stroke Life Support (ASLS) in Florida's 33 rural counties.



Rural is defined in Florida Statutes (F.S. 401.107(5) as "...a county with a total population of 100,000 or fewer people and density of less than 100 people per square mile."

- Increasing the number of federally funded community health centers that adopt the cardiovascular disease collaborative, which will provide improved quality of care to patients.
- Training healthcare providers using web-based continuing education courses, which will improve the quality of care and reduce high blood pressure or high cholesterol in at-risk patients.
- Training a variety of partners in the basics of establishing worksite wellness programs using a variety of training methods, which include partnering with the Florida Public Health Association to develop a track at the annual conference.



HEART ATTACK AND STROKE WARNING SIGNS...*Act in Time*
The AHA and the National Heart, Lung, and Blood Institute have launched a new "Act in Time" campaign to increase people's awareness of heart attacks and the importance of immediately calling 9-1-1 at the onset of heart attack symptoms.

Executive Summary

Heart disease and stroke have been ranked number one and number four as leading causes of deaths for Floridians for over seven decades. In 2007, stroke rates fell to the fifth leading cause of death in Florida. Of the 167,708 deaths reported in 2007, 41,956 were due to heart disease and 8,715 deaths were due to stroke. Because heart disease, stroke, and related risk factors impact a large portion of our residents, all Floridians should be concerned about preventing and managing these health conditions. In many cases, heart disease and stroke can be prevented. Adopting lifestyles that incorporate eating healthy, maintaining a healthy weight, participating in regular physical activity, and avoiding tobacco can significantly reduce the risk of chronic diseases. This Florida Heart Disease and Stroke Prevention State Plan for 2009 - 2012 focuses on collaborative activities, with a variety of partners to improve the health of Florida residents. This plan updates the 2003 - 2007 Florida Cardiovascular Health Strategic Plan and reflects national priorities related to heart disease and stroke.

Purpose and Call to Action

This plan describes priorities, objectives, and strategies that have been defined by the Heart Disease and Stroke Prevention Program and other key stakeholders and partners in this work. The development of this plan is important to reducing the burden of disease, disability, and death related to cardiovascular disease. To improve cardiovascular health, a comprehensive approach is essential for such a large and diverse state. Florida covers 58,560 square miles and has diverse populations totaling over 18.7 million people, which include many elderly persons, recent immigrants, and visitors. According to the United States Census Bureau, in 2000, 65.4 percent of Floridians are non-Hispanic white, 14.6 percent are black, 16.8 percent are Hispanic, 1.7 percent are Asian or Pacific Islander, and 0.3 percent are American Indian. These data document the need to make changes at the individual, community, and organizational levels. To reduce the burden of cardiovascular disease, we need to support and advocate for changes that make healthy choices the easy choices. We need to be motivated to engage in healthy behavior, as well as support and advocate for more opportunities to do so.



Priority Populations

Certain populations have a higher prevalence of heart disease and stroke. Addressing these disparities is important in the overall effort to control cardiovascular disease in Florida. Based on the state's burden of cardiovascular disease, the following priority populations have been identified:

- Adults over age 45 who are at risk for heart attack and stroke due to cardiovascular risk factors

Risk factors include high blood pressure, diabetes, elevated cholesterol, and obesity. Other risk factors include smoking, having a sedentary lifestyle, having a previous cardiovascular event, or having a family history of cardiovascular disease.

- Non-Hispanic blacks

Cardiovascular disease disproportionately affects non-Hispanic blacks. In 2007, the age-adjusted death rates were 279 deaths per 100,000 population for blacks, compared to 195 deaths per 100,000 population for Hispanics, and 201 deaths per 100,000 population for whites.

WARNING SIGNS...Dial 9-1-1

Heart attack and stroke are life-and-death emergencies — every second counts. If you see or have any of the listed symptoms, immediately call 9-1-1. Not all these signs occur in every heart attack or stroke. Sometimes they go away and return. If some occur, get help fast! Today heart attack and stroke victims can benefit from new medications and treatments unavailable to patients in past years. For example, clot-busting drugs can stop some heart attacks and strokes in progress, reduce disability, and save lives. But to be effective, these drugs must be given relatively quickly after heart attack or stroke symptoms first appear. So again, don't delay — get help right away!



Florida Heart Disease and Stroke Prevention State Plan for 2009 - 2012 strategies have been developed to reduce Florida's heart disease and stroke morbidity and mortality rates. The following descriptions of the population and burden of heart disease and stroke in Florida demonstrate the need to coordinate and collaborate with other agencies and organizations to maximize resources and efforts. Both internal DOH partners and external partners contribute to this strategic plan and program effort.

Demographics

In 2007, the Office of Economic and Demographic Research estimated Florida's population would exceed 18.5 million. From April 1, 2000 to April 1, 2007, migration accounted for 87.5 percent of Florida's growth. Females accounted for 51 percent of the total population and approximately 17 percent of Florida residents were 65 years or older. Florida's 65 year old and older population is projected to grow to approximately 3.4 million by 2010. This would be a 24 percent increase over the 2000 census number. Florida's population is diverse: 60.8 percent of Floridians are non-Hispanic white, 15.7 percent are non-Hispanic black, 20.8 percent are Hispanic, and 2.5 percent are other races.

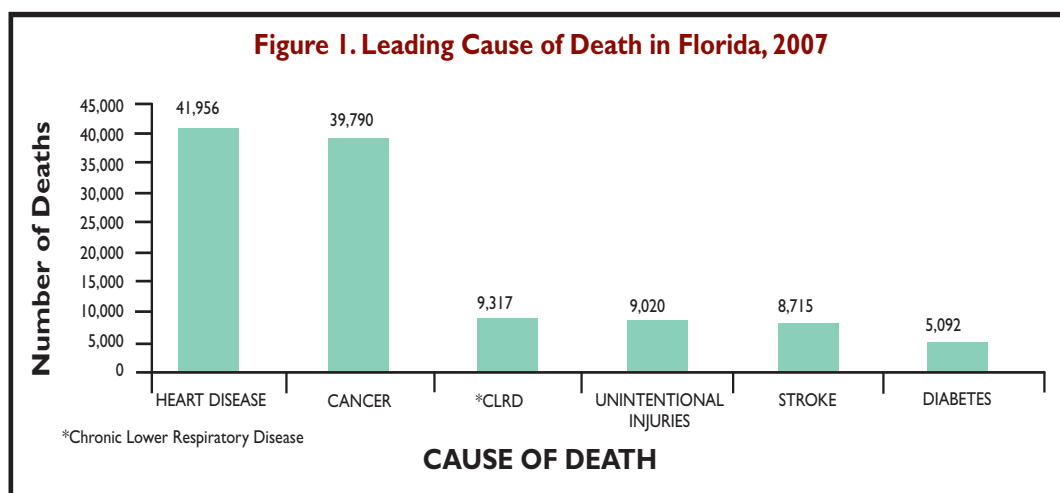
According to the U.S. Census conducted in 2000, the overall poverty rate for Florida residents was 12.5 percent or just under 2 million persons. The median income was \$38,819. Education data showed 20.1 percent of the population, 25 years of age and older, did not have a high school diploma. Approximately 22 percent of Floridians had a bachelor's degree or higher. The census also reported 89.3 percent of the population lived in an urban residence and 10.7 percent lived in a rural residence.



