

State Advisory Council for Heart Disease and Stroke **Meeting Minutes – April 7, 2016**

MEMBERS PRESENT

Abuzahra, Mohammed- *Maryland Hospital Association* (member)
Aycock, Anna- *Maryland Institute for Emergency Medical Services* (member)
Charleston, Jeanne- *Maryland Nurses Association* (member)
Cooke, Catherine- *Maryland Pharmacists Association* (member)
Fedder, Michaeline- *AHA Mid-Atlantic Rep* (member)
Graham, Leslie- *Public* (member)
Harrell, Roger- *Maryland Association of County Health Officers* (member)
Keeffe Hough, Kathleen- *American College of Emergency Physician Maryland Chapter* (member)
McLean, Sheila- *Public* (member)
Miller, Mike- *American Society of Internal Medicine* (member)
Pier, Kristi- *DHMH* (member)
Reed, Brent- *Public* (member)
Stern, Barney- *American Stroke Association* (member)
Wozniak, Marcella- *University of MD Medical School* (member)

GUESTS PRESENT

Hashim, Sana
Smith, Erica
Vernon, Bailey

I. Welcome and Introductions (4:05 pm)

- Maryland Heart Disease and Stroke Advisory Council Chairperson Barney Stern, MD announced the meeting was beginning at 4:00 pm and went around the room to introduce each attendee.
- Dr. Stern then turned the meeting over to Kristi Pier, State Health Officer designee, to introduce the Preventive Health and Health Services Block Grant, (PHHS), Advisory Council.
- Ms. Pier introduced Erica Smith (DHMH) as the program coordinator of the PHHS Block Grant and called the meeting to order at 4:05 pm.

II. PHHS Presentation—Current Activities and 2016 Workplan

Ms. Smith provided an overview of the PHHS Block Grant activities for the current year and the 2016 work plan, as follows:

a. PHHS Advisory Committee Role

- PHHS allows states, tribes, territories, and D.C. to address unique public health needs/challenges by:
 - Addressing emerging health issues and gaps, decreasing premature death/disabilities by focusing on the leading preventable risk factors, working to achieve health equity and eliminate health disparities by addressing social determinants of health, supporting local programs to achieve healthy communities, and establishing data and surveillance systems to monitor the health status of targeted populations.

- Maryland Advisory Council for Heart Disease and Stroke is the designated Advisory Committee for PHHS
- Role of the PHHS Advisory Committee:
 - Required to meet twice a year
 - Provide feedback on and approve the Annual PHHS Work Plan for Maryland prior to submission to CDC
 - Provide feedback on implementation of PHHS activities throughout the year
- Action Items for Advisory Committee – Today’s Meeting
 - Feedback and Workplan approval

b. Current FY15 Activities

- Leveraging other funds, supported 7 LHDs to implement quality improvement in 30 health care practices
- Supported Health Freedom in promoting low-impact physical activity with social support in faith-based communities
- Supported worksite wellness mini-grants to businesses in Healthiest Maryland Businesses program
- Maintained Obesity Prevention Coordinator and Graduate Research Assistant
- Funded University of Maryland to assess wellness policies statewide, develop data-driven recommendations, and provide technical assistance to schools and child care centers
- Funded 5 LHDs to working with schools and child care centers to implement wellness policy best practices
- Funded 8 local education agencies to implement comprehensive physical activity programs
- Contracted with University of Baltimore to create 2014 YRBS Report and bar charts comparing jurisdictions
- Reached out to 29 National Diabetes Prevention Program sites in Maryland to assess current and anticipated levels of program implementation
- Supported 3 master trainers in training lifestyle coaches for the National Diabetes Prevention Program
- Supported 1-2 LHDs in implementing school-based dental sealant program
- Supported 2 trainings provided by expert faculty from Comprehensive Stroke Centers and Endovascular Stroke Centers
- Leveraging other funds, supported development of the Be Healthy Maryland referral website
- Supported State Health Improvement Process (SHIP) and implementation of local improvement plans linked with SHIP
- Supported public health accreditation process
- Upcoming: Planning Chronic Disease Symposium for September 2016

c. FY 2016 Annual Work Plan

- Due to CDC on April 25, 2016
- PHHS activities must support Healthy People 2020 priorities
- Implementation period is October 1, 2016 (or as soon as funding is received) through September 30, 2018
- Priorities for FY 2016:

