



KENTUCKY Heart Disease & Stroke Prevention

State Action Plan 2011-2016



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The future direction of Kentucky's cardiovascular health was developed in a collaborative approach by the Kentucky Heart Disease and Stroke Prevention Task Force and the Kentucky Heart Disease and Stroke Prevention Program. The Task Force is represented by health systems, community-based and professional organizations, businesses, higher level educational institutes and local and state government agencies. The goal of the Task Force is to improve Kentucky's cardiovascular and cerebrovascular health.

Publication of this document was facilitated by the Kentucky Heart Disease and Stroke Prevention Program, Department for Public Health, Cabinet for Health and Family Services and was supported through a Cooperative Grant Number: 5U50DP000725 from the Centers for Disease Control and Prevention (CDC). The contents of this publication are solely the responsibility of the authors and do not represent the official view of the CDC.

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A Letter from Kentucky's Department for Public Health Commissioner

The Kentucky Department for Public Health is pleased to present the Kentucky Heart Disease and Stroke Prevention State Action Plan 2011-2016. This plan outlines objectives and strategies built on the dedication and collaboration among communities and healthcare professionals to address heart disease and stroke in the Commonwealth.

Cardiovascular diseases are the leading cause of death in Kentucky and the nation. Heart disease is the first leading cause of death in Kentucky while stroke is the fifth leading cause of death (2005). Both men and women in the Commonwealth experience higher age-adjusted rates of cardiovascular disease mortality than the nation overall.

The Kentucky Department for Public Health's Heart Disease and Stroke Prevention Program, in partnership with the Kentucky Heart Disease and Stroke Prevention Task Force, is leading this collaborative effort to transform our state's cardiovascular health approaches and practices. This is accomplished by utilizing collaborative workgroups to turn knowledge into behavioral change and to increase the use of evidenced based guidelines for health systems change.

This plan delineates the strategies and objectives developed to continue to address prevention and treatment improvements through policy and systems changes to improve the cardiovascular health of Kentucky.

With appreciation to all those individuals who assisted in preparing this document for distribution, my thanks is also expressed to every reader who will become more informed about the serious efforts needed to address the issues of heart disease and stroke in our Commonwealth. Please join us in a concerted effort to positively impact the lives of our fellow Kentuckians affected by cardiovascular disease.

Sincerely,

A handwritten signature in black ink, appearing to read "W. D. Hacker". The signature is fluid and cursive, written over a white background.

William D. Hacker, MD, FAAP, CPE
Commissioner

A View from the Paddock

Background

Kentucky is a state with many fine traditions: horses, college basketball and beautiful scenery are a few. However, Kentucky is also plagued with the status of being an unhealthy state. It ranks in the top ten among all states for both heart disease (6th) and stroke (10th) mortality (2006). Despite these dismal statistics, all cardiovascular disease (CVD) mortality rates, including heart failure, heart disease, and stroke have declined in Kentucky since 2000.

The Kentucky Heart Disease and Stroke Prevention (KHDSP) Program, through funding from the Centers for Disease Control and Prevention (CDC), set out to address these health issues by focusing on the CDC's priority areas for heart disease and stroke:

- ♥ Prevent and control high blood pressure
- ♥ Prevent and control high blood cholesterol
- ♥ Eliminate health disparities
- ♥ Improve emergency response
- ♥ Improve quality of heart disease and stroke care
- ♥ Increase knowledge of signs and symptoms for heart attack and stroke and the importance of calling 911

The KHDSP Program has made significant progress in achieving each of the six priority areas and continues working diligently towards these areas showing success in recruiting members from the private and public health care sector to participate in the Kentucky Heart Disease and Stroke Prevention Task Force. Collaboration is a common theme for all public health programs, but specifically for chronic disease prevention programs. Heart disease and stroke are common outcomes when chronic unhealthy behaviors or diseases are not prevented or controlled.

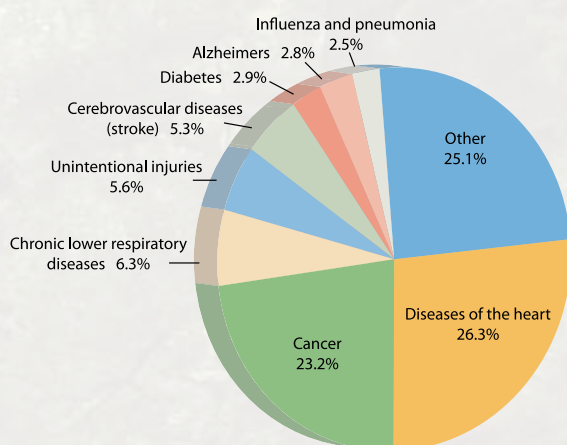
The following KHDSP State Action Plan (2011-2016) outlines the strategies and objectives developed to continue to address prevention and treatment improvements through policy and system changes to improve the CVD situation in Kentucky.

The KHDSP Task Force, spearheaded by the Steering Committee members, garnered buy-in and input from partners across the state for development of this action plan. The Kentucky State Action Plan serves as the guiding document and foundation for the KHDSP Program and the statewide Task Force.

Kentucky ranks in the top ten among all states for both heart disease and stroke mortality.

Kentucky CVD Statistics

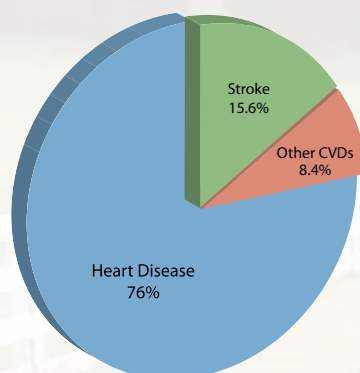
Figure 1:
Leading causes of death (all age groups), Kentucky, 2005*



Kentucky's CVD mortality rates overall have been in decline the previous two decades, but they still remain higher than the U.S. rate.

Figure 2:
CVD deaths in Kentucky, 2005**

In 2005, one third of all deaths in Kentucky were CVD-related. Of those CVD mortalities, 76 percent were attributed to heart disease and nearly 16 percent to stroke.



A KHDSP Task Force was developed in 2006 to address CVD in the Commonwealth. The Task Force is a group of individuals and organizations from public health, health care, government and emergency medical services (EMS) organizations. The initial membership included 27 individuals representing 14 agencies; the Task Force currently has 243 members representing 94 diverse agencies.



Under the KHDSP Program's facilitation, the Task Force developed a strategic map to increase the education and prevention of heart disease and stroke and reduce the variability of care in the state.

* KDPH 2009. Kentucky Department of Public Health, County health profiles. Retrieved (2009, August 13) from <http://chfs.Kentucky.gov/dph/epi/cohealthprofiles.htm>; KDPH 2009. Kentucky Department of Public Health, Office of Vital Statistics

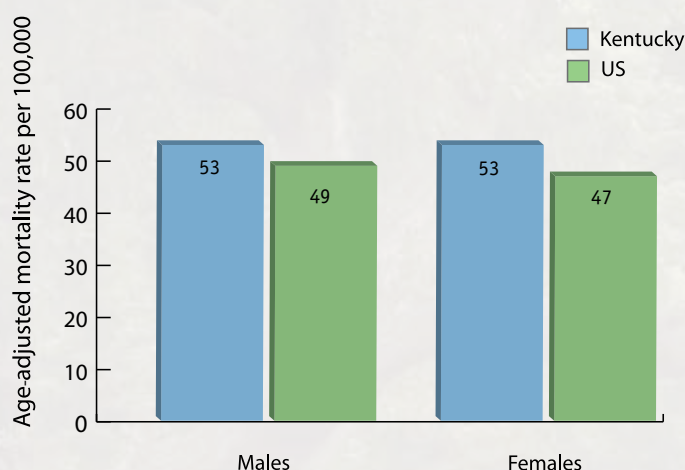
** KDPH 2009. Kentucky Department of Public Health, Office of Vital Statistics

**At the
Starting Gate
...and
They're Off!**

Kentucky CVD Statistics

Figure 3:

Age-adjusted stroke mortality rates for Kentucky and U.S. by sex, 2003-2006**



Similar to heart disease mortality, stroke mortality rates are higher in Kentucky than the national average, among men and women.