In 2007, the Bureau of Chronic Disease Prevention and Health Promotion produced a report describing the burden of heart disease and stroke and their associated risks. Using data from the Florida Office of Vital Statistics, the Behavioral Risk Factor Surveillance Survey (BRFSS), and hospitalization data, the burden report presented data on the mortality from cardiovascular disease, heart disease, and stroke along with recent trends. This report also presented data about the prevalence and trends in selected modifiable cardiovascular risk factors. Data have been updated and condensed to accurately reflect current demographics and disease burden.

Leading Causes of Death in Florida and the United States

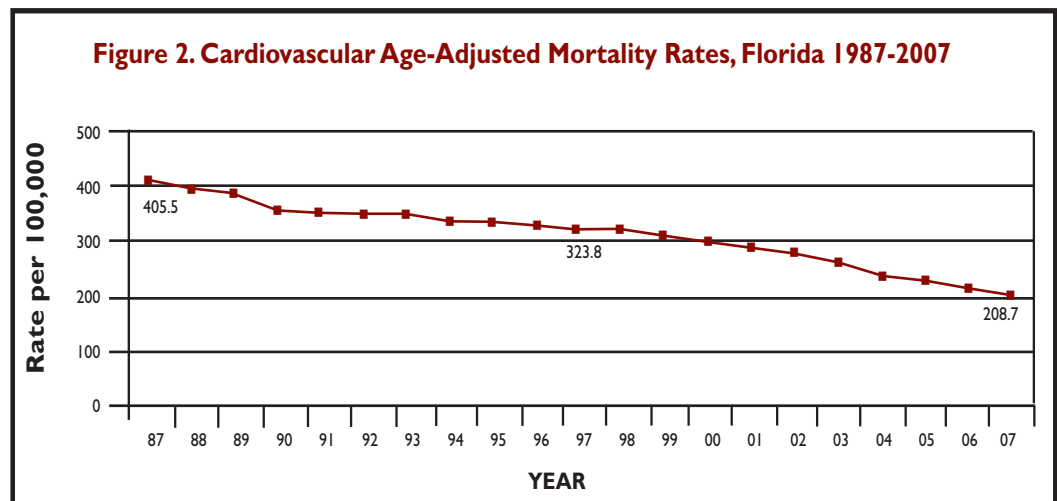
Heart disease was the leading cause of death in Florida in 2007, accounting for approximately 33 percent of all deaths (Figure 1). Whites, blacks, males, and females have all experienced significant declines in age-adjusted death rates for cardiovascular disease over the past 21 years. The rates for Hispanics, however, have remained stable. There were similar declines for heart disease, coronary heart disease, and stroke.



Mortality from Heart Disease and Stroke

Heart disease and stroke mortality rates have decreased greatly since 1950. The cardiovascular disease mortality rate in 2007 was 49 percent lower than the rate observed in 1987 (Figure 2). The declines observed in cardiovascular

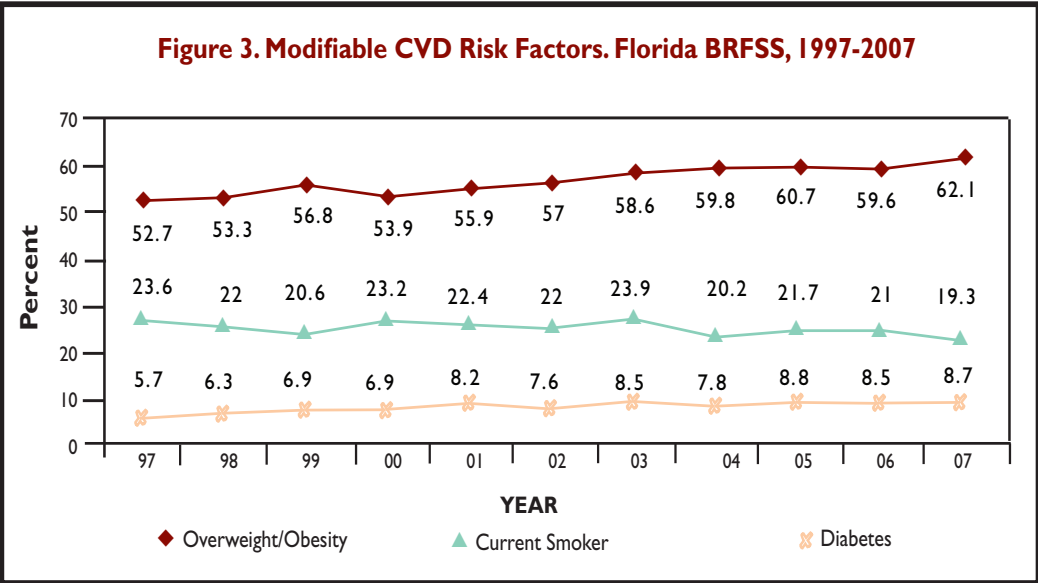
disease death rates are most likely a result of advances in medical care and treatment, as well as changes in lifestyle, such as smoking cessation. However, trends in other cardiovascular disease risk factors, such as obesity and physical inactivity, are increasing in the adult population and may counter advances made in prior decades.



Modifiable Cardiovascular Risk Factors

2007 Florida Behavioral Risk Factor Surveillance Survey (BRFSS) data:

- 19.6% of Florida adults were current smokers.
- Of adults with cardiovascular disease, 20% also smoked.
- 24.1% of adult Floridians were obese and 38% were overweight.
- Of adults with cardiovascular disease, 33% were obese and 36% were overweight.
- 8.7% of Florida adults had been told by a doctor they have diabetes.
- Of adults with cardiovascular disease, 27% also had diabetes.
- 28.2% of Florida adults had high blood pressure.
- Of adults with cardiovascular disease, 61% also had high blood pressure.
- 37.1% of adult Floridians indicated a doctor said they had high cholesterol.
- Of adults with cardiovascular disease, 62% also had high cholesterol.
- 25.4% of Florida adults engaged in no leisure-time physical activity.
- Of adults with cardiovascular disease, 59% were also physically inactive.



