

The mission of the Florida Cardiovascular Health Council is to facilitate a



comprehensive approach to improving cardiovascular health throughout



the state. The Council brings together diverse public and private organizations



to coordinate resources and to collaborate on promoting healthy lifestyles;

Workplan

Florida Cardiovascular Health Council 2003–2004

preventing and reducing cardiovascular deaths, disease and related



disability; and improving quality of life in Florida.

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FCHC

The Florida Cardiovascular Health Council

Five-Year Strategic Plan 2003–2007

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Introduction

Over 100 cardiovascular stakeholders have been involved in a statewide strategic planning process coordinated by the Florida Department of Health (DOH) and the American Heart Association, Florida Affiliate (AHA). Collaboratively, they developed the Florida Cardiovascular Health Council (FCHC) Five-Year Strategic Plan for 2003–2007 with the following mission, core values and eight prioritized goals:

Mission The mission of the Florida Cardiovascular Health Council is to facilitate a comprehensive approach to improving cardiovascular health throughout the state. The Council brings together diverse public and private organizations to coordinate resources and to collaborate on promoting healthy lifestyles; preventing and reducing cardiovascular deaths, disease and related disability; and improving quality of life in Florida.

Core values

DATA-DRIVEN INTERVENTIONS Actions to improve cardiovascular health in Florida will be based on an initial and ongoing assessment of needs, existing efforts and available resources.

EMPHASIS ON PARTNERSHIP Collaboration, coordination and communication among public and private sector organizations are essential to the effectiveness and efficiency of actions to improve cardiovascular health in Florida.

COMMITMENT TO HEALTH IMPROVEMENT The Council endeavors not to duplicate, but rather to strengthen, enhance and integrate existing cardiovascular health improvement efforts and to identify and reduce gaps.

FOCUS ON DIVERSITY The Council celebrates Florida's diverse population and will strive to ensure that its composition and work reflect and respect Florida's diversity.

Five-year goals (2003–2007)

GOAL A: Sustain a comprehensive, collaborative statewide cardiovascular health improvement initiative.

GOAL B: Increase the availability and accessibility of statewide and county-level data for assessing needs, planning activities and evaluating progress.

GOAL C: Increase access to public and private resources for cardiovascular health improvement consistent with Healthy People 2010 objectives and best practices.

GOAL D: Reduce cardiovascular health disparities in Florida.

GOAL E: Increase the appropriate utilization of evidence-based cardiovascular health improvement interventions.

GOAL F: Increase the adoption and enforcement of policies consistent with Healthy People 2010 objectives to improve cardiovascular health.

GOAL G: Advance research on cardiovascular health improvement.

GOAL H: Increase lifestyle choices consistent with cardiovascular health.

Participating stakeholders also reached consensus on a set of strategies for each goal to implement over the five year period from 2003 through 2007.

At a meeting on July 31, 2003 at the AHA Florida Affiliate offices in St. Petersburg, 70 cardiovascular health stakeholders met in workgroups to recommend activities for 2003-2004. They also suggested a lead organization and contact person for each recommended activity, any organizational partner(s) and measures of success (see Appendix A for a list of workgroup members). Activities were recommended only for strategies to be implemented in 2003–2004. A draft of these recommendations was circulated among the full list of stakeholders for review and comment; this revision is based upon their feedback.

This workplan also includes strategies in the 2003–2007 strategic plan that will be implemented in 2005, 2006 and 2007. Activities for these strategies will be developed by stakeholders for inclusion in future workplans.

Goal A: Sustain a comprehensive, collaborative statewide cardiovascular health improvement initiative.

STRATEGY A1: Develop, formalize and strengthen organizational infrastructure (e.g., identify council members, involve decision-makers, generate political support).

RECOMMENDED ACTIVITIES:

A1A: Develop a committee structure and descriptions for governing the FCHC (e.g., responsibilities, membership composition, method of appointment, term of office, frequency of meetings/teleconferences).

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital (Abbe Bendell)

MEASURE OF SUCCESS: Activity is completed by December 2004

A1B: Develop a management organizational chart for the FCHC (see Figure 1).

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital (Abbe Bendell)

MEASURE OF SUCCESS: Activity is completed by December 2004

Florida Cardiovascular Health Council (FCHC)

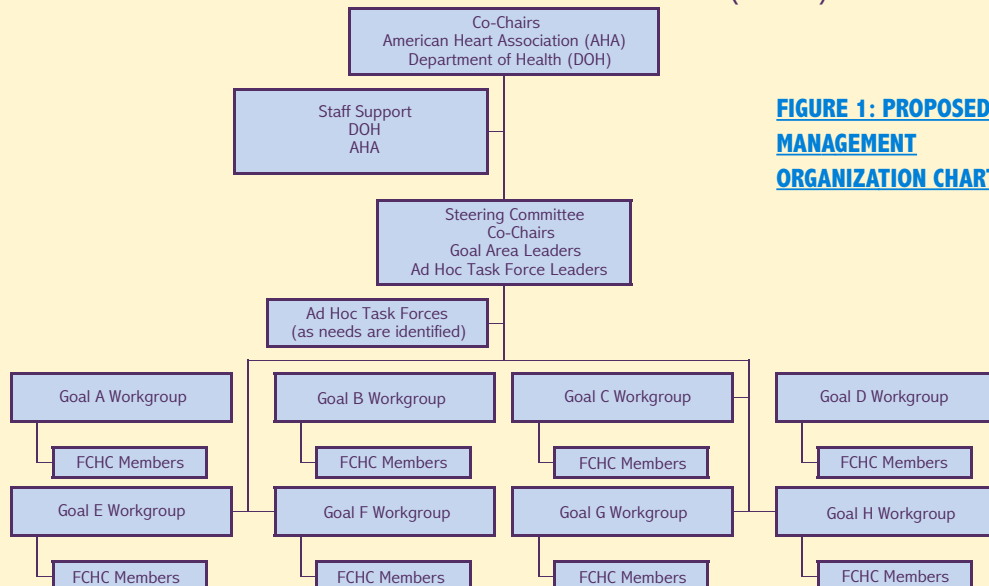


FIGURE 1: PROPOSED MANAGEMENT ORGANIZATION CHART

A1C: Develop by-laws for the FCHC, including job descriptions for officers (e.g., chairperson and vice-chairperson), executive committee members, and chairpersons of standing committees and task forces.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital (Abbe Bendell)

MEASURE OF SUCCESS: Activity is completed by December 2004

A1D: Determine roles and responsibilities of, and funding for, staff providing support to the FCHC.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital (Abbe Bendell)

MEASURE OF SUCCESS: Activity is completed by December 2004

RELATED RECOMMENDATIONS:

- Identify workable geographic areas of the state.
- Include state-level and local-level representation in the infrastructure.
- Provide committees and task forces with explicitly defined responsibilities, numbers of members, methods and terms of appointment, and an established minimum frequency of meetings/conference calls.