To address the need for a system of stroke care in Kentucky, the KHDSP Program, in collaboration with the American Heart Association (AHA), created the *Kentucky Stroke Encounter Quality Improvement Project (SEQIP)* in 2008, a statewide quality improvement initiative. The focus is to implement evidence-based integrated cardiovascular health (CVH) delivery systems and to support and advance the quality of care available to stroke patients in Kentucky. The 16 member hospitals work together to choose performance measurements where they focus their quality improvement energies. The first performance measurement chosen was screening for dysphagia. Since inception, an improvement of approximately 20% has been obtained in dysphagia screenings.



SEQIP Hospital representatives



The Kentucky Board of Emergency Medical Services (KBEMS), *SEQIP* Hospitals and the KHDSP Task Force provide the National Stroke Association's Stroke Rapid Response (SRR) training to first responders across the Commonwealth.



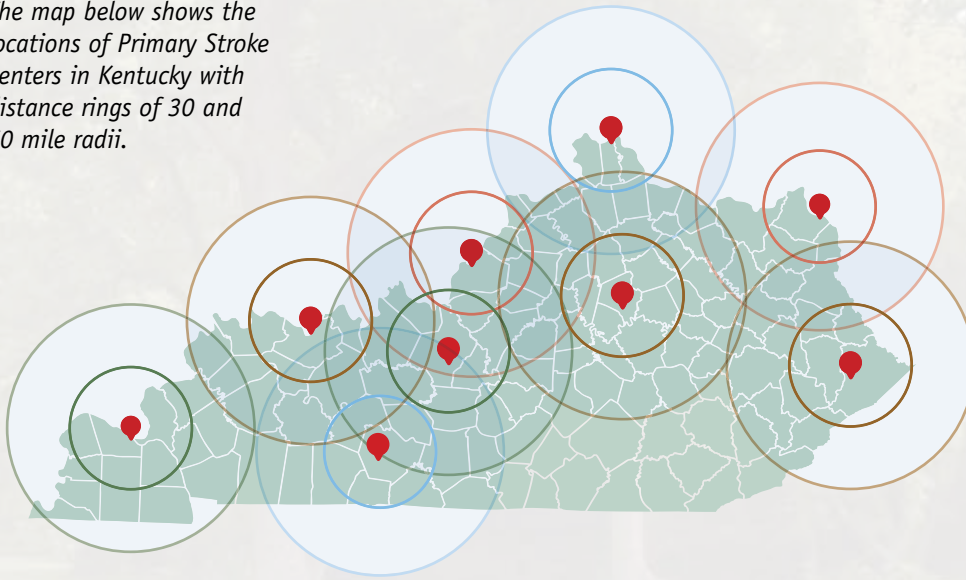
Partnering with the KBEMS, statewide stroke transport protocols were developed and are included in the SRR curriculum. Ten percent of the over 13,000 emergency responders have been trained to date using SRR as a training curriculum.

*** KDPH 2009. Kentucky Department of Public Health, Office of Vital Statistics*

Kentucky CVD Statistics

Figure 4:
Joint Commission-certified Primary Stroke Centers in Kentucky and drive times[^]

The map below shows the locations of Primary Stroke Centers in Kentucky with distance rings of 30 and 60 mile radii.



Twelve of the 15 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certified Primary Stroke Centers (PSC) in Kentucky participate in *SEQIP*.



April 7, 2010, Senate Bill 1 was signed into law by Governor Steven L. Beshear. The legislation requires any hospital seeking to become a PSC in Kentucky to be accredited by JCAHO or another cabinet-approved nationally recognized organization that provides disease specific certification for stroke care; suspend or revoke a designation if certification is withdrawn; promulgate administrative regulations to establish criteria for designation.



Senate Bill 1 is the first piece of stroke legislation to be passed in Kentucky, a significant accomplishment in implementing policy change in the state.



In collaboration with KBEMS, Kentucky Transportation Cabinet, Kentucky Tobacco Prevention and Cessation Program and AHA, the *Kentucky HeartSafe Community* initiative was developed and implemented in the Commonwealth. The *Kentucky HeartSafe Community* program is intended to encourage all communities to strengthen every link in the cardiac 'Chain of Survival' in their community.

**Kentucky
HeartSafe**



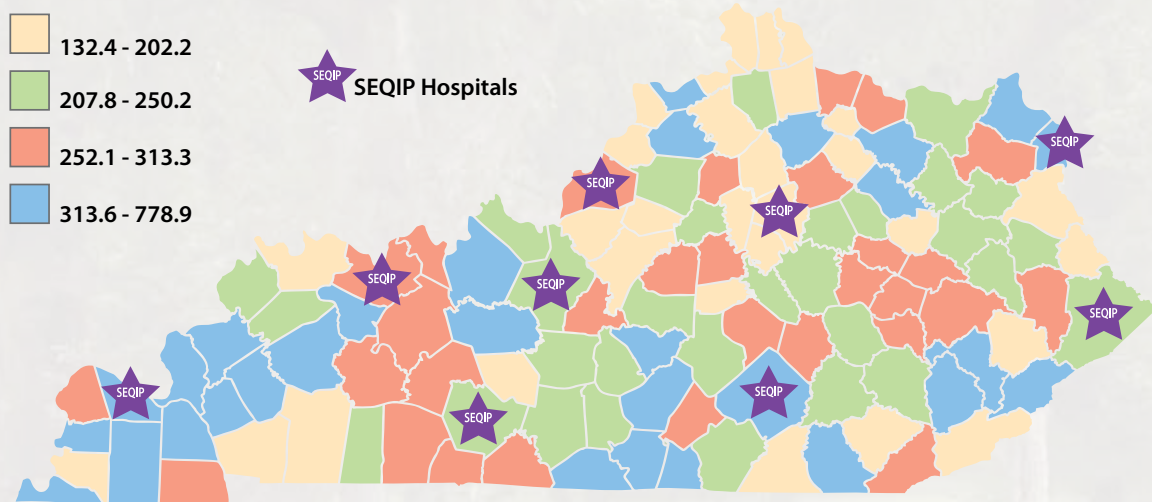
COMMUNITY

[^] Map developed by KHDSP Program

Kentucky CVD Statistics

Figure 5:
Kentucky CVD hospitalization crude rates by county, 2008[^]

State rate per 100,000 - 246.9



The map above illustrates CVD hospitalization rates in Kentucky by county with the highest rates shown in coral and blue. The map also indicates the nine Kentucky counties with SEQIP Hospitals.

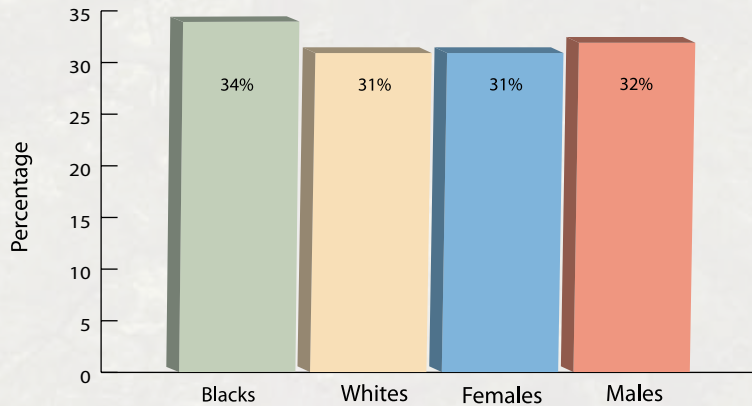


According to the United States Fire Administration (USFA) Report, heart attack remains the leading cause of on-duty fatalities for firefighters. Due to this statistic, the KHDSP Program partnered with the National Volunteer Fire Council to begin development of their Heart Healthy Firefighter Resource Guide into an online Wellness Module. The module is designed to raise awareness of risk factors and assist in controlling blood pressure and cholesterol.



Addressing the Risk Factors

Figure 6:
Percentage of Kentucky adults with high blood pressure by sex and race, 2007^{^^}



Blood pressure of 140/90 mm Hg or higher is a major risk factor for both heart disease and stroke. In Kentucky, about one-third of adults have been told by a health professional that their blood pressure is high, compared with 29% adults nationally.