Current Tobacco Use

Current use of tobacco steadily decreased among adults in Florida from 1997 to 2007 (Figure 3). In 2007, 19.3 percent of Florida adults reported they were current smokers. A higher percentage of whites (20.6 percent) reported being current smokers compared to blacks (18.5 percent) and Hispanics (16 percent).

Obesity

In Florida, the prevalence of obesity among adults increased steadily from 1997 to 2007 (Figure 3). In 2007, 62.1 percent of adults in Florida are overweight, including 24.1 percent who are obese. Since 1987, the prevalence of overweight has increased nearly 76 percent, while the prevalence of obesity increased by 52 percent. Blacks had the highest obesity percentage (34.7 percent) compared to whites (22.3 percent) and Hispanics (26.5 percent).

HEART ATTACK WARNING SIGNS

Some heart attacks are sudden and intense; for example the "movie heart attack," where no one doubts what is happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected are not sure what is wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea, or lightheadedness.

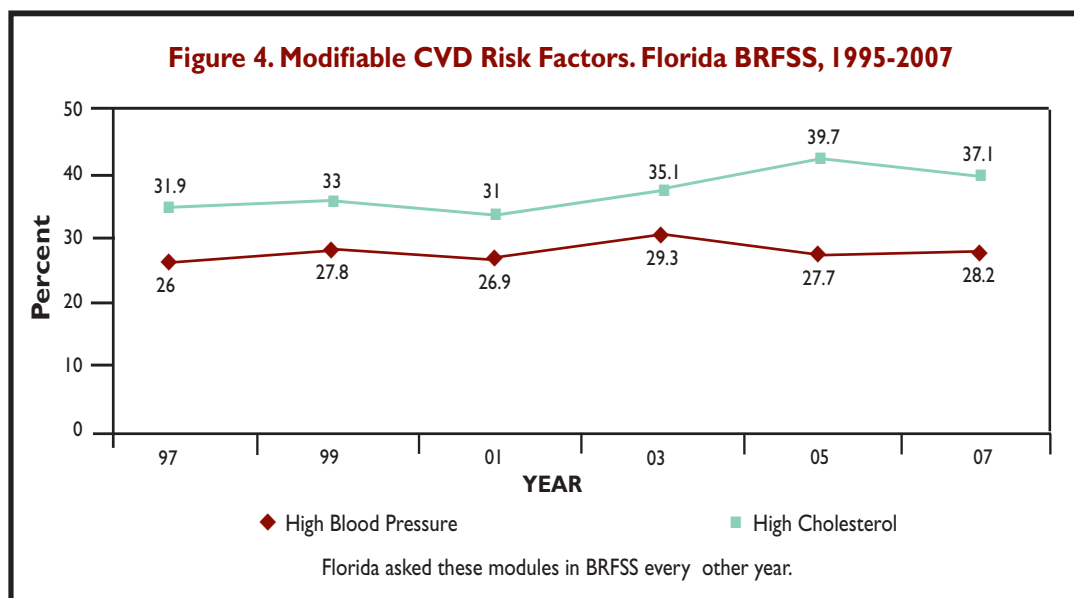


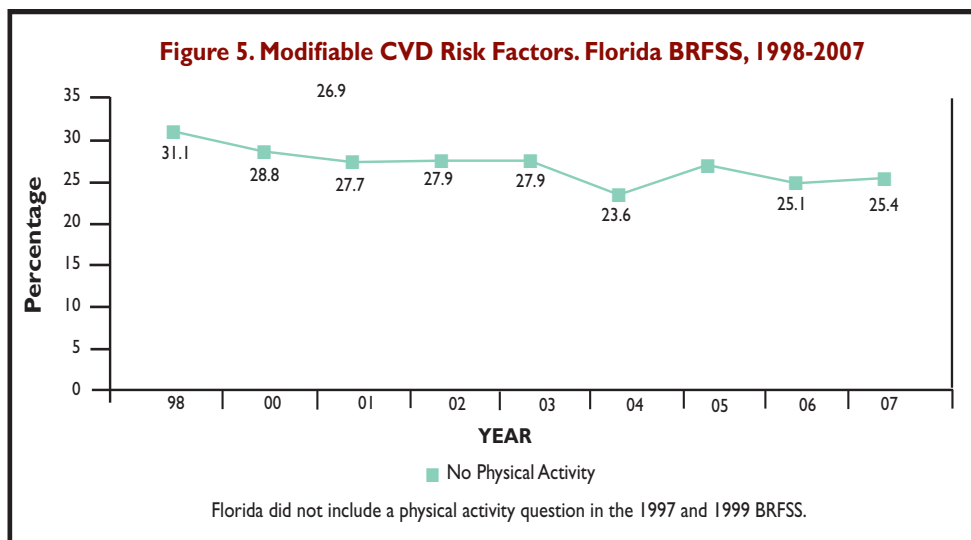
Diabetes

From 1997 to 2007, the prevalence of diabetes reported by adults in Florida steadily increased (Figure 3). Between 1997 and 2007, the prevalence of diabetes increased by about 53 percent from 5.7 percent of the adult population in 1997 to the 2007 rate. In 2007, diabetes was the sixth leading cause of death in Florida, accounting for 5,092 deaths. Certain populations have a disproportionate burden of diabetes. Compared with whites, blacks have higher diabetes death rates, higher rates of hospital discharges with diabetes as the primary diagnosis, and higher non-traumatic lower extremity amputation rates. Persons 65 years of age and older have a higher prevalence of diabetes and have higher rates of mortality and disability resulting from diabetes compared to their younger counterparts. Research indicates elder and minority populations will experience the most rapid growth in the number of people with diabetes.

High Blood Pressure

From 1997 to 2007, the prevalence of high blood pressure among all Florida adults did not increase significantly (Figure 4). In 2007, blacks reported the highest prevalence of high blood pressure (32.5 percent) compared with whites (30.4 percent) and Hispanics (19.1 percent).





High Cholesterol

The percent of Florida adults who reported that they had been told their blood cholesterol was high increased from 1997 to 2007 (Figure 4). In 1997, 31.9 percent of Florida adults reported high cholesterol; in 2007, the prevalence increased to 37.1 percent. The nationwide (including all 50 states, the District of Columbia, and territories) prevalence of adults with high blood pressure was approximately 37 percent in 2007.

Physical Inactivity

The percent of Florida adults who reported they had not been physically active has decreased by 18 percent over the past 10 years (Figure 5). In 1997, 31.1 percent of Florida adults reported not participating in any physical activities in the past month. In 2007, the prevalence decreased to 25.4 percent.