STRATEGY A2: Develop partnerships with additional groups and organizations needed to address all areas of cardiovascular health (e.g., involve consumers, identify and recruit partners, obtain commitment agreements from partners).

RECOMMENDED ACTIVITIES:

A2A: Identify criteria and procedures for becoming a member of the FCHC.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital

MEASURE OF SUCCESS: Written criteria are in place by December 2004

A2B: Identify stakeholders statewide (organizations, groups and individuals).

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital

MEASURE OF SUCCESS: Stakeholder list is complete by December 2004

A2C: Develop and execute a Memorandum of Agreement between the FCHC and partners (organizations, groups and individuals).

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital

MEASURE OF SUCCESS: All partners have signed a Memorandum of Agreement by December 2004

A2D: Establish a program of incentives for participation and recognition of partners.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital

MEASURE OF SUCCESS: A program of incentives and recognition is established by December 2004

A2E: Identify and establish follow-up procedures to reach stakeholders that are not participating in the FCHC.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital

MEASURE OF SUCCESS: Non-participating stakeholders are identified and followed up by December 2004

A2F: Develop and send a fact sheet about the FCHC to state-level organizations, hospitals and grassroots organizations for partnership recruitment.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSONS: Susan Allen, DOH; Barbra Perra, AHA; John Mouw, Baptist Health of South Florida

RECOMMENDED PARTNER: Jackson Memorial Hospital

MEASURE OF SUCCESS: Fact sheet is mailed by December 2004

STRATEGY A3: Review and recommend alignment of relevant components of each partner's existing strategic plan with the FCHC strategic plan.

RECOMMENDED ACTIVITIES:

A3A: Develop a common format and guidelines that partners can use to compare plans and find common objectives.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be identified

MEASURE OF SUCCESS: Format and guidelines are developed by December 2004

A3B: Establish and implement the review process.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be identified

RECOMMENDED PARTNER: FCHC Review Committee

MEASURE OF SUCCESS: Review process is implemented by December 2004

A3C: Develop a summary document/chart of alignment between the strategic plans of partners and the FCHC.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be identified

MEASURE OF SUCCESS: Review process is implemented by December 2004

STRATEGY A4: Obtain funding for the FCHC.

RECOMMENDED ACTIVITIES:

A4A: Identify existing funding source(s).

RECOMMENDED LEAD: To be identified

MEASURE OF SUCCESS: Existing funding sources are identified by December 2004

A4B: Explore grant-writing and other potential public and private funding opportunities.

RECOMMENDED LEAD: To be identified

MEASURE OF SUCCESS: Potential funding sources have been explored by December 2004

STRATEGY A5 (FOR FUTURE IMPLEMENTATION): Establish and implement a plan for communicating with partners and other stakeholders (e.g., electronic communications mechanism[s], plans for public awareness and professional awareness, resource database).

STRATEGY A6 (FOR FUTURE IMPLEMENTATION): Conduct cardiovascular research, including research with special populations (e.g., minorities, women).

STRATEGY A7 (FOR FUTURE IMPLEMENTATION): Disseminate research information (e.g., communicate existing data; review meta-analyses, epidemiological analyses and cost-benefit analyses; compile best practices overview; identify additional research needs).

STRATEGY A8: Develop an evaluation for FCHC strategies with emphasis on outcomes (e.g., establish an evaluation group; develop a baseline evaluation for FCHC strategies; identify best practices and success stories; develop scorecards; reward successful coalitions).

RECOMMENDED ACTIVITIES:

A8A: Identify and explore current evaluation resources (program/project evaluation and evaluators).

RECOMMENDED LEAD: To be identified

MEASURE OF SUCCESS: Assessment is completed by December 2004

STRATEGY A9: Coordinate integration of state and local resources and initiatives that contribute to cardiovascular health.

RECOMMENDED ACTIVITIES:

A9A: Develop a list of national, state and local resources, programs, projects and initiatives and make it available statewide.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be identified

MEASURE OF SUCCESS: List is available statewide by December 2004

A9B: Develop and regularly update a calendar of state and local meetings and events related to cardiovascular health and make it available statewide.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be identified

MEASURE OF SUCCESS: Up-to-date calendar is available statewide by December 2004

A9C: Identify, establish liaison with and participate in appropriate regional and local coordinating councils, advisory groups and committees.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be identified

RECOMMENDED PARTNERS: FCHC partners serving in liaison role

Goal B: Increase the availability and accessibility of statewide and county-wide data for assessing needs, planning activities and evaluating progress.

STRATEGY B1: Increase the availability, reliability and validity of county-level data on cardiovascular risk factors in children, including minority populations (e.g., Youth Risk Behavior Survey, Florida Youth Tobacco Survey, Presidential Physical Fitness Challenge, school health and physical education participation, age of initiation of cardiovascular risk factors).

RECOMMENDED ACTIVITIES:

B1A: Provide a year-to-year comparison of data from the Youth Risk Behavior Survey (conducted every other year) and the Florida Youth Tobacco Survey, including BMI for grades 6–12, to Florida legislators, county health departments, pediatricians, school boards, school health personnel and the general public.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

RECOMMENDED PARTNER: Florida Department of Education (DOE)

MEASURE OF SUCCESS: Dissemination is completed by December 2004

B1B: Obtain data on “activity hours” (hours spent by students in physical education) from schools.

RECOMMENDED LEAD: Florida Association of Health, Physical Education, Recreation and Dance (FAHPERD), DOE

CONTACT PERSON: Carol Sisco, FAHPERD

RECOMMENDED PARTNERS: Chronic Disease Health Promotion and Education Program, Florida Sports Foundation, DOH Obesity Prevention Program

MEASURE OF SUCCESS: Feasibility assessment is completed and baseline data are obtained, if available, by December 2004

STRATEGY B2: Increase the availability, reliability and validity of county-level data on cardiovascular risk factors in adults, including socioeconomically and culturally diverse groups (e.g., Behavioral Risk Factor Surveillance System [BRFSS] data, vital statistics).

RECOMMENDED ACTIVITIES:

B2A: Produce and disseminate an annual report on hospital quality improvement indicators (myocardial infarction and congestive heart failure).