- D-3: Reduce age-adjusted death rate for diabetes
- HDS-2: Reduce coronary heart disease deaths
- PHI-13: Provide comprehensive epidemiology services to support essential public health services
- NWS-10: Decrease percent of high school youth who are overweight or obese
- NWS-8: Increase adults at a healthy weight
- PHI-15: Implement health improvement plan and increase proportion of local jurisdictions that have implemented a health improvement plan linked with their State plan
- IPV-40 (required allocation): Reduce sexual violence
- **D-2 Diabetes**
 - Support 15 LHDs in building capacity for the National Diabetes Prevention Program to increase access statewide
 - Support 3 master trainers in training lifestyle coaches to implement the National Diabetes Prevention Program
 - Increase the number of Diabetes Self-Management Education sites or satellite sites in Maryland
 - Support diabetes partnership meetings to continue working to build a statewide diabetes network
 - Fund additional diabetes training opportunities and materials
- **HDS-2 Heart Disease**
 - Fund 7 LHDs to implement quality improvement processes in health systems to improve hypertension and diabetes outcomes
 - Fund up to 3 LHDs to partner with oral health providers to screen, counsel, and refer patients with undiagnosed hypertension
 - Fund community- and faith-based initiatives that support blood pressure control
 - Fund additional heart disease training opportunities and materials
- **NWS-10 Youth Obesity**
 - Continue to fund the Maryland Wellness Policies and Practices Study in collaboration with the University of Maryland and MSDE
 - Support 5 LHDs in working with schools and child care centers to implement wellness policy best practices
 - Support 4 local education agencies in implementing comprehensive school physical activity programs
 - Combat severe obesity in schools through increased collaboration among pediatricians, school nurses, community health workers, parents, and students
- **NWS-2 Adults at Healthy Weight**
 - Maintain an Obesity Prevention Coordinator to implement nutrition, physical activity, and obesity prevention activities in the Center for Chronic Disease Prevention and Control
 - Provide funding for farmers market incentives to increase participation among supplemental nutrition program participants
 - Support worksite wellness initiatives related to nutrition, physical activity, and breastfeeding

- Increase access to and participation in evidence-based programs, such as Enhance Fitness
 - **PHI-15 Population Health**
 - Maintain, update, and track 41 population health measures as part of the State Health Improvement Process
 - Provide technical assistance and support to Local Health Improvement Coalitions in implementing and tracking local health improvement plans
 - Complete the state public health accreditation process and support interested local health departments in accreditation
 - Implement at least 2 quality improvement projects related to population health
 - **PHI-13 Epidemiology**
 - Enhance the Maryland Behavioral Risk Factor Surveillance System (BRFSS) website
 - Hire and maintain contractual staff to evaluate chronic disease prevention and control programs
 - Hire and maintain an Outcomes Director to demonstrate outcomes across prevention and health promotion programs
 - Support the University of Baltimore in conducting a network analysis of 7 LHDs collaborating with health systems on quality improvement projects and provide technical assistance to LHDs based on the findings
 - **IVP-40 Sexual Violence**
 - Support the Sexual Assault Reimbursement Unit in funding providers for the physical examination, collection of evidence, and emergency treatment for injuries resulting from alleged rape, sexual assault, or child sexual abuse
- d. PHHS Advisory Group—Action**
- **Feedback/Questions/Comments**
 - **Barney Stern (Mid-Atlantic AHA)** –Two questions/comments - Are we looking at collaborations with hospitals in the state to leverage their resources? With physical activity being so vital, we should leverage partnerships with corporations, such as Under Armour (possibly through with the Port Covington proposal, to demonstrate a state health initiative and improve healthy behaviors).
 - Ms. Pier discussed that DHMH is leveraging partnerships and resources with hospitals. She also discussed the work through PHHS with Local Health Improvement Coalitions (LHICs), which are comprised of local hospitals and local health departments.
 - Ms. Pier mentioned there are a number of activities in the PHHS addressing physical activity. One project is a small grant opportunity through Healthiest Maryland Businesses (HMB) to increase physical activity opportunities in the worksite HMBs.
 - **Michaeline Fedder** - asked how local health departments are chosen for the health systems and undiagnosed hypertension projects.
 - Ms. Smith stated both projects are chosen through a competitive proposal process.
 - **Mohammed Abuzahra (MHA)** – What is Enhance Fitness?