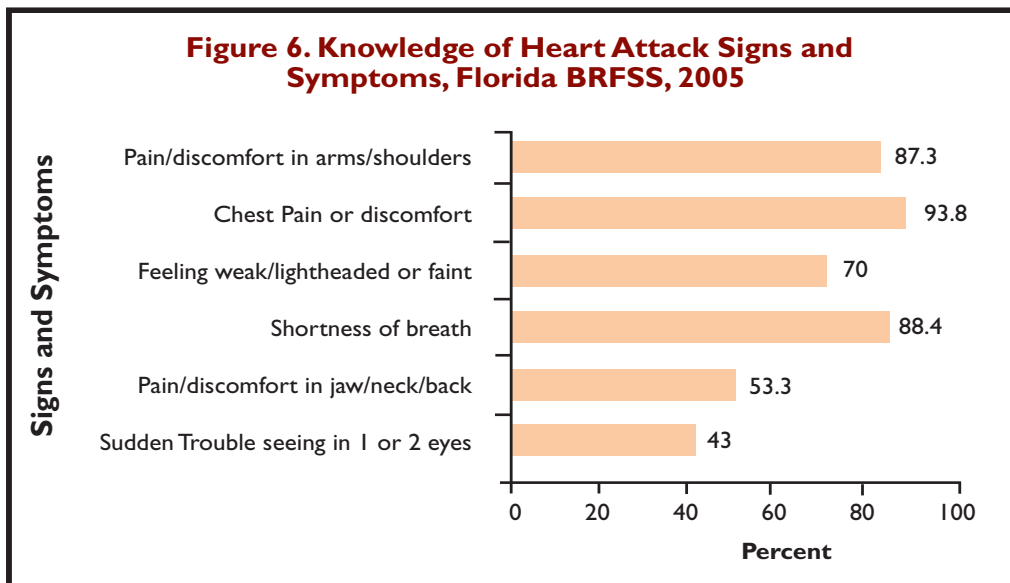
Heart Attack Self-Reported Signs and Symptoms Knowledge

In 2005, over 85 percent of respondents could correctly recognize the following heart attack symptoms (Figure 6):

- Chest pain/discomfort – 94%
- Shortness of breath – 88%
- Pain or discomfort in arm or shoulder – 87%

HEART ATTACK WARNING SIGNS

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea, vomiting, and back or jaw pain.



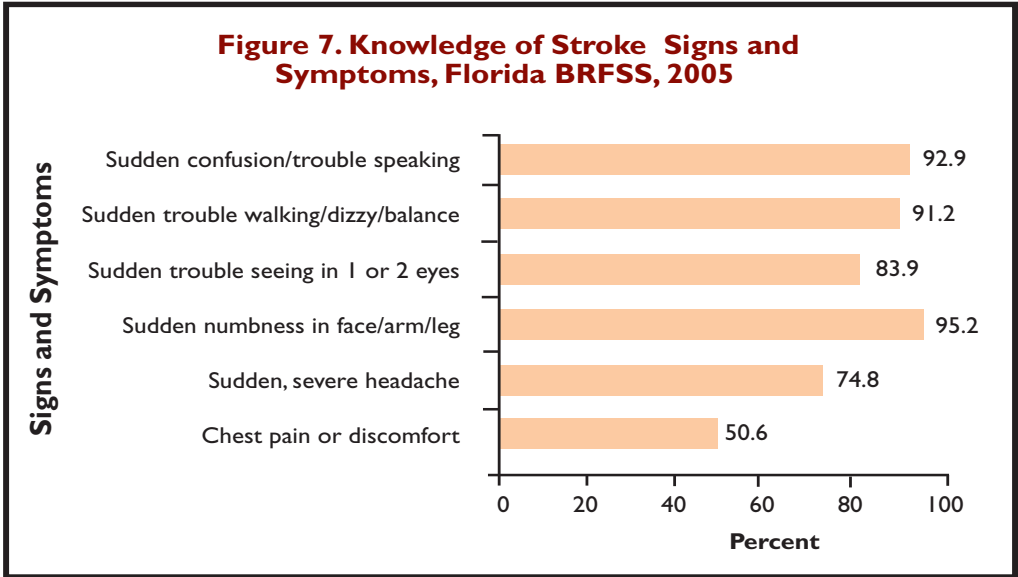
Approximately 70 percent of respondents correctly identified symptoms of heart attack as feeling weak, lightheaded, or faint. Fifty-three percent identified pain or discomfort in the jaw, neck, or back as heart attack symptoms. The majority of respondents (87.5 percent) were aware that they should immediately call 9-1-1 if someone is having a heart attack or stroke.

Stroke Self-Reported Signs and Symptoms Knowledge

Over 90 percent of Florida respondents were likely to recognize the following as stroke symptoms in 2005 (Figure 7):

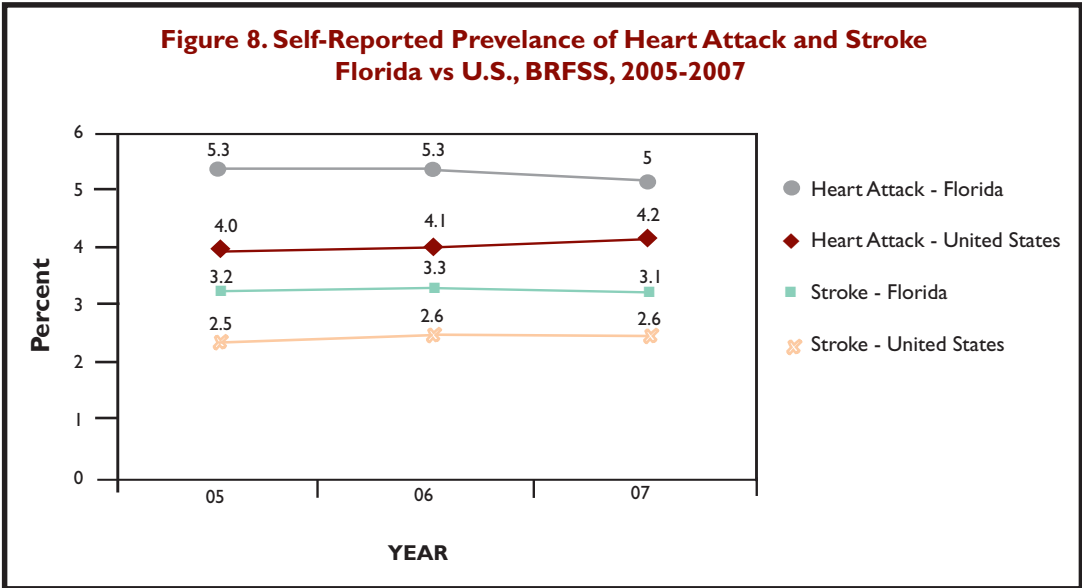
- Numbness or weakness of face, arm or leg – 95%
- Confusion or trouble speaking – 93%
- Trouble walking – 91%

Approximately 84 percent of respondents were aware that sudden trouble seeing in one or both eyes and a sudden severe headache (75 percent) are symptoms of a stroke.