The KHDSP Program partnered with the *Northern Kentucky CARE (Cardiovascular Assessment, Risk Reduction and Education) Collaborative* project, an outreach effort designed to provide blood pressure awareness educational encounters within the community. The educational encounter tool topics include:

- ♥ Heart disease and stroke signs and symptoms
- ♥ Smoking cessation
- ♥ Blood cholesterol
- ♥ Blood pressure
- ♥ Sodium reduction
- ♥ Body mass index (BMI)
- ♥ Hemoglobin A1c

CONGRATULATIONS!

If your blood pressure falls in this category, you are in the optimal range for blood pressure control. Your goal is to keep your blood pressure at this level.

Some ways you can help to stay in this range are:

- Stay at a healthy weight
- Limit salt in your diet
- Limit alcohol consumption
- Get regular physical activity
- Have routine blood pressure monitoring
- Don't smoke

CAUTION!

If your blood pressure falls in this category, you are in the "borderline" range, also known as "prehypertension". You are very likely to develop high blood pressure in the future. Take steps now to lower your blood pressure. Some ways to help lower your blood pressure are:

- Lose excess body weight
- Limit salt in your diet
- Limit alcohol consumption
- Increase physical activity
- Don't smoke

**Kentucky Tobacco Quit Line
1-800-QUIT-NOW (784-8669)**

WARNING!

If your blood pressure falls in this category, it is high.

Ongoing high blood pressure or "hypertension" is a serious medical condition that can lead to strokes, heart attacks and other major health problems, even if you feel well. Talk to your doctor right away about ways to lower your blood pressure. Call 911 or go to an emergency room **IMMEDIATELY** if you have any signs or symptoms of stroke such as those listed on the back of this card.

Segment of the Kentucky CARE Collaborative educational encounter tool

^{^^} BRFSS Behavioral Risk Factor Surveillance System. 2009. Kentucky Department of Public Health, Health Promotions Branch. Y. Konnor: Personal Communication

**On the
Back
Stretch**

Addressing the Risk Factors



A regional approach facilitated by the local health departments across the state has been conducted utilizing the *CARE Collaborative*. Members of the KHDSP Task Force also implemented the *CARE Collaborative* initiative in their communities. As of December 2010, the *CARE Collaborative* Project counseled nearly 100,000 citizens with the educational encounter tool.



In collaboration with the Kentucky Cabinet for Health and Family Services Journey to Wellness Program and the Kentucky and Southern Indiana Stroke Association, a *F.A.S.T. Pitch to End Stroke* event occurred at a Lexington Legends minor league baseball game (see photo below). The same type of event was held in three other minor league baseball parks in Kentucky to educate the community on stroke. Task Force member hospitals' stroke teams in each region and stroke survivors participated. In all locations, a stroke survivor threw out the first pitch before the game.



High sodium consumption is a major contributor to high blood pressure, a leading cause of stroke, coronary heart disease, heart attack, and heart and kidney failure in the U.S.



The 2010 Dietary Guidelines for Americans recommend limiting sodium to less than 2,300 milligrams (mg) per day. Individuals who are 51 years and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease should limit intake to 1,500 mg of sodium per day. These groups account for about half the U.S. population and the majority of adults.



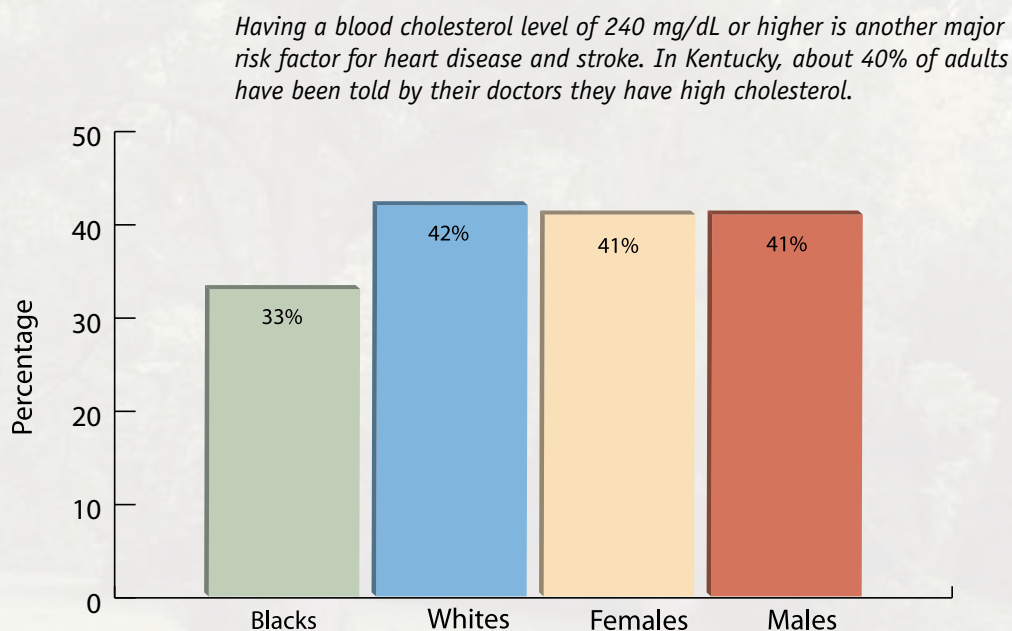
In addition to the *CARE Collaborative*, in partnership with the Kentucky Justice and Public Safety Cabinet/Corrections Division (inmate population ~ 12,000) an initiative has begun to decrease sodium content in one or more food items by six percent by altering procurement policies.



Addressing the Risk Factors

Figure 7:

Percentage of Kentucky adults with high blood cholesterol by sex and race, 2007^{^^}



The percentage of adult Kentucky women with high cholesterol is 41%. Females in Kentucky have a higher heart disease age-adjusted death rate of 205 per 100,000 as compared to the national average of 176 per 100,000. Since heart disease is the number one killer of Kentucky's women, the AHA, *Go Red for Women* awareness campaign is targeting a priority population for our state.



Over 25 percent of Kentucky's counties participated in *Go Red for Women* to raise awareness of heart disease locally.



Some of the partnership organizations that participated in *Go Red for Women* events included:

- ♥ Anthem Blue Cross and Blue Shield
- ♥ Delta Dental
- ♥ Kentucky Beef Council
- ♥ Kentucky Medical Research Center
- ♥ Macy's
- ♥ *Today's Woman* Magazine

^{^^} BRFSS Behavioral Risk Factor Surveillance System. 2009. Kentucky Department of Public Health, Health Promotions Branch. Y. Konnor: Personal Communication

Addressing the Risk Factors

Figure 8:
Kentucky Heart Attack and Stroke Report Card



In 2008, the KHDSP Program in collaboration with university partners developed a Kentucky Heart and Stroke Report Card. It highlighted the most prevalent risk factors for stroke and heart attacks and how Kentucky compares nationally. It was distributed statewide as a public health education campaign.

By Taking Small Steps Now, You Can Make a Big Difference in Preventing Stroke and Heart Attack.

When it comes to the health of our people, Kentucky doesn't compare well to the rest of the nation. This is particularly true when it comes to the rate of cardiovascular diseases, like stroke and heart attack.

Risk factors for cardiovascular disease are things that make us more likely to suffer from stroke and heart attack. Some, like our age and family history, are out of our control. Most risk factors, however, are things we can do something about. And that means we can take action to reduce our risk and improve our cardiovascular health.

What can we do? Here are just a few examples of how small changes can make a significant difference to your health:

- Keeping your blood pressure under control is extremely important. Reducing the top number in your blood pressure reading by just 5 points can cut stroke risk by 35 percent.
- Keeping your cholesterol levels down by exercising, choosing a healthy diet and taking medicine if our doctor prescribes it can give your health a major boost. Did you know that a 10 percent decrease in total cholesterol level translates into an estimated 30 percent decrease in heart disease?
- Getting regular, moderate exercise reduces stroke risk by 40 percent.