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

RECOMMENDED PARTNER: Florida Medical Quality Assurance, Inc. (FMQAI), Florida Hospital Association (FHA)

MEASURE OF SUCCESS: Dissemination to hospitals is completed by December 2004

B2B: Advocate for conducting a county-level BRFSS every three years, beginning in 2005.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

MEASURE OF SUCCESS: Approval is obtained by December 2004

B2C: Produce and make available statewide a cardiovascular surveillance report that includes BRFSS data, mortality data and hospital discharge data for adults, including data on socioeconomically and culturally diverse groups.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

MEASURE OF SUCCESS: Report is made available statewide by December 2004

STRATEGY B3 (FOR FUTURE IMPLEMENTATION): Develop a data warehouse/clearinghouse for and links among sites with cardiovascular data (e.g., mortality data, BRFSS data, hospital discharge).

STRATEGY B4: Cultivate relationships and partner with insurance companies to ascertain the prevalence of cardiovascular risk factors in large employee populations.

RECOMMENDED ACTIVITY:

B4A: Collaborate with others who are seeking data from insurance companies.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

MEASURE OF SUCCESS: Collaboration is established by December 2004

STRATEGY B5 (FOR FUTURE IMPLEMENTATION): Obtain and review Medicare Health Outcome Survey cardiovascular data.

STRATEGY B6: Obtain and analyze pharmacy data on cardiovascular prescription medications (e.g., lipid reduction, blood pressure control).

RECOMMENDED ACTIVITY:

B6A: Collaborate with others who are seeking data from pharmacies.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

RECOMMENDED PARTNERS: Florida Board of Pharmacy, schools of pharmacy

MEASURE OF SUCCESS: Collaboration is established by December 2004

STRATEGY B7: Develop a method for obtaining emergency room discharge data.

RECOMMENDED ACTIVITY:

B7A: Collaborate with others seeking emergency department discharge data sets.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

MEASURE OF SUCCESS: Collaboration is established by December 2004

STRATEGY B8 (FOR FUTURE IMPLEMENTATION): Analyze data on cardiovascular health from existing databases on an annual basis (e.g., ambulatory care, hospital discharge, BRFSS).

STRATEGY B9 (FOR FUTURE IMPLEMENTATION): Research Health Plan Employer and Data Information Set (HEDIS) measures applicable to cardiovascular health and incorporate into planning.

STRATEGY B10: Utilize Geographic Information Systems mapping technology to assist in evaluating determinants of cardiovascular health.

RECOMMENDED ACTIVITIES:

B10A: Use Geographic Information Systems mapping technology to identify and map the location of parks, swimming areas, trails for hiking and biking, and other sites for physical activity statewide.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Lisa Fisher, DOH

RECOMMENDED PARTNERS: Chronic Disease Health Promotion and Education programs, Office of Greenways and Trails, parks and recreation programs

MEASURE OF SUCCESS: Map is completed and available online by December 2004

Goal C: Increase access to public and private resources for cardiovascular health improvement consistent with Healthy People 2010 objectives and best practices.

STRATEGY C1 (FOR FUTURE IMPLEMENTATION): Identify public and private funding to facilitate access to cardiovascular health resources.

STRATEGY C2: Identify local and state physical entities, facilities, activities, events, and programs with the potential to increase access to cardiovascular health resources.

RECOMMENDED ACTIVITIES:

C2A: Plan and implement a media campaign to publicize available resources through existing community partnerships.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: Florida Medical Association (FMA), Florida Nurses Association (FNA), Florida Academy of Family Practitioners (FAFP), Florida Osteopathic Medical Association (FOMA), FHA, television and radio stations, newspapers, Chambers of Commerce, United Way, Florida Parks and Recreation, FAHPERD

MEASURE OF SUCCESS: Media campaign is implemented by December 2004

C2B: Coordinate activities through DOH communications office and disseminate information through county health departments (CHDs).

RECOMMENDED LEAD: DOH

CONTACT PERSON: Rob Hayes/Angela Lynn

RECOMMENDED PARTNERS: CHD public information officers, local hospitals, community health centers

MEASURE OF SUCCESS: CHDs receive this information from DOH by December 2004

C2C: Collaborate with CHDs to promote local resources, programs and events.

RECOMMENDED LEADS: DOH, AHA, CHDs

CONTACT PERSON: Rob Hayes/Angela Lynn

RECOMMENDED PARTNERS: Local hospitals, United Way, YMCA, local Parks and Recreation, school districts

MEASURE OF SUCCESS: CHDs are promoting local resources, programs and events by December 2004

C2D: Create uniform survey and evaluation tools that CHDs can use to identify their cardiovascular health resources and barriers to access and to evaluate whether access is improved.

RECOMMENDED LEADS: DOH, AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: CHDs

MEASURE OF SUCCESS: Tools have been created and tested and are available to CHDs by December 2004

STRATEGY C3: Identify and support local, state and national policies with the potential to increase access to cardiovascular health resources.

RECOMMENDED ACTIVITIES:

C3A: Collaborate with the American Red Cross and emergency medical service (EMS) organizations/groups to increase knowledge, availability and appropriate use of cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) in the presence of signs and/or symptoms of heart attack and/or stroke.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: American Red Cross, DOH, local EMS, legislators, county commissioners

MEASURE OF SUCCESS: The number of individuals certified in CPR increases by December 2004

C3B: Collaborate with the American Association of Retired Persons (AARP) and faith-based organizations to advocate for universal coverage for appropriate medications and medical treatment.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AARP, faith-based organizations, FAFP, American Academy of Family Practitioners (AAFP), American Medical Association (AMA), FMA, FNA, American Diabetes Association (ADA), health insurers, state and local health departments, county commissioners, Florida pharmacies/pharmacists

MEASURE OF SUCCESS: Collaboration is underway by December 2004

C3C: Support efforts by the American Academy of Pediatrics (AAP), AAFP, American College of Physicians (ACP), and the American College of Sports Medicine (ACSM) to increase physical activity among adults and in schools.

RECOMMENDED LEAD: ACSM

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AAFP, AAP, AHA, ACP, President's Council on Physical Fitness, American Nurses Association (ANA), DOH

MEASURE OF SUCCESS: The availability of physical education in Florida schools increases by December 2004

C3D: Support efforts by local, state and national organizations to improve nutrition among adults and in schools.

RECOMMENDED LEADS: American Dietetic Association, Florida Dietetic Association (FDA)

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: ADA, AAFP, AAP, DOE, Women, Infants and Children (WIC), FAHPERD

MEASURE OF SUCCESS: Nutritional value of items on school menus and in school-based vending machines increases by December 2004

C3E: Advocate for a policy requiring all EMS services to report response time (from initial call until patient is reached).