Prevalence of Self-Reported Heart Attack and Stroke

The percentage of Florida’s adult population who reported ever having experienced a heart attack remained stable from 2005 to 2007 at approximately five percent. The prevalence of stroke reported in Florida did not change significantly from 2005 (3.2 percent) to 2007 (3.1 percent). The prevalence of heart attack and stroke reported in Florida were higher than the nationwide prevalence (Figure 8).



Goals, Objectives & Summaries

The DOH provides a comprehensive statewide approach to address the number one cause of death in Florida, cardiovascular disease. The DOH develops legislative issues and provides materials and technical assistance to county health departments. The DOH also provides professional education to the health care providers of Florida and conducts public awareness campaigns. Statewide public and private partnerships have been formed around the issues of cardiovascular health, employee wellness, physical activity, nutrition, and obesity prevention in an effort to maximize resources and to communicate consistent and persistent messages on the prevention of cardiovascular disease.

HEART ATTACK WARNING SIGNS

Learn the signs, but remember this: Even if you're not sure it's a heart attack, have it checked out (tell a doctor about your symptoms). Minutes matter! Fast action can save lives — maybe your own. Don't wait more than five minutes to call 9-1-1.

In 2004, legislation creating section 381.04015, Florida Statutes, was passed, creating an Officer of Women's Health Strategy within the Department of Health for the purpose of improving the overall health status of women in Florida through research, awareness, and education. This legislation also charged the Officer of Women's Health Strategy to organize an Interagency Committee for

Women's Health. The HDSPP participates on this committee and several others that can improve the overall health status of groups by the work they do. These groups include: the Coordinated School Health Partnership; the Healthy (School) District Collaborative; the Alliance for a Healthier Generation; and the Florida Cardiovascular Health Council. The program works with the DOH Office of Emergency Medical Services to improve emergency response and quality of care. The program works with the Diabetes Prevention and Control Program to provide health care professionals with on-line training. The program also integrates with all of the bureau programs in an effort to establish a robust employee wellness program within the DOH, and to provide guidance to other state agencies to expand employee wellness statewide.

In summary, the burden of cardiovascular disease is high in Florida. Deaths caused by cardiovascular disease continue to decrease annually, but modifiable risk factors such as diabetes, obesity, and high cholesterol continue to increase annually. From 1997 to 2007, the levels of diabetes and obesity increased by approximately 50 percent. Diabetes and obesity have become an



epidemic in Florida and threaten to cancel out the gains made over the past decades. Florida must continue to focus efforts on the prevention, treatment, and control of heart disease, stroke, and modifiable risk factors.

Organization of the Plan

The Centers for Disease Control and Prevention (CDC) has determined a set of priorities for Heart Disease and Stroke Prevention programs. The priorities are: control high blood pressure and high cholesterol; know the signs and symptoms of heart attack and stroke and call 9-1-1; improve emergency response; improve quality of care; and address disparities. The plan is divided into those priorities followed by information provided by the CDC that is significant to the priority area. Measurable objectives are then listed. In most cases, a more specific objective has been developed to track progress toward accomplishing the larger objective. A brief description of strategies that will be used to accomplish the objectives follows and identifies the group or organization taking the lead for that strategy.

HEART ATTACK WARNING SIGNS

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. EMS staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. EMS staff are also trained to revive someone whose heart has stopped. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too. It is best to call EMS for rapid transport to the emergency room.

If you can't access the EMS, have someone drive you to the hospital right away. If you're the one having symptoms, don't drive yourself, unless you have absolutely no other option.

Control High Blood Pressure and High Cholesterol

- A 12 to 13 point reduction in systolic blood pressures can reduce heart attacks by 21%, strokes by 37%, and total cardiovascular deaths by 25%.
- 65 million people have high blood pressure; an additional 59 million are pre-hypertensive.
- 70% of people with high blood pressure do not have it under control.
- A 10% decrease in total cholesterol levels may reduce the incidence of coronary heart disease by approximately 30%.
- In 2002, nearly 107 million people were told they had total blood cholesterol levels of 200 mg/dl or higher.
- Over 80% of people with high cholesterol do not have it under control.



Objectives:

By June 30, 2012, decrease the percentage of adults with high blood pressure from 27.7 percent to 25.0 percent. By June 30, 2012, reduce the percentage of adults with high cholesterol from 39.7 percent to 33.1 percent. By June 30, 2012, increase the number of participants completing Stanford evidence-based, chronic disease self-management programs in the community, healthcare, school, and worksite settings (influencing the general population) from 347 to 15,000.

Strategies:


- The HDSPP, in partnership with the Florida Department of Education (DOE) and the American Heart Association (AHA), will provide funding, training, technical assistance, and resources to selected school districts, representing over 25,000 employees, to pilot district-level school employee wellness projects. The projects will develop policies and comprehensive work plans and will implement and evaluate districtwide employee wellness programs focusing on the primary and secondary prevention of heart disease and stroke.
- The HDSPP will contract with the FMQAI (formerly the Florida Medical Quality Assurance, Inc.) to design an enhanced process for pharmacists already involved with Medication Therapy Management (MTM) that will incorporate CDC’s priorities of controlling high blood pressure, reducing high





cholesterol, and educating heart failure patients on heart disease and stroke. FMQAI will track outcome measures, establish baseline rates, and evaluate the program to determine program effectiveness.

- This strategy will expand the role of pharmacists trained in MTM to act as liaisons between the healthcare professional and patient. The specially trained pharmacists provide patient evaluation and patient education to improve the patient's ability to follow instructions in taking medication and taking better care of themselves.
- The HDSPP will provide financial assistance to purchase training services, curriculum, and educational materials to train at-risk populations to manage their chronic health conditions, including high blood pressure and high cholesterol, using the Living Healthy Program (also known as the Chronic Disease Self-Management Program).
- The HDSPP will educate leadership and advocate for state-level policies that allow and promote employee wellness activities designed to reduce the rate of chronic disease among all state agency employees. The HDSPP will advocate for policies that allow state agencies to evaluate employee wellness programs.
- Conduct on-site fitness, stress management, and health education classes during lunch and after-work hours.
- Develop "facility standards" for new state and county buildings for wellness activities. Examples might include: lockers, showers, bike racks, and classroom space.
- Create an incentive or achievement-based bonus program for employees who complete health risk assessments, and participate in a voluntary program that focuses on improving health.
- The HDSPP will promote the use of a standard outcome report among county health departments that provide primary care services to track those clients with high blood pressure and/or high cholesterol.