This publication was supported by a Cooperative Agreement from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



Where Does Kentucky Stand in Stroke and Heart Attack Risk?

When compared to the national average for stroke and heart attack, Kentucky doesn't fare well. The following table lists the major modifiable risk factors for stroke and heart attack. We have a long way to go to improve our health, however, you can make a difference.

Kentucky versus the national average in percentage of its population in high risk categories

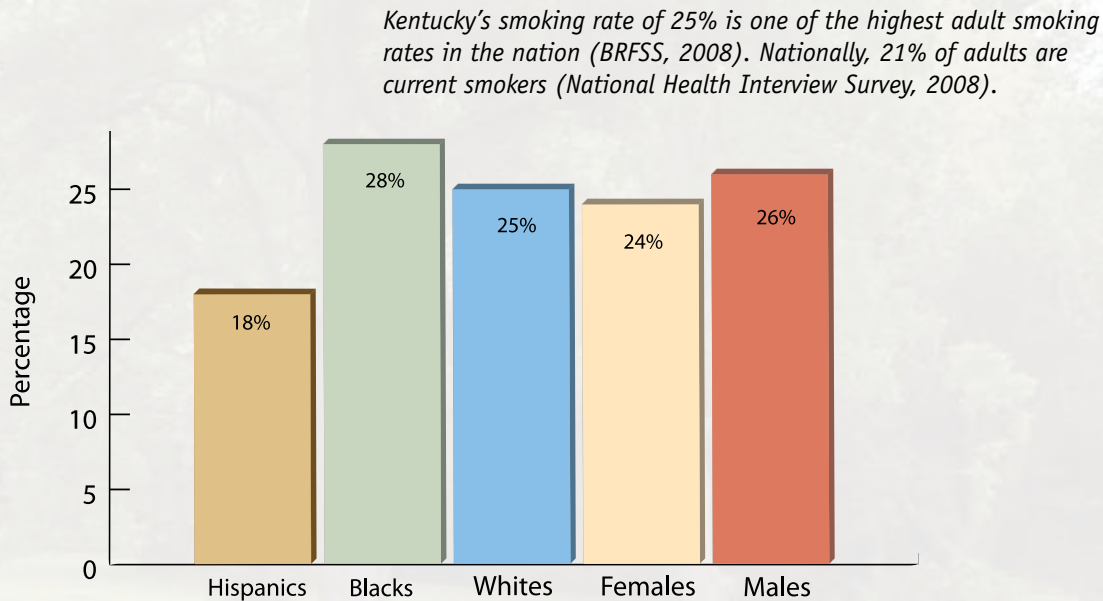
Risk Factors	Kentucky	Nationwide
High Blood Pressure	30.0%	27.8%
Diabetes	9.9%	8.0%
High Cholesterol	38.5%	37.6%
Cigarette Smoking	28.2%	19.8%
Cardiovascular Disease		
Stroke	3.5%	2.6%
Heart Attack	6.0%	4.2%
Overweight	69.1%	62.9%
Sedentary Lifestyle	30.3%	22.6%

Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.



Addressing the Risk Factors

Figure 9:
Percentage of Kentucky adults who are current smokers, 2008^{^^}



The *Kentucky Tobacco Quitline* offers free, one-on-one proactive counseling for tobacco users. From July 2010 through March 2011, Kentucky has had 2,659 contacts to the *Tobacco Quitline*.



The Kentucky Cabinet for Health and Family Services, Department for Medicaid Services has responsibility to administer the Medicaid program. In 2010, Medicaid was authorized by federal law for the administrative regulation establishing the department's coverage and reimbursement of tobacco benefits, tobacco cessation medication and counseling assistance.



Smoke-Free Kentucky is a coalition of organizations and individuals who support making all public and work places 100% smoke-free in order to protect citizens and workers from the proven dangers of secondhand smoke.

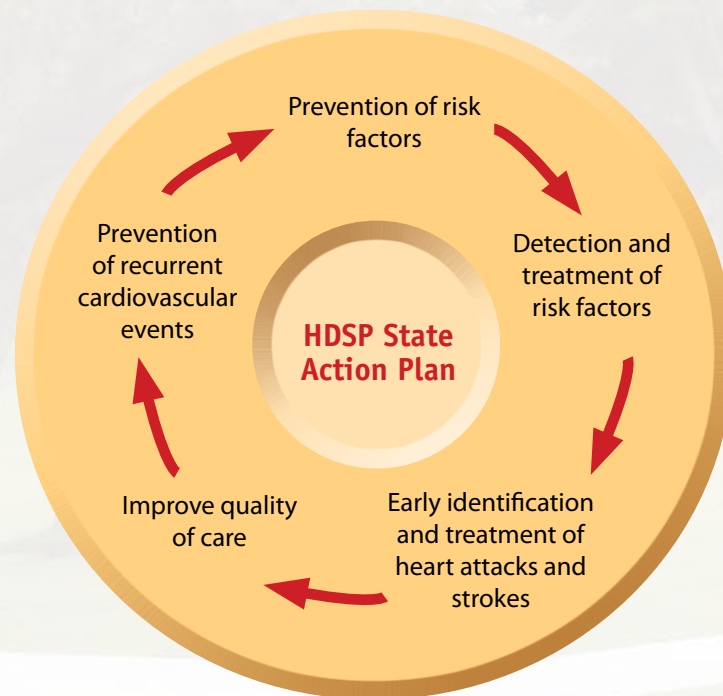
^{^^} BRFSS Behavioral Risk Factor Surveillance System. 2009. Kentucky Department of Public Health, Health Promotions Branch. Y. Konnor: Personal Communication

A Call to the Post

Kentucky State Action Plan 2011-2016

The 2011-2016 KHDSP State Action Plan delineates strategies and objectives that impact the reduction of heart disease and stroke and related risk factors in the Commonwealth. The overall goals for this plan match the goals from *A Public Health Action Plan to Prevent Heart Disease and Stroke*. The KHDSP Program has also added an additional goal related to the quality improvement process i.e. improve quality of care.

Model 1: *Key Components in HDSP State Action Plan*



The achievement of the above goals will incorporate focusing on the following “ABCs” priority strategies:

Aspirin

Increase low-dose aspirin therapy according to recognized prevention guidelines

Blood Pressure

Prevent and control high blood pressure; reduce sodium intake

Cholesterol

Prevent and control high blood cholesterol

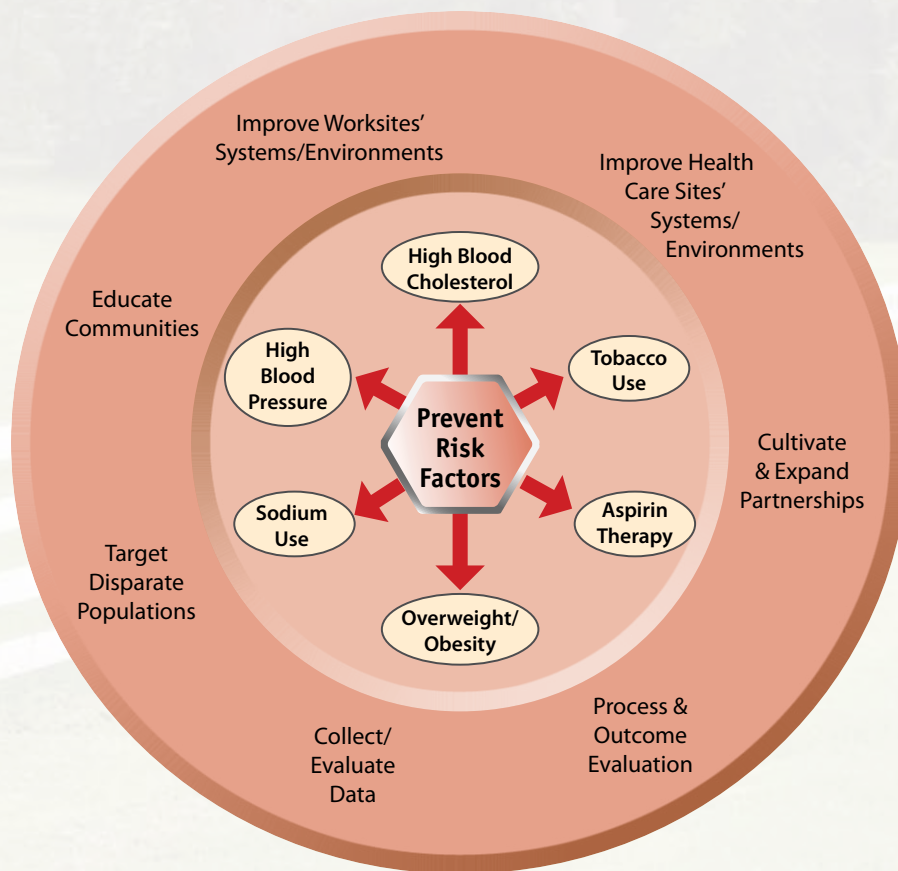
Smoking Cessation

Increase the number of smokers counseled to quit and referred to Kentucky Quitline; increase availability of no or low-cost cessation products