RECOMMENDED LEADS: AHA, American Red Cross

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, state and local legislators, county commissioners, EMS service providers

MEASURE OF SUCCESS: Policy is in place by December 2004

C3F: Advocate for adequate funding for Florida EMS.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: Florida Association of EMS Medical Directors, Association of EMS Providers of Florida

MEASURE OF SUCCESS: Florida EMS funding increases by December 2004

C3G: Take an inventory of cardiovascular health-related policies in schools, worksites and communities.

RECOMMENDED LEADS: CHDs

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: School boards, Parks and Recreation, large companies, Chambers of Commerce

MEASURE OF SUCCESS: Inventory is completed by December 2004

C3H: Support efforts to increase the cigarette excise tax.

RECOMMENDED LEADS: Tri-Agencies (AHA, American Cancer Society [ACS], American Lung Association[ALA])

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, CHD, Campaign for Tobacco-Free Kids, DOE

MEASURE OF SUCCESS: Excise tax increases by December 2004

STRATEGY C4 (FOR FUTURE IMPLEMENTATION): Assess needs, identify barriers and gaps and explore possible solutions to increase access to cardiovascular health resources.

STRATEGY C5 (FOR FUTURE IMPLEMENTATION): Identify educational opportunities in schools, communities and professional settings to increase access to cardiovascular health resources.

STRATEGY C6: Develop active partnerships with community entities.

RECOMMENDED ACTIVITIES:

C6A: Host meeting(s) of AHA community boards and their local partners to educate them about the FCHC strategic plan and to promote participation and collaboration.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA community board members

MEASURE OF SUCCESS: Meeting(s) is/are conducted by December 2004

C6B: Train and encourage AHA community boards to draft a plan that parallels and supports the state strategic plan while addressing community needs.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA community board members

MEASURE OF SUCCESS: AHA community boards will draft a plan by December 2004

C6C: Plan and implement a dissemination strategy for existing AHA programs and initiatives to improve the quality of care for cardiovascular and stroke patients, including Get with the Guidelines, Get with the Guidelines-Stroke, Heart Profilers, Health Coach System and Stroke Center Identification.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA community board members

MEASURE OF SUCCESS: Dissemination strategy is planned and implemented by December 2004

STRATEGY C7 (FOR FUTURE IMPLEMENTATION): Create a model state health ministry council that includes all faiths to increase access to cardiovascular health resources.

STRATEGY C8 (FOR FUTURE IMPLEMENTATION): Identify and include the needs of at-risk individuals (across cultural, ethnic, age, gender and socioeconomic lines) in planning initiatives to increase access to cardiovascular health resources.

STRATEGY C9 (FOR FUTURE IMPLEMENTATION): Increase the percentage of patients who receive access to appropriate emergency care, risk modification interventions and rehabilitation services.

Goal D: Reduce cardiovascular health disparities in Florida.

STRATEGY D1: Promote continuous statewide education of health professionals in order to improve their knowledge of the most up-to-date information on cardiovascular health, focusing on best practices in cardiovascular health interventions and the needs of special populations.

RECOMMENDED ACTIVITIES:

D1A: Identify special populations at high cardiovascular health risk.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Epidemiologist to be determined

RECOMMENDED PARTNERS: CHDs, local hospitals, community health centers, other community-based organizations

MEASURE OF SUCCESS: High-risk special populations are identified by December 2004

D1B: Identify the specific cardiovascular risk factors affecting each high-risk special population.

RECOMMENDED LEAD: DOH

CONTACT PERSON: Epidemiologist to be determined

RECOMMENDED PARTNERS: Florida Agency for Health Care Administration (AHCA), FMQAI, managed care organizations, voluntary health organizations

MEASURE OF SUCCESS: Specific risk factors affecting each high-risk special population are identified by December 2004

D1C: Identify and describe best practices.

RECOMMENDED LEAD: University of South Florida (USF) Prevention Research Center, American College of Cardiology (ACC)

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: FCHC

MEASURE OF SUCCESS: Best practices are identified and described by December 2004

D1D: Develop a written best practices resource and make it accessible statewide.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: University intern

MEASURE OF SUCCESS: Best practices resource is accessible statewide by December 2004

D1E: Plan and implement a method of publicizing the availability of the best practices resource.

RECOMMENDED LEADS: Universities, medical associations/societies, Area Health Education Centers (AHEC)

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: University intern

MEASURE OF SUCCESS: Best practices resource is publicized statewide by December 2004

D1F: Plan and implement a method for keeping the best practices resource current and complete.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: Hospitals, USF Prevention Research Center, FHA

MEASURE OF SUCCESS: Method is in place by December 2004

RECOMMENDED FUTURE ACTIVITY: Develop community initiatives relevant to special populations

STRATEGY D2 (FOR FUTURE IMPLEMENTATION): Require education of health professionals to increase their awareness of cultural diversity and competencies needed to reduce discrimination and increase the exchange of health care information and trust between patients and health professionals.

STRATEGY D3 (FOR FUTURE IMPLEMENTATION): Implement a comprehensive, effective surveillance system to monitor cardiovascular health disparities in Florida.

STRATEGY D4: Increase availability of low literacy, culturally and linguistically appropriate cardiovascular health education materials.

RECOMMENDED ACTIVITIES:

D4A: Survey cardiovascular health stakeholders to identify available materials that are low literacy and/or culturally/linguistically appropriate.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, Centers for Disease Control and Prevention (CDC), AHEC

MEASURE OF SUCCESS: Survey is completed by December 2004

D4B: Create an accessible directory of available materials, including a description of appropriate audiences and ordering information.

RECOMMENDED LEAD: University intern

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, AHA, American Stroke Association (ASA), ADA

MEASURE OF SUCCESS: Directory is completed by December 2004

D4C: Develop and implement a strategy to publicize and promote the availability of the directory and materials.

RECOMMENDED LEAD: FCHC

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: Strategy is implemented by December 2004

RECOMMENDED FUTURE ACTIVITIES:

- Identify gaps in materials available for special populations
- Create new materials to fill gaps
- Identify funding opportunities for needed materials

STRATEGY D5: Educate Florida legislators and other public leaders on cardiovascular health disparities and related funding needs.

RECOMMENDED ACTIVITIES:

D5A: Describe cardiovascular health disparities in Florida and associated costs.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHCA, managed care organizations, AHA, FMQAI

MEASURE OF SUCCESS: Description is completed by December 2004

D5B: Develop a position paper on the importance of cardiovascular health improvement in Florida using data on disparities and promoting evidence-based best practices.