- 
- The Arthritis Prevention and Education Program will increase availability of the Living Healthy Program among Florida adults; the HDSPP will have at least one staff member certified as a Living Healthy leader.
 - The HDSPP will promote the Tobacco Prevention Program QuitLine, a toll-free telephone-based tobacco cessation service in all employee wellness programs and program projects.
 - The AHA will provide information about the Start! Walking for a Healthier Lifestyle program in all employee wellness programs and program projects.
 - This innovative movement brings individuals and companies together to create a mutually beneficial culture of physical activity and health. Individuals can join the Start! Walking for a Healthier Lifestyle movement and track their progress with the “MyStart!” online tool.
 - The AHA promotes education through aggressive media relations on various aspects of heart disease, including risk reduction (managing blood pressure and cholesterol).

Know the Signs and Symptoms, and the Importance of calling 9-1-1

Heart attacks and strokes are life-and-death emergencies - every second counts.

Objectives:

By June 30, 2009, increase the percentage of adults who are aware of the early warning signs of heart attack from 9.4 percent to 10.9 percent.

By June 30, 2009, increase the percentage of adults who are aware of the early warning signs of stroke from 18.5 percent to 21.5 percent.

Strategies:

- All HDSPP projects will educate participants on the signs and symptoms of heart attack and stroke and the importance of calling 9-1-1 (school district employee wellness and community-based Racial and Ethnic Health Disparities projects – see the Eliminate Disparities Section).



- The HDSPP will maintain and promote a comprehensive internet and intranet web site for the public, public health professionals, and healthcare providers at www.doh.state.fl.us/Family/Heart.
- The HDSPP will provide, as requested, heart disease and stroke educational materials, press release information, and press interview talking points to all 67 county health departments and community-based cardiovascular health projects.
- The Florida Stroke Systems Task Force, which is coordinated by the Florida Cardiovascular Health Council, will conduct a messaging campaign through its Primordial and Primary Prevention Subcommittee. Subcommittee members will provide educational materials on heart disease and stroke warning signs, risk factor control, and the importance of calling 9-1-1 to their members and their specific audiences.

Improve Emergency Response

- Only 3 to 10 percent of eligible stroke victims get the emergency thrombolytic therapy in time to recover.
- 47% of heart attack deaths occur before an ambulance arrives.
- 48% of stroke deaths occur before hospitalization.


Objectives:

By June 30, 2012, train 100 percent of Florida’s EMS provider organizations in the Emergency Medical Services Tracking and Reporting System (EMSTARS) Statewide Data System.

By June 30, 2012, increase the number of EMS agencies with EMTs and paramedics in rural counties who receive Advanced Stroke Life Support training.

Strategies:

- The DOH Bureau of EMS provides training to EMS providers in the use of EMSTARS. A subset of the data is collected using this system and is uploaded to the National Emergency Medical Services Information System (NEMSIS) to contribute to the national data repository. Florida is the tenth state to become



NEMSIS compliant and will continue to submit the national dataset to NEMSIS on a quarterly basis. The HDSPP provides some funding for training.

- The EMSTARS data can be analyzed to identify best practices, to set benchmarks, and to improve patient care and system performance. These best practices and benchmarks include, but are not limited to, the areas of pre-hospital stroke care, hypertension, and pre-hospital treatment of myocardial infarction. Eventually, EMSTARS data will link to Florida's Trauma

Registry data and hospital discharge data to improve quality of care for heart disease and stroke patients.

- The HDSPP will contract with the Florida Association of Rural EMS Providers, Inc. to provide ASLS "train-the-trainer" courses for Florida's 33 rural counties.

- The AHA provides The Stroke Prehospital Care course. The course is designed to increase pre-hospital providers' knowledge about the two types of stroke and demonstrate potential stroke-related complaints. This course provides continuing education accreditation for EMS professionals and is approved for 1.25 advanced continuing education units (CEUs). This course is promoted by the HDSPP and the AHA.

- The AHA is developing an Acute Stroke online course that is self paced, provides CEUs for in and out of hospital personnel, and is geared toward the experienced provider. The course consists of 11 check point exercises with review questions that educate the student on key factors for improving stroke care, including the

STROKE WARNING SIGNS

The American Stroke Association says these are the warning signs of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination
- Sudden, severe headache with no known cause

If you or someone with you has one or more of these signs, don't delay! Immediately call 9-1-1 or the EMS number so an ambulance (ideally with advanced life support) can be sent for you. Also, check the time so you'll know when the first symptoms appeared. It's very important to take immediate action. If given within three hours of the start of symptoms, a clot-busting drug, called tissue plasminogen activator (tPA), can reduce long-term disability for the most common type of stroke. tPA is the only FDA-approved medication for the treatment of stroke within three hours of stroke symptom onset.



Chain of Survival, the 7 D's of stroke survival, and stroke management from recognition of signs and symptoms to patient rehabilitation. This course will be promoted by the HDSPP and AHA for EMS providers.


- The AHA provides the Basic Life Support (BLS) Healthcare Provider online course, which is designed for the healthcare provider who has previously taken a healthcare provider course and would like to obtain a new healthcare provider card. This course represents the cognitive portion (Part 1) of this blended learning course. A skills test (Part 2) with an AHA instructor completes the certification process. This course is promoted by the HDSPP and the AHA for EMS providers.

Improve Quality of Care (prevent first and second events; control risk factors and the diseases)

A variety of strategies are used to improve the quality of care for Florida residents and visitors. Some strategies relate to systems changes, such as using electronic reminder systems for treating heart disease and stroke patients in health centers or hospitals. Other strategies include continuing education for healthcare providers about the best and most current treatment guidelines and practices for patients with heart disease or conditions that lead to it.

Cardiovascular Disease Collaborative in Florida Community Health Centers

The Health Disparities Collaborative is an innovative health initiative that redesigns approaches to patient care by focusing more intense efforts on identifying high-risk patients, proactively managing their healthcare, and promoting lifestyle changes. Preventive services such as patient education and tobacco cessation counseling focus on improving health outcomes, as well as reducing health disparities and health care costs. The Health Disparities Collaborative focuses on five disease areas including cardiovascular disease. The innovative movement seeks to: (1) generate and document improved cardiovascular disease health outcomes for underserved populations; (2) transform clinical practice through new evidence-based models of care; (3) develop infrastructure, expertise and multi-disciplinary



leadership to improve cardiovascular health status; and (4) build strategic partnerships. The Cardiovascular Disease Collaborative is the Health Disparities Collaborative with a focus on cardiovascular disease quality improvement system changes, and patient care management.