Kentucky State Action Plan 2011-2016



Model 2: *Key Components in Preventing Cardiovascular Risk Factors*



Goal A: *Utilization of Evidence-Based Prevention Strategies*

Objective A1: *Identify/prioritize key messages*

- **Strategy 1:** Research key messages that promote ABCS in accordance with CDC's priority areas for heart disease and stroke
- **Strategy 2:** Discuss key messages and determine three to four priority key messages for promoting prevention strategies for communities and providers

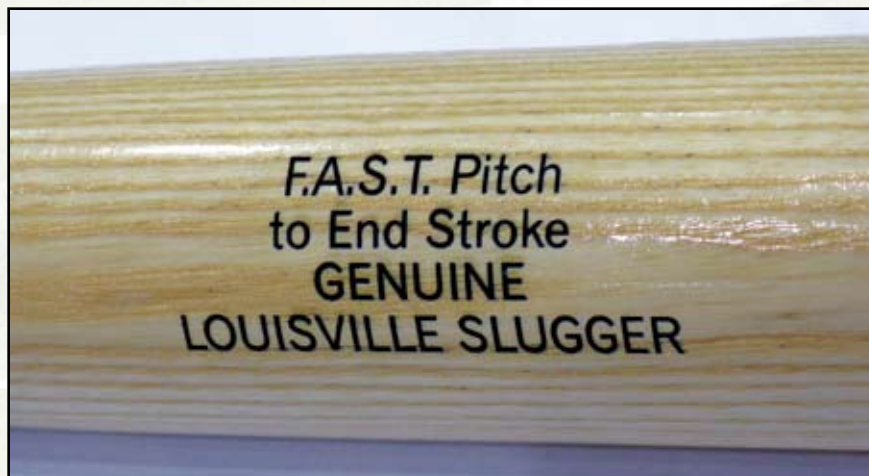
Kentucky State Action Plan 2011-2016

Objective A2: Implement key prevention strategies

- **Strategy:** Research evidence-based strategies to target community, worksites and providers



Through continued community education from member organizations of the KHDSP Task Force, the KHDSP Program's goal is to use consistent prevention messages throughout the Commonwealth to decrease the number of heart disease and stroke incidents in Kentucky.



Kentucky State Action Plan 2011-2016

Objective A3: Disseminate and facilitate key prevention strategies

- **Strategy 1:** Disseminate and facilitate a statewide prevention public awareness campaign targeting the general public (community/disparate population), worksites and health care providers
- **Strategy 2:** Distribute the prevention plan to key stakeholders in Kentucky
- **Strategy 3:** Review, evaluate and update the prevention strategies

KHDSP Risk Score Card was distributed through the Kentucky Medical Association provider tool kits and the Kentucky *CARE Collaborative*.

Heart / Stroke Risks

Risk Factor	High Risk	Caution	Low Risk
Blood Pressure	>140/90 or not sure	120-139/80-89	<120/80
Cholesterol	>240 or not sure	200-239	<200
Diabetes	Yes	Pre-diabetes	No
Smoking	Smoker	Trying to quit	Non-smoker
Atrial Fibrillation	Irregular heartbeat	I don't know	Regular heartbeat
Diet	Overweight	Slightly overweight	Normal
Exercise	Couch potato	Occasionally	Regularly
Family history of heart attack or stroke	Yes	Not sure	No


Know the symptoms of a heart attack

- Chest discomfort lasting more than a few minutes; pressure, squeezing, fullness or pain
- Discomfort in one or both arms, the back, neck, jaw or stomach
- Shortness of breath with or without chest discomfort
- Cold sweat, nausea or light-headedness
- Women most often experience chest pain or discomfort, but maybe more likely than men to experience shortness of breath, nausea/vomiting, and back or jaw pain.

Know the symptoms of a stroke

- Sudden numbness or weakness of face, arm or leg – especially on one side of your 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 you are with have any of these symptoms
Call 911 immediately; every minute counts**



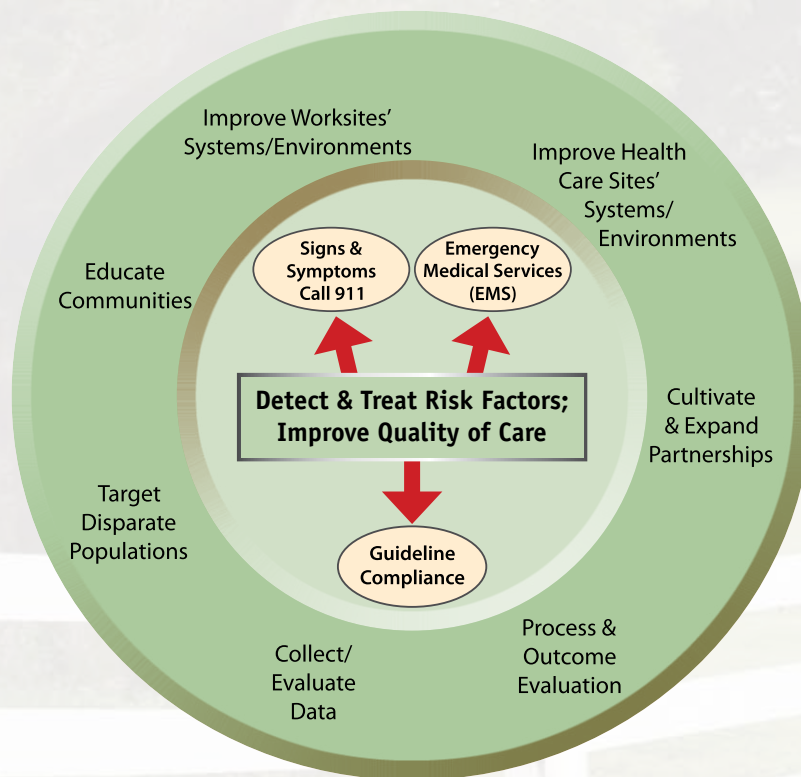
Close to the Heart of Kentucky

Kentucky Heart and Stroke Prevention Program

Kentucky State Action Plan 2011-2016



Model 3: *Key Components in Detecting and Treating Risk Factors and Improving Quality of Care*



Goal B: *Utilization of Evidence-Based Integrated CVH Delivery Systems*

Objective B: Statewide implementation of cardiovascular and cerebrovascular systems of care

- **Strategy:** Identify and improve current cardiovascular and cerebrovascular systems of care

Objective B1: Improve statewide cerebrovascular systems of care

- **Strategy 1:** Identify and improve current stroke systems of care
- **Strategy 2:** Continue with the *SEQIP*
- **Strategy 3:** Engage at least two hospitals in south-central/southeastern Kentucky in becoming PSC certified

Kentucky State Action Plan 2011-2016



Jackie Carter (left), MD, Stroke Neurologist at Western Baptist Hospital, with Talley Holshouser (right), former stroke patient.