RECOMMENDED LEAD: Center for Health Equity

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: Position paper is completed by December 2004

RECOMMENDED FUTURE ACTIVITIES:

- Present position paper to advocacy groups and lobbyists to secure sponsors/co-sponsors of legislation in support of cardiovascular health
- Present position paper to insurance companies

STRATEGY D6 (FOR FUTURE IMPLEMENTATION): Implement and monitor laws and regulations that require increased physical activity and heart-healthy nutrition in all private and public schools from preschool through college.

STRATEGY D7 (FOR FUTURE IMPLEMENTATION): Implement environmental changes in schools to promote heart-healthy nutrition and provide increased physical activity at the local level from pre-school through college.

STRATEGY D8 (FOR FUTURE IMPLEMENTATION): Target blue-collar and service industry worksites for cardiovascular health promotion.

STRATEGY D9: Promote cardiovascular health in minority and low-income neighborhoods through community collaboration and empowerment to improve the local environment.

RECOMMENDED ACTIVITIES:

D9A: Identify and assess local resources and partnerships available in communities through the CHD quality improvement list of community partner organizations.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: CHDs

MEASURE OF SUCCESS: Assessment is completed by December 2004

D9B: Design and implement a strategy for recruiting local cardiovascular disease survivors to work as guest speakers in media campaigns and in outreach initiatives.

RECOMMENDED LEAD: CHDs

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA, FCHC stakeholders

MEASURE OF SUCCESS: Strategy is implemented by December 2004

D9C: Plan and coordinate cardiovascular health-related activities in connection with related national health observances.

RECOMMENDED LEAD: CHDs

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA communication office, local support groups for persons with cardiovascular disease

MEASURE OF SUCCESS: Planning is completed by December 2004

D9D: Provide information and support to communities regarding the implementation of cardiovascular health-related activities in connection with related national health observances.

RECOMMENDED LEAD: To be determined

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA, ADA, AHECs, DOE, local medical and community groups

MEASURE OF SUCCESS: Cardiovascular health-related activities are implemented in communities in connection with related national health observances by December 2004

STRATEGY D10 (FOR FUTURE IMPLEMENTATION): Advocate for universal health and drug coverage for all Florida residents.

STRATEGY D11 (FOR FUTURE IMPLEMENTATION): Increase availability of free or low-cost cardiovascular screenings, treatment, medications, and preventive services.

STRATEGY D12 (FOR FUTURE IMPLEMENTATION): Increase the percentage of minority and underserved patients with access to appropriate emergency care, risk modification interventions and rehabilitation services.

Goal E: Increase the appropriate utilization of evidence-based cardiovascular health improvement interventions.

STRATEGY E1: Increase utilization of clinical guidelines for primary and secondary prevention of cardiovascular disease, diabetes, hypercholesterolemia, and high blood pressure.

RECOMMENDED ACTIVITY:

E1A: Advocate for the state of Florida to adopt the AHA's Get with the Guidelines using the AHA's Web-based tool.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, AHECs, FMA, university medical schools

MEASURE OF SUCCESS: Guidelines are adopted by December 2004

STRATEGY E2: Increase utilization of community preventive services guidelines for the prevention of cardiovascular disease, diabetes, hypercholesterolemia, and high blood pressure.

RECOMMENDED ACTIVITY:

E2A: Plan and implement an initiative to educate health care professionals about the community preventive guidelines.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHECs, AHA, FMQAI

MEASURE OF SUCCESS: Initiative is implemented by December 2004

STRATEGY E3 (FOR FUTURE IMPLEMENTATION): Provide guidelines to practitioners with incentives for utilization (e.g., health care provider recognition, published report cards).

STRATEGY E4 (FOR FUTURE IMPLEMENTATION): Develop and disseminate self-management strategies and toolkits for patients.

STRATEGY E5: Develop and implement a cardiovascular health public awareness campaign.

RECOMMENDED ACTIVITY:

E5A: Obtain permission from AHA to make its materials and other resources available to all public- and private-sector organizations in Florida that promote cardiovascular health.

RECOMMENDED LEAD: AHA

CONTACT PERSON: Kathy Fenelen, AHA

RECOMMENDED PARTNERS: DOH, FHA, EMS, fire departments, faith-based organizations, managed care organizations, Department of Elder Affairs (DOEA), Councils on Aging, DOE, AHCA

MEASURE OF SUCCESS: Permission is obtained by December 2004

16 **STRATEGY E6 (FOR FUTURE IMPLEMENTATION):** Monitor and evaluate use of cardiovascular-related preventive health services guidelines.

STRATEGY E7: Increase awareness of cardiac warning signs, stroke warning signs, the need to call 911 first when experiencing symptoms of a heart attack and the need to call 911 when experiencing the signs and symptoms of a stroke.

RECOMMENDED ACTIVITIES:

E7A: Plan and implement an initiative to encourage community-based organizations to adopt/sponsor AHA heart awareness activities.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOEA, senior centers, grocery stores and other retail establishments, fire departments

MEASURE OF SUCCESS: Community-based organizations adopt/sponsor AHA heart awareness activities by December 2004

E7B: Establish a speaker's bureau.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: Florida cardiologists, AHECs, FMA, FNA, medical schools

MEASURE OF SUCCESS: Speaker's bureau is established by December 2004

E7C: Design a heart healthy model program based upon a feasibility review of the American Cancer Society's breast cancer model program.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: ACS

MEASURE OF SUCCESS: Program design is completed by December 2004

STRATEGY E8 (FOR FUTURE IMPLEMENTATION): Increase the number of health care providers appropriately advising high-risk patients and their caregivers on the importance of cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED) training and access.

STRATEGY E9: Assure that emergency medical systems and appropriate acute care facilities are in compliance with recommended guidelines for stroke, acute myocardial infarction and sudden death, including implementation of appropriate acute intervention programs.

RECOMMENDED ACTIVITIES:

E9A: Review AHA's "Get With the Guidelines" and emergency response pilot project after spring 2004.

RECOMMENDED LEAD: AHA

CONTACT PERSON: Catherine Hall, AHA

RECOMMENDED PARTNER: EMS, FHA

MEASURE OF SUCCESS: To be determined

E9B: Assess the extent to which first responders in Florida are trained on stroke according to guidelines, especially in rural areas.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, EMS, fire departments, University of Miami, FHA

MEASURE OF SUCCESS: To be determined

E9C: Plan and implement an initiative to increase the number of Florida hospitals that qualify as primary stroke centers based on the AHA's Get with the Guidelines.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: FHA, Joint Commission on Accreditation of Healthcare Organizations (JACHO)

MEASURE OF SUCCESS: To be determined

STRATEGY E10: Ensure that appropriate emergency first responders (e.g., fire, police, ambulance) are equipped and trained in the use of AEDs.