Objectives:

By June 30, 2012, increase the number of community health centers implementing the cardiovascular disease collaborative from 8 to 17.

By June 30, 2012, increase the number of web-based education courses for healthcare professionals that relate to heart disease and stroke prevention and treatment.

Strategies:

- The Florida Association of Community Health Centers, Inc., in collaboration with the HDSPP, will expand the number of Cardiovascular Disease Collaboratives used in federally funded community health centers in Florida.
- The HDSPP partners with the Diabetes Prevention and Control Program to contract with St. Petersburg College to create and maintain on-line educational modules for nurses, doctors, certified health education specialists, and dietitians that are accredited for CEUs.
- The HDSPP will update technical assistance guidelines and internal operating procedures related to high blood pressure and high cholesterol control. The HDSPP will encourage the 67 county health departments in Florida to adopt the guidelines as standard operating procedures.
- The AHA will promote Mission: Lifeline, its national initiative to advance systems of care for ST-elevation myocardial infarction (STEMI) patients. The initiative seeks to save lives by providing STEMI patients timely access to appropriate treatments. AHA will bring together stakeholders and key partners from EMS, hospitals, and other pertinent areas to promote the STEMI Provider Manual for EMS providers. The provider manual is a self-study booklet featuring 12-lead electrocardiogram (ECG) as a key tool in triage and



treating acute coronary syndromes, and provides a broad base of knowledge to increase the assessment, diagnosis, treatment, and survival rates for STEMI patients.

- Starting in 2009, AHA will promote ACTION: Registry Get With The Guidelines (GWTG). This registry is a merger of the AHA's Coronary Artery Disease Patient Management tool and ACTION, the American College of Cardiology patient management tool. This new registry will be the largest national registry for coronary artery disease and acute coronary syndromes.
- The AHA will conduct GWTG workshops throughout the state. Eight workshops are planned along with nine teleconferences, five webinars, and four video conferences, which will be available to healthcare workers in all Florida hospitals.
- The Florida Stroke Systems Task Force will distribute a rehabilitation assessment tool to all acute-care hospitals in Florida through the Rehabilitation Subcommittee. The tool has gone through the American Stroke Association's scientific review process. Hospitals will be surveyed to determine use and effectiveness of the tool, with a goal that 40 percent of those hospitals which receive the tool will use it.
- The AHA provides online public and professional education materials and opportunities at www.americanheart.org.
- The HDSPP will partner with the Florida Public Health Foundation to provide a track at their annual conference, which will provide health education professional and leadership development opportunities for county health department and school district staffs to exchange ideas, develop plans, and evaluate the effectiveness of current activities with community leaders at a state-level meeting.





Eliminate Disparities

The Florida legislature funds Reducing Racial and Ethnic Health Disparities (REHD) – Closing the Gap grants through the Office of Minority Health. The Closing the Gap Grant Program seeks to improve minority health and eliminate health disparities through the development of community and neighborhood-based health promotion and disease prevention programs. The programs often partner with public and private entities and faith-based organizations.

The HDSPP has established six REHD programs with community organizations. These six organizations provide health risk assessments, referrals to healthcare facilities, education (nutrition, physical activity, weight control, smoking cessation, and other risk factors), case management, and follow-up services to help with primary and secondary risk factors related to cardiovascular disease.

The HDSPP assists the Arthritis Prevention and Education Program to promote and conduct English and Spanish chronic disease self-management programs.

Objectives:

- By June 30, 2012, increase the number of Spanish speaking participants in Florida who complete the Spanish Chronic Disease Self-Management Program course from 0 to 500.

Strategies:

- The HDSPP will assist in the purchase of Spanish curriculum and educational materials that will train at-risk populations on how to manage their chronic health issues, including high blood pressure and high cholesterol using the Living Healthy Program.
- The HDSPP and the Diabetes Prevention and Control Program will continue to partner with the Office of Minority Health in contracting with community organizations to provide community-based disease prevention and health promotion programs in an effort to reduce racial and ethnic disparities. The organizations provide health risk



assessments, referrals to healthcare facilities, education (nutrition, physical activity, weight control, smoking cessation, and other risk factors), case management, and follow-up services to address primary and secondary risk factors. These programs track blood pressure and cholesterol and provide diabetes self-management education, wellness activities, and community health worker support services.

- The American Stroke Association provides information and educational tools as part of its campaign, which embraces and celebrates the culture, energy, creativity, and lifestyles of African Americans. It unites African-Americans to help make an impact on the high incidence of stroke within their community.



Partners

American Heart Association
Greater Southeast Affiliate
CVH Council Stroke Systems Task
Force
9900 Dr. Martin Luther King, Jr.
Street, North
St. Petersburg, FL 33716
727-563-8099
1-800-275-0448
www.americanheartassociation.org

Florida Association of
Community Health Centers, Inc.
2340 Hansen Lane
Tallahassee, FL 32301
850-942-1822
www.fachc.org

Florida Association of Rural EMS
Providers, Inc.
5001 NW 102nd Place
Gainesville, FL 32653
353-256-5503
www.farems.org/

Florida Department of Education
Office of Healthy Schools
325 West Gaines Street
Turlington Building, Room 444
Tallahassee, FL 32399
850-245-0480
www.fldoe.org/bii/cshp/

Florida Department of Health
Bureau of Emergency Medical
Services
4052 Bald Cypress Way, Bin # C-28
Tallahassee, FL 32399
850-245-4440
www.doh.state.fl.us/demo/

FMQAI
5201 W. Kennedy Blvd., Suite 900
Tampa, FL 33609
813-865-3316
www.fmqai.com

St. Petersburg College
Caruth Health Education Center
P. O. Box 134891
St. Petersburg, FL 33733-3489
727-341-3370
<http://www.spcollege.edu/ac/ce/>

School Employee Wellness Partners

Nassau County School District
1201 Atlantic Avenue
Fernandina Beach, FL 32034
904-491-9883

Sarasota County School District
1960 Landings Boulevard
Sarasota, FL 34231
941-927-9000 ext. 31363

School District of Osceola
817 Bill Beck Boulevard
Kissimmee, FL 34744-4495
407-870-4059

