

HEART DISEASE AND STROKE COMMITTEE

MINUTES

APRIL 17, 2019

5:00 p.m.

The Heart Disease and Stroke Committee held a public meeting on 4/17/2019, beginning at 5:00 p.m. at the following location:

Maryland Department of Health
201 West Preston Street, L-4
Baltimore, MD 21201

MEMBERS PRESENT

Anne Williams, Chair (phone)
Roger Harrell (phone)
Angela Deal (phone)
Josie Ogaitis (phone)

MEMBERS NOT PRESENT

Mary Backley
Lois Freeman
Kathleen Keefe Hough
Seth Martin
Tammy Shelley

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

Kathleen Graham
Melissa Beasley
Maya Nirmalraj

OTHERS PRESENT

N/A

1. Roll Call

Chair Anne Williams took roll call.

2. Proposed CVD White Paper Outline Discussion

- Ms. Graham introduced an outline of the proposed CVD white paper. A meeting was held and questions were raised about the scope and whether it would be too much work for both the committee and staff to take on. They still want to go forward with something, since the committee offers significant value to guiding efforts around cardiovascular work both for the Center and more broadly MDH. The group agreed that stroke should be included within the paper. Ms. Graham added that the structure of the paper would be around the CDC's 4 domains, utilizing BRFSS and Maryland Vital Statistics data.
- The group agreed that tertiary prevention, clinical care and specialized services should be avoided.
- The group agreed that social determinants of health will be included.
- Ms. Graham stated that the committee has the opportunity to put together a more modified, focused plan. CCDPC does have a limited staff but would like to involve committee members as much as they would like to.

- **Question from Ms. Williams:** ‘Who is the intended audience, who would be the major readers of this?’
 - Ms. Graham answered that CCDPC would be, and part of the concern about it being too broad and may include too many external stakeholders requiring a lengthy formal process.
 - Ms. Williams: ‘Would this be something for the county health departments?’
 - Ms. Graham: ‘Yes, absolutely.’
 - Ms. Williams: ‘Will diet, nutrition and smoking be included in this paper? I think they are very relevant and do not know if any of the other committees are covering that.’
 - Ms. Graham stated that nutrition is critical in terms of CVD and smoking. PHPA has active smoking programs, so CCDPC will have to see how to connect with tobacco control and where there is room for alignment.
- **Question from Angela Deal:** ‘I am trying to figure out if this is a document the community is going to use, or providers, or people who are in the field. It seems like it could go either way.’
 - Ms. Graham stated that if it is for a large, external audience, that may be beyond the scope of the CCDPC, the aim is to put together a document that can help to guide policy and be used to plan services.
 - Ms. Deal: ‘So we are talking about maybe including statistics and best practices, things that are known to work?’
 - Ms. Graham stated yes, the burden would be addressed, and the focus would be on best practices.
 - Ms. Deal: ‘If we are going to structure this document around the CDC, do we really need to create a document like that because it’s already there?’
 - Ms. Graham stated that in terms of Maryland, this document does not exist.
 - Ms. Deal: ‘Okay, I see what you are saying. I just don’t want to recreate the wheel if all the best practices are already listed. I feel like we would be cutting and pasting from the CDC site, which I guess would be okay.’
 - Ms. Graham stated that identifying the key priorities and where the state and counties should focus their limited dollars and resources would be helpful.
 - Ms. Williams: ‘I know you mentioned moving upstream to primary prevention, I’m also thinking if there is something that could impact legislative updates, I’m thinking of the smoking 21 bill, if we are addressing that in white papers, does that help something like that?’
 - Ms. Graham stated yes, it can definitely assist the other committees, legislation is a big part of that as well as education promotion. Ms. Graham stated that the white paper is just an idea and that it is up to the committee on what they would like to do and what they would find helpful for the CCDPC to address.
 - Ms. Williams: ‘I do not want to speak for everybody, if you feel it is a document that would be helpful and used, like Angela said, we do not want to reinvent something that has already been done. If we are really trying to address specific issues that are relevant to Maryland, in some way, if that helps to guide either the health department or legislative items, then I think it can be worth it.’

- Ms. Deal: ‘I agree.’
- Mr. Harrell: ‘I concur with that, I think we should look at our data and tailor it accordingly to the best practices.’
- Ms. Beasley stated that she sees how this document could be beneficial to the committee, that there are plenty of existing evidence-based programs, but it is important to identify where want to focus and what the priorities are. She sees how this is a good opportunity to collaborate and formulate a deliverable targeted towards a specific audience. She also stated that this could lead to another opportunity, such as developing something for other audiences.
- Ms. Williams: ‘I am getting the sense that the first one is intended for the state and county health departments, who knows what will come out of that first white paper as to how we address the public, businesses or whomever, to say these are steps you can take with your employees, personally etc. That may come up in the future.
- Ms. Graham stated that CCDPC can gather data that would be relevant for the committee for both counties and the state.
- Ms. Williams: ‘Once we see some of that data, I don’t know how we would begin to split that up, different sections for different people. We can talk about the best way to get the work done.
- Ms. Graham suggested that everyone looks at the prior reports from other states that were sent out. CCDPC will put together some of the data in terms of the burden, social determinants and risk factors. They can also include program information e.g. the number of cardiac rehab sites, and other primary and secondary prevention programs that are in place.
- Ms. Williams: That would be helpful, does everyone still have the plans from before? I know I do, I am thinking of New Jersey and Minnesota.
- Ms. Graham stated that CCDPC also has the original Maryland plan, that committee member Roger Harrell worked on before. She can also send out a summary of other states’ plans.
- Mr. Harrell: We might also want to think about a timeframe and any milestones.
- Ms. Graham stated that there was discussion about a timeframe, but the committee needed to talk first.
- Ms. Williams: Was there a timeframe for the white paper that was given, Kathy?
- Ms. Graham stated no, there was not, it is up to the committee.
- Mr. Harrell: The previous state plan was a huge undertaking. We need to have an endpoint and some goals, there are some things that we will not be able to tailor to Maryland.
- Ms. Williams: So Kathy, it sounds like you and your team will work on some of the data and forward that to us before the next meeting. Our ground work is to review those plans and come prepared to discuss next steps. In the mean time, if you hear about a timeframe, you can just let us know.
- Ms. Graham stated that is a good plan, any new details or information will be shared and the data will be sent two weeks before the next committee meeting.

- Josie Ogaitis added that she works in acute care and may not have much to contribute.

3. Next Steps

- CCDPC will gather data and send to members at least two weeks before the next council meeting in July.
- Members will review the data and other statewide plans that were previously sent out and come to the meeting prepared to discuss next steps.
- CCDPC will share any new details or timeline information.

4. Adjournment

The meeting was adjourned at 5:56 pm.