RECOMMENDED ACTIVITY:

E10A: Plan and implement an initiative to have an AED placed in every law enforcement vehicle.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, EMS, Florida Department of Law Enforcement (FDLE), faith-based organizations

MEASURE OF SUCCESS: To be determined

STRATEGY E11: Ensure that high-density public locations (e.g., airports, stadiums, convention centers) are equipped with and have designated individuals trained in the use of AEDs.

RECOMMENDED ACTIVITY:

E11A: Plan and implement an initiative to have AEDs placed in public places such as golf courses and fitness centers.

RECOMMENDED LEAD: AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, golf courses, fitness centers, EMS, parish nurses in faith-based organizations

MEASURE OF SUCCESS: The number of AEDs in public places increases by December of 2004

STRATEGY E12: Develop and promote methods to help reduce door-to-thrombolytics-or-catheterization times after patients arrive at emergency departments.

RECOMMENDED ACTIVITIES:

E12A: Review the operational implementation by Florida hospitals of model guidelines for door-to-thrombolytics.

RECOMMENDED LEAD: FHA

CONTACT PERSON: Catherine Hall, AHA

RECOMMENDED PARTNERS: FMA, FNA, Florida cardiologists, EMS, FMQAI, DOH

MEASURE OF SUCCESS: The number of hospitals that have operationalized model guidelines increases by December of 2004

E12B: Review the FMQAI report on non-compliance with the guidelines and recommend actions to improve compliance.

RECOMMENDED LEAD: FMQAI

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: AHA, DOH, FMA

MEASURE OF SUCCESS: Recommendations are made by December of 2004

E12C: Disseminate the FMQAI report on hospital compliance with guidelines.

RECOMMENDED LEAD: FMQAI

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, AHA, FMA, JACHO

MEASURE OF SUCCESS: Report is disseminated by December of 2004

STRATEGY E13: Promote a rapid and effective medication regimen for cardiac and emergent stroke patients.

RECOMMENDED ACTIVITY:

E13A: Conduct an assessment of current policies and practices regarding rapid and effective medication regimens for cardiac and emergent stroke patients.

RECOMMENDED LEAD: University of Miami

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: Assessment is completed by December of 2004

Goal F: Increase the adoption and enforcement of policies consistent with Healthy People 2010 objectives to improve cardiovascular health.

STRATEGY F1 (FOR FUTURE IMPLEMENTATION): Expand Sunshine State Standards to mandate schools to incorporate preventive and other health topics into core academics.

STRATEGY F2 (FOR FUTURE IMPLEMENTATION): Promote the incorporation of healthy lifestyle content into textbook and curriculum development for grades K through 12 (e.g., food labels/calculations, food choices, food preparation, lifetime physical activity).

STRATEGY F3: Advocate to increase hours in the school day dedicated to health education, physical education and healthy lifestyle curricula (e.g., Fitness Fun Forever, CATCH, Say Yes to Sports for Life, Eat Well and Keep Moving, Planet Health) and to implement comprehensive healthful nutrition policies (e.g., selling water and juices in vending machines and requiring that food sales as fundraisers are consistent with healthful nutrition).

RECOMMENDED ACTIVITIES:

F3A: Assess school policies and practices regarding physical activity, physical education, nutrition, and tobacco use, with consideration of disparities and financial issues (consider using the School Health Index as a tool).

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F3B: Advocate for the expansion, with funding, of the Coordinated School Health Program.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F3C: Review the literature for evidence of the benefits of physical activity and healthy lifestyles for school-aged children.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F3D: Present findings from school assessment and literature review to school boards.

RECOMMENDED LEAD: DOH

MEASURE OF SUCCESS: To be determined

STRATEGY F4: Advocate for federal legislation to raise national requirements for nutritious school lunches, snacks and concessions, including vending machines.

RECOMMENDED ACTIVITY:

F4A: Establish a parent organization that focuses on children's health.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F5: Advocate for strict smoke-free campuses for all students, teachers, staff, and visitors and for a state mandate to offer smoking cessation assistance as an alternative to fines for students caught using tobacco products.

RECOMMENDED ACTIVITIES:

F5A: Assess school policies and practices regarding smoking on campus.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F5B: Advocate for smoke-free campuses through the AHA at the state level and through Students Working Against Tobacco (SWAT) at the local level.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F5C: Identify and advocate for a mechanism to enforce smoke-free campus policies (e.g., resource officers).

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F6 (FOR FUTURE IMPLEMENTATION): Promote after-school programs that are safe, healthy and inclusive of physical activity.

STRATEGY F7: Advocate to increase the state's physical education requirement.

RECOMMENDED ACTIVITY:

F7A: Advocate for the incorporation of physical education into school accountability (modeled after South Carolina's program).

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F8: Advocate for local planning and zoning policies that provide healthy lifestyle choices (e.g., access to fresh foods; physical activity options such as safe walking, bike trails, parks; Walkable Communities, Smart Growth, Walk to School, Health N Parks) and for the development of transportation systems to increase access to health resources (e.g., health care providers, community facilities for physical activity).

RECOMMENDED ACTIVITIES:

F8A: Identify funding sources for pedestrian overpasses for roads near schools and other places where children gather.

RECOMMENDED LEAD: To be determined

RECOMMENDED PARTNERS: Center for Urban Transportation Research (University of South Florida)

MEASURE OF SUCCESS: To be determined

F8B: Partner with major retailers to create innovative ways to increase the availability of healthy foods in communities.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F8C: Include descriptions of best practices in a Web-based clearinghouse.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F8D: Collaborate with the Department of Transportation (DOT) and Department of Environmental Protection (DEP) to promote the Web-based clearinghouse and to identify resources for promoting walkable communities.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F9: Advocate for the development of a centralized disease reporting registry to track patient care and provide best practice information.

RECOMMENDED ACTIVITY:

F9A: Advocate for the participation of stroke-designated hospitals in a registry to track outcomes.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F10: Advocate to increase the availability of routine cardiovascular health risk factor screenings for all.

RECOMMENDED ACTIVITIES:

F10A: Advocate for a cholesterol screening benefit for Medicare and Medicaid beneficiaries.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

F10B: Advocate for coverage for physical activity and nutrition counseling for morbidly obese Medicaid beneficiaries to reduce their cardiovascular disease risk.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F11: Advocate for an increase in the allocation of tobacco settlement funds for implementing tobacco prevention programs.

RECOMMENDED ACTIVITY:

F11A: Collaborate with tobacco prevention advocates to determine how the FCHC can best support their efforts.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F12 (FOR FUTURE IMPLEMENTATION): Advocate for greater access to schools to educate students about cardiovascular health.

STRATEGY F13: Make recommendations to professional organizations and licensing bodies regarding cardiovascular disease-related requirements.