- Ms. Pier – EnhanceFitness® is an evidenced based program to increase physical activity. EnhanceFitness® is not widely available in Maryland yet, however the goal is to increase infrastructure and availability in the state. Participants attend 3 1-hour classes per week.

e. Motion to Approve the FY16 PHS Work Plan

- **Mike Miller (American Society of Internal Medicine) – 1st approve**
- **Brent Reed (Public)– 2nd approve**

III. PHHS open questions/Public comment (4:35 pm)

- No questions or comments

IV. Council Member Updates (4:37 pm)

- Approval of minutes was held to the end of the meeting
- Updates from members:
 - M. Fedder – legislative updates
 - Vending machine bill was supported by university campuses but not the vending machine suppliers since they would make more money on non-healthy items.
 - New gambling casino at the National Harbor with a cigar lounge, not received well.
 - Vetoed bill for transportation changes for more accessible walking trails and exercise. There will likely be enough votes to override the veto but discussed on the Governor is vetoing transportation changes due to the Red Line.
 - M. Miller – AHA is developing a scientific statement on saturated fats and heart disease; and ACC is developing a position statement on “food hype” and healthy lifestyle.
 - K. Keffer-Hough– American College of Emergency Physician Maryland Chapter is focusing efforts on opioid issue; there was some discussion on the link between drug use and stroke.
 - B. Reed – Discussed an article published by AHA on the cardiovascular drug shortage.

DHMH Updates

- K. Pier –
 - Be Healthy Maryland (behealthymaryland.dhmh.maryland.gov) is a new online referral system for evidence-based programs in Maryland. Links to programs such as the Diabetes Self-Management Education (DSME), Stanford Chronic Disease Self-Management Program (CDSMP) and Diabetes Prevention Program (DPP) are available on the website. There will be The Maryland Workshop Wizard is an associated website for managing information about evidence-based programs and linked to the Be Health Maryland public website. There will be a demonstration of the website at the July meeting.
 - 2nd Annual Walk Maryland Day on October 5, 2016 is spearheaded by the Physical Fitness Advisory Council and has established a planning committee that will meet

once a month, joining by phone is acceptable. The walk will engage Healthiest Maryland Businesses and other statewide partners. Kristi asked the council to consider the planning committee and spread the word to their partners.

V. Presentation (4:45 pm)

- Maryland's Stroke System of Care – A Regional Approach, Anna Aycock (MIEMMS)
 - Ms. Aycock gave a thorough presentation on Maryland Stroke Centers and the actions of MIEMMS to work toward the goal, “to address system changes in stroke prevention and coordination of the delivery of care to the acute stroke patient”. Information on the standards of Primary Stroke Centers, Comprehensive Stroke Centers, and base stations was discussed. The Stroke Quality Improvement Council was established in 2007 to help focus on quality improvement issues affecting the care of patients with acute stroke and designation of specialty centers to provide stroke care. Time was spent reviewing Maryland's compliance compared to the national averages in a variety of measures. Maryland is setting the standard in most areas and is continuing to make great strides each year. There are new initiatives and two pilot programs that will improve outcomes for stroke patients.

VI. Council Chair Nominations (5:45 pm)

- Kristi Pier started the conversation by stating notification is being sent to members whose seats will expire on June 30. Dr. Stern's second 4-year appointment as the American Stroke Association representative on the council ends June 30, 2016. A letter for new appointment for the American Stroke Association was sent to fill this seat. This necessitates the nomination/election of a new Chair. Kristi asked for nominations for chair to be sent to Dr. Stern and Bailey by May 13. The chair/co-chair election process was agreed upon in an earlier meeting, per Dr. Cooke (please see below for explanation on council leadership taken from the meeting minutes on May, 2013). The co-chair position is relatively new to the council. The co-chair does not automatically succeed to the chair. Until someone is identified and appointed, Dr. Stern can remain on the council.

Council Leadership Explanation from 5/2013:

- I. An election process will be used to appoint the council Chair and Co-chair
- II. Co-chair would not automatically succeed the Chair
- III. Individuals must be on the council for a minimum of one year to serve a leadership role
- IV. Leadership terms would be for 2 years to correspond with the Council Reports to the Governor
- V. Previous chair would stay on as a member or guest to mentor the new Chair
- VI. Council staff will send out an email to the council members for nominations for council leadership roles (added by Dr. Cooke)
- VII. Individual can be nominated or self-nominate, and provide a biosketch accompanying nomination (added by Dr. Cooke)

VII. Approval of Minutes (5:55pm)

- The minutes from the October 22, 2015 meeting were approved by majority vote of the attendees after a motion was made by M. Miller and a second motion by M. Abuzahra to approve the minutes.

VIII. Action Items

- Members to send chair nominations to Dr. Stern (BStern@som.umaryland.edu) and Bailey Vernon (bailey.vernon@maryland.gov) no later than **May 13**.

IX. Close

- Meeting Adjourned: 6:00 pm
- **Next Meeting:** Upcoming meeting dates for 2016 are as follows:
July 21, 2016
October 20, 2016