Objective B2: Improve statewide cardiovascular systems of care

- **Strategy 1:** Identify and improve current heart systems of care
- **Strategy 2:** Engage receiving hospitals to work with its referral base to improve patient outcomes



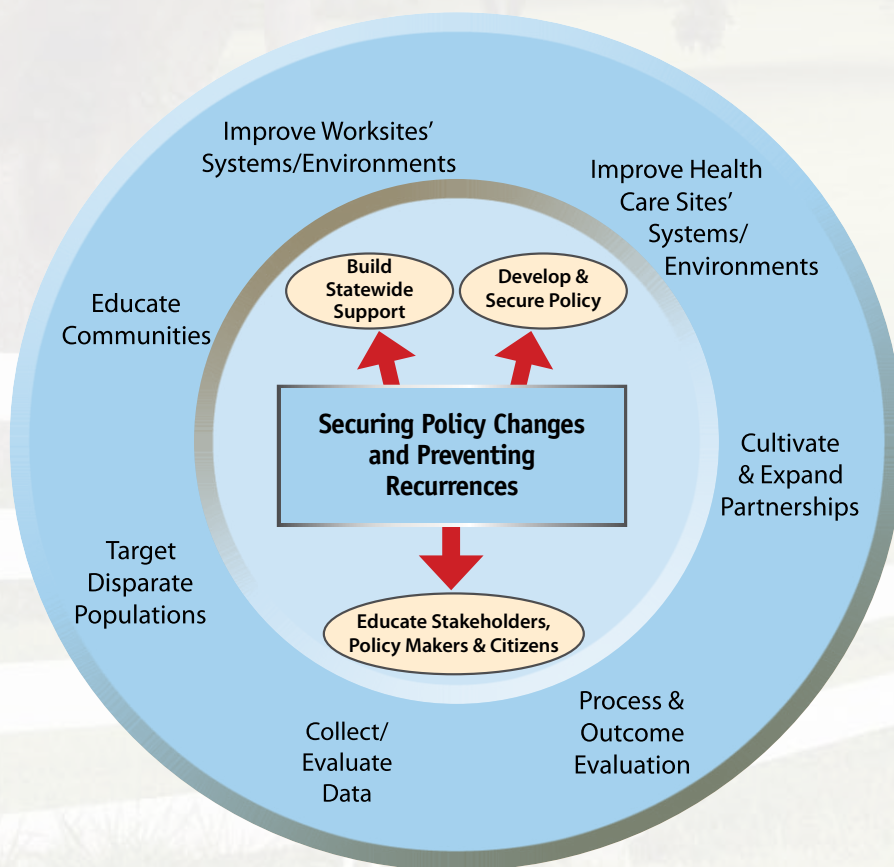
- **Strategy 3:** Provide education to patients, families and the public on recognizing the signs and symptoms of Acute Myocardial Infarction (AMI) and the need to call 911 immediately
- **Strategy 4:** Engage the KBEMS in heart systems of care

In order to improve heart disease and stroke outcomes, the KHDSP Program will continue its efforts to increase its reach further in the Commonwealth and enlist more health care organizations to participate in the KHDSP Task Force. Sharing evidence-based practices with other providers will be essential to decrease the variability of care in the Commonwealth.

Kentucky State Action Plan 2011-2016



Model 4: *Key Components in Securing Policy Changes and Preventing Recurrences*



Kentucky State Action Plan 2011-2016

Goal C: Secure Policy and Environmental Changes

Objective C1: Develop policy priorities for heart disease and stroke annually

- **Strategy:** Secure passage of state stroke registry legislation



Julie Brackett, AHA Vice President of Advocacy, speaking at the press conference for the passage of legislation regarding primary stroke center certification.

Objective C2: Identify and secure sources for state funding

- **Strategy:** Explore a state appropriation and evaluate other funding opportunities

Objective C3: Build support across the state for a statewide smoke-free legislation

- **Strategy:** Secure passage of a comprehensive statewide smoke-free law

A critical piece of legislative support will focus on the establishment of a statewide smoke-free law.



Capitol building in Frankfort, Kentucky

Source: Photo retrieved from "<http://historicproperties.ky.gov>"

At the Finish Line

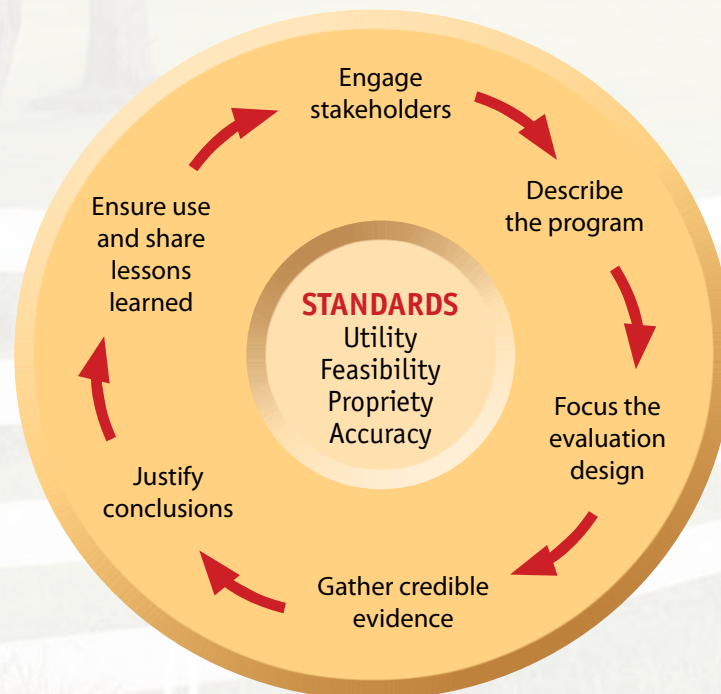
Evaluation

A critical component of the KHDSP State Action Plan is an evaluation of the goals, strategies and objectives outlined in this document. Evaluation verifies that the KHDSP Program is achieving its goals and progressing toward its intended long-term outcomes. Evaluation methodology will be utilized to:

- evaluate how policy and environmental strategies were implemented
- evaluate the extent to which the program is being implemented as intended
- determine whether the program is appropriately focusing its CVH efforts, especially toward priority populations

This will be achieved through an organized group effort. The Evaluation Team is comprised of Kentucky citizenry and representatives of various partnership organizations.

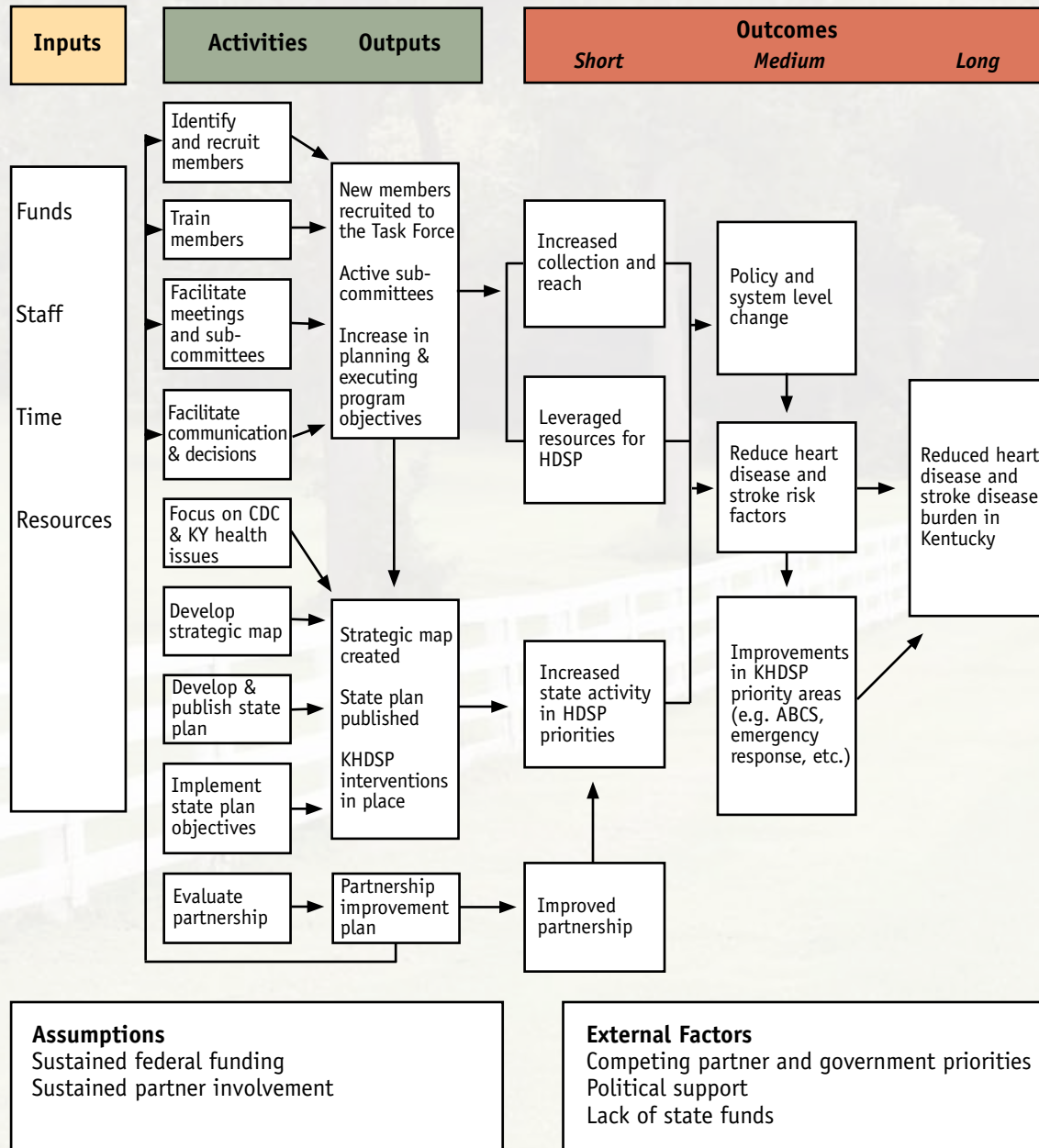
Evaluation will be based on the CDC's framework for program evaluation which includes six steps and four standards:*



**Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health MMWR 1999;48 (No. RR-11)*

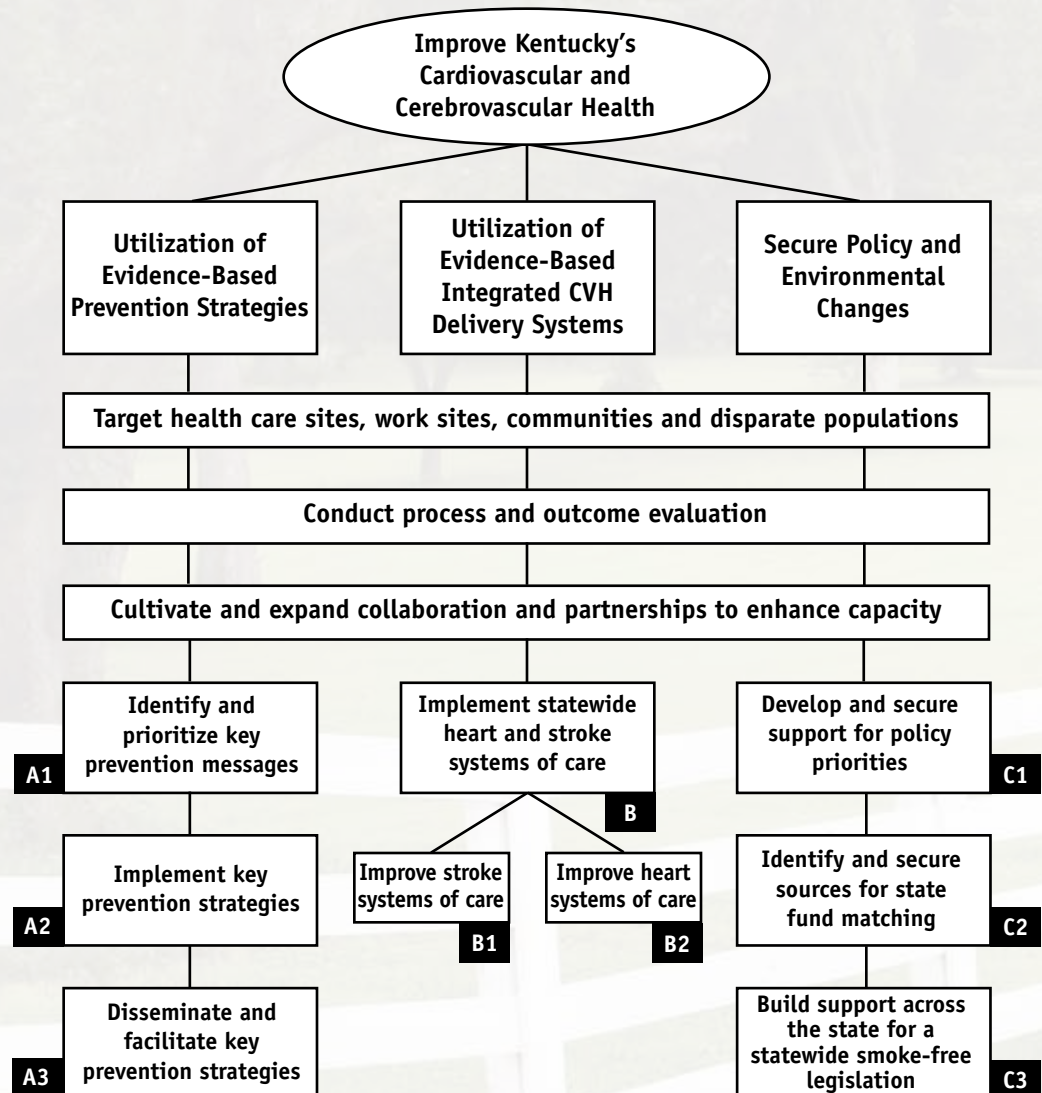
Evaluation

Partnership evaluation is one of the initial endeavors of this effort. The following is the **Kentucky Heart Disease and Stroke Prevention Partnership Logic Model**:



Appendix

Kentucky Heart Disease and Stroke Prevention Strategic Plan: 2011-2016



Goal: Utilization of Evidence-based Prevention Strategies

A1 Objective: Identify/prioritize key messages

Strategy 1: Research 10 key messages that promote ABCs in accordance with CDC focus areas

Strategy 2: Discuss 10 key messages and determine three to four priority key messages for promoting prevention strategies for communities and providers as a subcommittee by November 2011

Action Items A: Identifying/Research

- Key messages
- Audience
 - Priority Marketing Message: *Kentucky Takes Action*
 - Priority Community Messages:
 - *Know Your Numbers*
 - *Read the Label – Read It Before You Eat It*
 - *Heart Disease is the Number 1 Killer (Go Red)*
 - *Kentucky Takes Action*
 - Priority Provider Messages:
 - *Know Your Numbers*
 - *Read the Label – Read It Before You Eat It*

Action Items B: Prioritize messages

- Connecting messages to stakeholders
- Determine approach

Action Items C: Finalize

- Distribute document – Steering Committee/Task Force
- Review – Steering Committee/Task Force

A2 Objective: Implement key prevention strategies

Strategy: Research evidence-based strategies to target community, worksites, providers

Action Items A:

- Develop a web group of subcommittee members by email roster and create working website in *Communities in Balance* for committee use by December 2011 for review of evidenced-based strategies
- Complete webinar training for at least 15 subcommittee members on utilization of *Communities in Balance* website by February 2011

- Review existing literature and each committee member contribute strategies, recommendations, materials recommendations and other useful techniques from the following resources to be uploaded onto *Communities in Balance* workgroup website by March 2011:

- PubMed search
- Media
- Identify resources/champions
- Network/collaborate (resources)

Action Items B:

- Produce/compile materials for provider population
 - Develop tool kits
 - Develop media kits
 - Develop tool kit of media and prevention campaign materials for widespread distribution by May 2012

A3 Objective: Disseminate and facilitate key prevention strategies

Strategy 1: Disseminate and facilitate a statewide prevention public awareness campaign targeting the general public (community/disparate population), worksites and health care providers

Action Items:

- Develop marketing campaign surrounding the *Kentucky Takes Action* messaging by May 2012

Strategy 2: Distribute the prevention plan to key stakeholders in Kentucky

Action Items:

- Determine list of key stakeholders including at least 1000 providers and 75 organizations or businesses by May 2012 for dissemination/distribution purposes
- Identify home/central repository of concepts material
- Mail, email, media conference dissemination

Strategy 3: Review/evaluations/update

Action Items:

- Analyze progress of key stakeholders list and readiness of toolkit with goal of determining distribution for 2013
 - Encourage stakeholders to document and report encounters
 - Host online database
 - Evaluate

Goal: Utilization of Evidence-Based Integrated CVH Delivery Systems

B Objective: Statewide implementation of Cardiovascular and Cerebrovascular Systems of Care

Strategy: Identify and improve current Cardiovascular and Cerebrovascular Systems of Care

Action Items:

- Accomplishing through Objectives B1 and B2

B1 Objective: Improve statewide cerebrovascular systems of care

Strategy 1: Identify and improve current stroke systems of care

Action Items:

- Identify primary stroke centers
- Identify hospitals who have given rtPA in the past 12 months
- Identify hospitals who have not given rtPA in the past 12 months
- Engage the Office of Rural Health
- Develop and disseminate transfer protocols

Strategy 2: Continue *SEQIP* through FY 2016

Action items:

- Assess current *SEQIP* members for continued participation by March, 2011
- Recruit at least one hospital from an underserved area by December, 2011
- Identify methods for non-*Get With the Guidelines* hospitals to participate in *SEQIP* by June, 2012
- Identify methods for non-*Get With the Guidelines* hospitals to submit data by June, 2012
- Utilize *SEQIP* data as state stroke registry by June, 2013

Strategy 3: Engage at least a total of two hospitals in south-central/south-eastern Kentucky in becoming PSC ready by 2016

Action items:

- Disseminate Kentucky State plan for Stroke Systems of Care and statewide map to target hospitals by March, 2012.
- Create a “stroke program tool kit” for target hospitals by December, 2012
- Monitor and provide support for stroke program development to target hospitals through December, 2016

B2 Objective: Improve statewide cardiovascular systems of care

Strategy 1: Identify and improve current heart systems of care

Action items:

- By June 2011, identify percutaneous coronary intervention (PCI) facilities that have surgical backup
- By June 2011, identify PCI facilities that do not have surgical backup
- By June 2011, identify facilities that do cardiac catheterizations only
- By June 2011, identify referral hospitals
- By December 2011, utilize referral maps identify gaps in associations with receiving facilities
- By January 2015, assist referral hospitals in the development and implementation of a transfer protocol
- By June 2011, identify other referral sources i.e. urgent care centers

Strategy 2: Engage receiving hospitals to work with its referral base to improve patient outcomes

Action items:

- Engage PCI hospitals to provide community education and outreach
- Utilize evidence-based practices for education and development of transfer protocols
- Develop a rapid plan of care for patient transfers
- Assess barriers in small hospitals
- Provide community and EMS education and outreach
- Provide a feedback plan for all receiving and referral hospitals to improve outcomes
- Discuss the need for referral staff compliance with using feedback to improve outcomes

Strategy 3: Provide education to patients, families, and the public on recognizing the signs and symptoms of AMI and the need to immediately call 911

Action items:

- Engage the locally funded local health department (LHD) systems of care for community education
- Engage the Medicaid Managed Care to deliver AMI information to their clients and providers
- Distribute patient education resources
- Describe the possible differences in AMI presentation between males and females
- Distribute physician toolkits
- Partner with radio and TV stations to deliver messaging to the public
- Develop and disseminate messages that emphasize the need for early treatment to decrease death rates
- Promote community cardiopulmonary resuscitation (CPR) programs
- Promote community automated external defibrillation (AED) programs and training

Strategy 4: Engage the KBEMS in heart systems of care

Action items:

- Schedule a meeting with the medical director of KBEMS
- Review transport protocols and make recommendations based on evidence-based practices
- Assess the 12-lead capabilities of Kentucky EMS
- Explore the increased adoption of 12-lead EKGs with advanced cardiac life support (ACLS) trained personnel
- Engage KBEMS in a discussion regarding transporting segment elevation myocardial infarction (STEMI) patients to the nearest PCI capable facility
- Develop communication systems between hospitals to expedite and track the care of STEMI patients
- Assess access to helicopter services
- Review helicopter STEMI protocols
- Provide education to dispatchers on the appropriate screening of AMI patients

Goal: Secure Policy and Environmental Changes to Improve the Cardiovascular and Cerebrovascular health of Kentuckians.

C1 Objective: Develop policy priorities for heart disease and stroke by August of each year

Strategy: Secure passage of state stroke registry legislation by the close of the 2012 legislative session

Action Items:

- Identify and train 60 advocates by February 9, 2011
- Secure support from the 16 *SEQIP* hospitals by January, 2011
- Secure bill sponsor by January, 2011
- Educate lawmakers on legislation through April, 2012

C2 Objective: Identify and secure sources for state match funding by April, 2012

Strategy: Explore a state appropriation and evaluate other funding opportunities

Action Items:

- Working with members of the task force, educate lawmakers about the CVD program and need for funding through April, 2012
- Meet with cabinet leaders and other members of administration to make this a funding priority by December, 2011
- Present a proposal to task force members and other stakeholders to invest in the program by January, 2012

C3 Objective: Build support across the state for a statewide smoke-free legislation

Strategy: Secure passage of a comprehensive statewide smoke-free law by the close of the 2013 legislative session

Action Items:

- Identify and train at least 100 advocates by February, 2011
- Secure support from at least 30 stakeholder organizations by February, 2011
- Secure bill sponsor by January, 2011
- Secure informational hearing by March, 2011
- Increase the number of supportive stakeholder organizations to 50 by the fall of 2011
- Reintroduce legislation in January, 2012

Acknowledgements

The Kentucky Heart Disease and Stroke Prevention Program would like to thank the many partners who without their support and contributions this document would not exist:

University of Louisville	University of Louisville Health Care
University of Kentucky	Western Baptist Hospital
Western Kentucky University	Norton Hospital
Morehead State University	Norton Audubon Hospital
American Heart Association	Norton Suburban Hospital
American Stroke Association	Hardin Memorial Hospital
National Stroke Association	Pikeville Medical Center
National Volunteer Fire Council	St. Elizabeth Edgewood
Kentucky Medical Association	St. Elizabeth Covington
Kentucky Board of Emergency Medical Services	St. Elizabeth Florence
Kentucky Southern Indiana Stroke Association	St. Elizabeth Fort Thomas
Kentucky Fire Commission	King's Daughters Medical Center
Kentucky Firefighters Association	Owensboro Mercy Health System
Kentucky Department of Corrections	Jewish Hospital & St. Mary's Healthcare, Inc./ Frazier Rehab
Kentucky Hospital Association	The Medical Center Bowling Green
Kentucky Transportation Cabinet	Central Baptist Hospital
Kentucky Department for Medicaid Services	Baptist Hospital East
Kentucky Department for Public Health - Chronic Disease Prevention and Control Branch	Lake Cumberland Regional Hospital
Kentucky Department for Public Health - Workforce Development Branch	Lake Cumberland District Health Department
Kentucky Department for Public Health - Health Promotions Branch	Buffalo Trace District Health Department
Kentucky Department for Public Health Diabetes Prevention and Control Program	Ashland-Boyd County Health Department
Kentucky Department for Public Health Tobacco Prevention and Cessation Program	Clark County Health Department
Kentucky Department for Public Health Behavioral Risk Factor Surveillance System	Pike County Health Department
Kentucky Department for Public Health Arthritis/ Osteoporosis Program	Green River District Health Department
Journey to Wellness-Commonwealth of Kentucky Worksite Wellness	Purchase District Health Department
AmeriHealth Mercy	Marshall County Health Department
Health Care Excel	Lincoln Trail District Health Department
Strategic Health & Productivity Solutions	Magoffin County Health Department
University of Kentucky Hospital	Barren River District Health Department
	Northern Kentucky District Health Department
	Louisville Metro Department of Public Health and Wellness
	Gateway District Health Department
	Cumberland Valley District Health Department

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