RECOMMENDED ACTIVITY:

F13A: Advocate for state endorsement of guidelines for primary stroke centers.

RECOMMENDED LEADS: AHCA, AHA

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY F14 (FOR FUTURE IMPLEMENTATION): Advocate for mandates regarding cardiovascular disease content in health education curricula.

STRATEGY F15 (FOR FUTURE IMPLEMENTATION): Evaluate and design cardiovascular curriculum frameworks that will integrate with school systems' health education programs and curricula.

Goal G: Advance research on cardiovascular health improvement.

STRATEGY G1: Assess current cardiovascular health research and identify gaps.

RECOMMENDED ACTIVITIES:

G1A: Assess the number of quality research proposals that are not funded.

RECOMMENDED LEADS: DOH, AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: National Institutes of Health (NIH)

MEASURE OF SUCCESS: Assessment is completed by December of 2004

G1B: Assess the number of quality research ideas that are not funded due to flaws in the applications.

RECOMMENDED LEADS: DOH, AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: NIH

MEASURE OF SUCCESS: Assessment is completed by December of 2004

G1C: Assess the amount of preventive research currently being funded.

RECOMMENDED LEADS: DOH, AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: NIH

MEASURE OF SUCCESS: Assessment is completed by December of 2004

G1D: Assess the number of biotechnology jobs in Florida.

RECOMMENDED LEADS: DOH, AHA

CONTACT PERSON: To be determined

RECOMMENDED PARTNER: NIH

MEASURE OF SUCCESS: Assessment is completed by December of 2004

STRATEGY G2 (FOR FUTURE IMPLEMENTATION): Advocate for funding of cardiovascular health research and identify gaps.

STRATEGY G3: Advocate for significant increases in cardiovascular disease and stroke research funding.

RECOMMENDED ACTIVITIES:

G3A: Encourage researchers/investigators to become more involved in advocacy.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

G3B: Explore any association between student health and academic/test performance.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

G3C: Encourage university-based health professions programs, medical and nursing schools and teaching hospitals to become more involved in advocacy.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

G3D: Explore the feasibility of co-sponsoring grant-writing workshops.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

G3E: Establish working relationships with economic development organizations.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY G4: Identify opportunities and promote programs to increase the number of individuals entering the field of biomedical research.

RECOMMENDED ACTIVITIES:

G4A: Advocate for an increase in the number of grants awarded to new investigators.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

G4B: Publicize biomedical research funding opportunities.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

G4C: Promote the role of clinician-scientist in educational institutions.

RECOMMENDED LEAD: To be determined

MEASURE OF SUCCESS: To be determined

STRATEGY G5: Increase awareness of and interest in biomedical research.

RECOMMENDED ACTIVITIES:

G5A: Establish age-appropriate mini-internships, laboratory days, community tours, and other activities/events within schools.

RECOMMENDED LEAD: DOE

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: DOH, AHA

MEASURE OF SUCCESS: Number of activities/events and number of student participants by December of 2004

G5B: Establish a standardized curriculum in research.

RECOMMENDED LEAD: DOE

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: Number of schools that offer a curriculum in research by December of 2004

G5C: Publicize how biomedical research benefits people's lives.

RECOMMENDED LEADS: AHA, DOH

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: Number of media stories by December of 2004

Goal H: Increase lifestyle choices consistent with cardiovascular health.

STRATEGY H1: Provide safe environments for physical activity.

RECOMMENDED ACTIVITIES:

H1A: Establish liability coverage to allow a wider range of access to and use of community facilities.

RECOMMENDED LEADS: DOH, DOT

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: County school boards, city and county governments, parent-teacher associations, Safe and Drug-Free Schools, traffic safety teams

MEASURE OF SUCCESS: Coverage is established by December of 2004

H1B: Develop local task forces.

RECOMMENDED LEADS: DOH, DOT

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: County school boards, city and county governments, parent-teacher associations, Safe and Drug-Free Schools, traffic safety teams

MEASURE OF SUCCESS: Task forces are established by December of 2004

H1C: Advocate for the establishment of walking trails.

RECOMMENDED LEADS: DOH, DOT

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: County school boards, city and county governments, parent-teacher associations, Safe and Drug-Free Schools, traffic safety teams

MEASURE OF SUCCESS: New walking trails are established by December of 2004

H1D: Advocate for the establishment of a walking bridge program.

RECOMMENDED LEADS: DOH, DOT

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: County school boards, city and county governments, parent-teacher associations, Safe and Drug-Free Schools, traffic safety teams

MEASURE OF SUCCESS: A bridge program is established by December of 2004

H1E: Advocate for the establishment of a “Rails to Trails” program.

RECOMMENDED LEADS: DOH, DOT

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: County school boards, city and county governments, parent-teacher associations, Safe and Drug-Free Schools, traffic safety teams

MEASURE OF SUCCESS: A “Rails to Trails” program is established by December of 2004

STRATEGY H2 (FOR FUTURE IMPLEMENTATION): Define, map and disseminate information about existing resources, programs, gaps, and needs for physical activity and recreation facilities.

STRATEGY H3 (FOR FUTURE IMPLEMENTATION): Promote benefits of physical activity through dissemination of guidelines, data and media.

STRATEGY H4 (FOR FUTURE IMPLEMENTATION): Offer alternatives to promote decreased television viewing time for children and adults.

STRATEGY H5 (FOR FUTURE IMPLEMENTATION): Promote locally-sponsored community walks and cardiovascular health seminars.

STRATEGY H6: Promote wellness-based physical education and physical activity requirements in schools at every grade level as well as voluntary opportunities for physical activity in schools and communities.

RECOMMENDED ACTIVITIES:

H6A: Identify and utilize free advertising for physical activity opportunities in schools and communities to let the community know what kind of physical activity opportunities are available.

RECOMMENDED LEAD: AHA

CONTACT PERSON: Bruce Inverso, AHA

RECOMMENDED PARTNERS: Local hospitals, local media

MEASURE OF SUCCESS: Number of free ads placed by December of 2004

H6B: Promote locally-sponsored community walks and walking opportunities.

RECOMMENDED LEAD: AHA

CONTACT PERSON: AHA Health Initiatives contact

RECOMMENDED PARTNERS: Area Agencies on Aging, faith-based communities, area shopping malls

MEASURE OF SUCCESS: To be determined

H6C: Educate communities about the association between physical activities and health outcomes.

RECOMMENDED LEAD: AHA

CONTACT PERSON: AHA Health Initiatives contact

RECOMMENDED PARTNERS: YMCAs, local restaurants

MEASURE OF SUCCESS: To be determined

H6D: Cross promote AHA activities such as “Hoop for Hearts” and “Jump Rope for Heart.”