School Board of Polk County
3425 New Jersey Road
Lakeland, FL 33803
863-648-3057

Closing the Gap Partners

Florida Department of Health
Office of Minority Health
4052 Bald Cypress Way, Bin A-25
Tallahassee, FL 32399
850-245-4941
<http://www.doh.state.fl.us/Minority>

Fundacion Familia Sana, Inc.
5620 E. Fowler Avenue, Suite 1
Tampa, FL 33617
813-980-1019

Jackson County Health Department
3045 4th Street
Marianna, FL 32447
850-526-2412
www.doh.state.fl.us/chdJackson/

Jessie Trice Community Health Center, Inc.
700 S. Royal Poinciana Boulevard, Suite 300
Miami Springs, FL 33166
305-805-1700
www.eofhc.org/

YMCA of Florida's First Coast
12735 Gran Bay Parkway, Suite 250
Jacksonville, FL 32258
904-765-3589
www.1stcoastymca.com/



About our Partners

These partners enable the HDSPP to accomplish the objectives and strategies described in the plan. They provide the hands-on experience of heart disease and stroke prevention to residents of Florida in a wide variety of ways. All of these partners are dedicated to improving the health of Florida residents at risk for heart disease and stroke.

The Bureau of Chronic Disease Prevention and Health Promotion programs include Healthy Communities, Healthy People, HDSPP, Diabetes Prevention and Control, Arthritis Prevention and Education, and Comprehensive Cancer. The programs work closely to address the overlapping risk factors of tobacco use, poor nutrition, physical inactivity, obesity, high blood pressure, and high cholesterol. These partnerships are fundamental. The partnerships outside the bureau are vital to expanding our efforts outside the arena of public health.

The American Heart Association (AHA) spearheads the Florida Cardiovascular Health Council and works closely with the HDSPP to implement a Stroke Systems Plan, convening the committees to coordinate the professional education, data collection, stroke center and hospital commitment, emergency response, and other issues important to improving stroke outcomes. The AHA continues to set the standard in quality education courses and materials for both health care providers and the public. This partnership works well and is dedicated to improving the statistics related to heart disease and stroke.

The Florida Association of Community Health Centers, Inc. is improving quality of care in underserved populations by assisting federally funded community health centers to implement systems that improve the treatment and outcomes of heart patients. The Florida Association of Rural EMS Providers is conducting training for the rural EMS providers who cannot leave their posts to get training in the urban areas where it is more frequently offered. The Bureau of EMS is improving the statewide data collection and reporting system to determine areas that can be improved and to link with the national database, contributing to a better national



perspective of EMS issues and accomplishments. The Department of Education continues to promote and support a coordinated approach to school health for both students and staff, encouraging adults to model healthy behavior for students. The four schools involved in this project are leading the way for the rest of the school districts in Florida. The Office of Minority Health addresses the health disparities of minority populations, including disparity in cardiovascular disease. The FMQAI is working to enhance the education of pharmacy students to assess consumers' health knowledge and medication therapy compliance. Educating these consumers on the importance of healthy behaviors and following health care providers instructions will help to improve the health of Florida residents at risk for heart disease and stroke.

This statewide plan could not be accomplished without the expertise, resources, cooperation, and dedicated commitment of our partners.




You may access the following Florida Department of Health publications at www.doh.state.fl.us/Family/Heart/.

- 2007 Cardiovascular Surveillance Summary - This document provides a summary of the heart disease and stroke burden in Florida.
- Healthy People 2010 - Discusses the goals of the programs within the Bureau of Chronic Disease Prevention and Health Promotion, the Healthy People 2010 objectives that the programs address, and the program activities that address the objectives.
- Selected Resources for Developing Policy and Environmental Interventions for Heart Disease and Stroke Prevention - Annotated bibliography for county health departments planning policy and environmental interventions in community, healthcare, school, and worksite settings.

Public Awareness and Community Education Materials for Cardiovascular Objectives:

Community Guidelines, Planning Tools, and Other Helpful Documents

- Community Tool Box - "How-to" tools for community health and development, such as leadership, strategic planning, community assessment, advocacy, grant writing, and evaluation.
- Guide to Community Preventive Services - Evidence-based recommendations regarding the effectiveness, economic efficiency, and feasibility of public health interventions.
- Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010 - Information about the steps involved in forming and running a healthy community coalition.
- Partnership Self-Assessment Tool - Web-based tool to assess how well the collaborative process of a partnership is working and to identify specific areas to focus on how to make the process work better.

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- PATCH - Planned Approach to Community Health - Model for planning, conducting, and evaluating community health promotion and disease prevention programs.
 - Policy and Environmental Change Strategies for Schools - Materials to help make presentations for decision-makers about policy and environmental change strategies in schools to promote healthy behaviors.
 - Policy and Environmental Change Strategies for Worksites - Materials to help make presentations for decision-makers about policy and environmental change strategies in worksites to promote healthy behaviors.
 - Stroke Materials Resource Guide - Guide to consumer materials, health educator and program planning resources, materials for healthcare professionals, materials for stroke survivors, materials for caregivers, and materials for Spanish-speaking audiences.
 - Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit - Provides information, materials, and tools state programs can reference and distribute to businesses, primarily employer and professional organizations.


Clinical Guidelines

General:

- Put Prevention Into Practice: Clinician's Handbook of Preventive Services
- Get With The Guidelines - Coronary Artery Disease and Stroke
- American Cancer Society/American Diabetes Association/American Heart Association Scientific Statement: Preventing Cancer, Cardiovascular Disease, and Diabetes

Cholesterol:

- Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)
- ATP III Update: Implications of Recent Clinical Trials for the ATP III Guidelines

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- ATP III At-A-Glance: Quick Desk Reference
 - Recommendations Regarding Public Screening for Measuring Blood

Diabetes:

- Standards of Medical Care for Patients with Diabetes Mellitus
- Florida Diabetes Medical Practice Guidelines

Hypertension:

- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) Express
- JNC 7 Quick Reference Card
- Primary Prevention of Hypertension: Clinical and Public Health Advisory from the National High Blood Pressure Education Program

American Heart Association

The AHA has a variety of educational materials and interactive tools available to educate the public on the signs and symptoms of stroke and importance of calling 9-1-1. These materials and tools include:

- Heart Profilers
- Personal Health Record Resource Center
- Heart Attack and Coronary Heart Disease Risk Assessment
- Heart of Diabetes

Other resources include:

- Alliance for a Healthier Generation (www.healthiergeneration.org)
- Go Red For Women (www.goredforwomen.org)
- Power To End Stroke (www.strokeassociation.org)





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Heart Disease and Stroke Prevention Program
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850-245-4330
doh.state.fl.us/family/heart**

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