RECOMMENDED LEAD: AHA

CONTACT PERSON: Chuck Thomaselli, AHA

MEASURE OF SUCCESS: The number of activities increases by December of 2004

H6E: Make pre-packaged educational materials, that address Florida Sunshine State Standards, accessible statewide.

RECOMMENDED LEAD: AHA

CONTACT PERSON: AHA Advocacy contact

MEASURE OF SUCCESS: The number of packages that are disseminated by December of 2004

STRATEGY H7 (FOR FUTURE IMPLEMENTATION): Promote family-centered physical activity.

STRATEGY H8: Promote and advocate for healthy alternatives to candy sales and junk food in vending machines.

RECOMMENDED ACTIVITIES:

H8A: Educate traditional candy sale sponsors about healthy fundraising alternatives/food choices.

RECOMMENDED LEAD: American Dietetic Association

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: Bureau of Blind Services, vending companies, school districts, National Education Association (NEA), Florida Association of School Administrators (FASA)

MEASURE OF SUCCESS: The number of fundraising activities that involve healthy food choices or alternatives increases by December of 2004

H8B: Educate organizations with vending machines on the importance of offering healthy alternative foods and beverages.

RECOMMENDED LEAD: American Dietetic Association

CONTACT PERSON: To be determined

RECOMMENDED PARTNERS: Bureau of Blind Services, vending companies, school districts, NEA, FASA

MEASURE OF SUCCESS: The number of healthy food and beverage choices in vending machines increases by December of 2004

STRATEGY H9 (FOR FUTURE IMPLEMENTATION): Promote healthy food shopping and preparation demonstrations.

STRATEGY H10 (FOR FUTURE IMPLEMENTATION): Develop a list of incentives and partners to promote physical activity and healthful nutrition.

STRATEGY H11 (FOR FUTURE IMPLEMENTATION): Develop and coordinate programs that utilize high school and college students as mentors to promote healthy lifestyles.

STRATEGY H12 (FOR FUTURE IMPLEMENTATION): Develop targeted media campaign to promote healthy lifestyle choices.

STRATEGY H13: Collaborate with state and local entities to disseminate cardiovascular health educational information.

RECOMMENDED ACTIVITIES:

H13A: Form partnerships at the state and local level.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: Partnerships increase at the state and local level by December of 2004

H13B: Develop a list of suggested information to be disseminated to local communities.

RECOMMENDED LEAD: DOH

CONTACT PERSON: To be determined

MEASURE OF SUCCESS: List is completed by December of 2004

STRATEGY H14 (FOR FUTURE IMPLEMENTATION): Incorporate healthy lifestyle messages into school curricula.

Appendix A: Workgroup Members

Goal A

DISCUSSION LEADER Susan Allen

REPORTER Faye Johnson

MEMBERS Abbe Bendell, Megan Gardner, John Mouw and Barbra Perra

Goal B

DISCUSSION LEADER Lisa Fisher

REPORTER Margaret Kovacs

MEMBERS Sue Hall, Helga Snure and Gladys Worlds

Goal C

DISCUSSION LEADER Janet Connors

REPORTER Connie Betterley

MEMBERS Sheryl Cooper, Marie Holmes, Brian Korte and June Mott

Goal D

DISCUSSION LEADER Cathy Brewton

REPORTER Diana King

MEMBERS Rosa Carranza, Yanet Dopico, Leslie Estes-Smith, Jeanine Hartin, Reginald James, Sharon Melton, Dennis Negron and Chris Powell

Goal E

DISCUSSION LEADER Debora Campbell

MEMBERS Janet Baggett, Gail Garvin, Mary Goble, Kathy Grace, Catherine Hall, Israel Miller, Kim Soltis, Donna Ward, Ann-Karen Weller and Valorie Wilson

Goal F

DISCUSSION LEADER Lori Wagner

REPORTER Erica Rogers

MEMBERS Kate Cunningham, Brian Gilpin, Danny Meyers, Pete Nelson, Alice Peterson, Stu Ryan, Sheba Travis, and Susan Ladd

Goal G

DISCUSSION LEADER Patrick Kennedy

REPORTER Wes Payne

MEMBERS Robert Alonso, Ardid Maria Ines, Mary Maynard and Rao Musunuru

Goal H

DISCUSSION LEADER Linda Greis

REPORTER Mary Ruth Prouty

MEMBERS Susan Cashman, Joan Colfer, Karen Edwards, Ann-Marie Flannery, Barbara Harrison, Tresh Pittman, Shannon Rigsby and Chris Vivian

Appendix B: Acronyms Used in this Document

- AAFP** American Academy of Family Practitioners
- AAP** American Academy of Pediatrics
- ACC** American College of Cardiology
- ACP** American College of Physicians
- ACS** American Cancer Society
- ACSM** American College of Sports Medicine
- ADA** American Diabetes Association
- ADA** American Dietetic Association
- AED** Automated external defibrillators
- AHA** American Heart Association
- AHCA** Agency for Health Care Administration
- AHEC** Area Health Education Center
- ALA** American Lung Association
- AMA** American Medical Association
- ASA** American Stroke Association
- BRFSS** Behavioral Risk Factor Surveillance System
- CDC** Centers for Disease Control and Prevention
- CHD** County health department
- CPR** Cardiopulmonary resuscitation
- DEP** Department of Environmental Protection
- DOE** Florida Department of Education
- DOEA** Florida Department of Elder Affairs
- DOH** Florida Department of Health
- DOT** Department of Transportation
- EMS** Emergency medical services
- FAFP** Florida Academy of Family Practitioners
- FAHPERD** Florida Association of Health, Physical Education, Recreation and Dance
- FASA** Florida Association of School Administrators
- FCHC** Florida Cardiovascular Health Council
- FDA** Florida Dietetic Association
- FDLE** Florida Department of Law Enforcement
- FHA** Florida Hospital Association
- FMA** Florida Medical Association
- FMQAI** Florida Medical Quality Assurance, Inc.
- FNA** Florida Nurses Association
- FOMA** Florida Osteopathic Medical Association
- JACHO** Joint Commission on Accreditation of Healthcare Organizations
- NEA** National Education Association
- NIH** National Institutes of Health
- SWAT** Students Working Against Tobacco
- USF** University of South Florida
- WIC** Women, Infants and Children

Florida Department of Health

Bureau of Chronic Disease Prevention
Heart Disease and Stroke Prevention Program
(850) 245-4330
www.doh.state.fl.us/family/heart

American Heart Association, Florida Affiliate

(727) 570-8809
www.americanheart.org

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