

**THE LOUISIANA
STATE PLAN FOR THE
PREVENTION AND
TREATMENT OF HEART
DISEASE AND STROKE
2007 - 2012**

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State of Louisiana
Department of Health and Hospitals
Office of the Secretary

May 1, 2009

Dear Citizens of Louisiana:

The Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health's Heart Disease and Stroke Prevention Program is pleased to present the *2007-2012 Louisiana State Plan for the Prevention of Heart Disease and Stroke*.

The reality today is Louisiana has more than its fair share of death, disability and expense caused by cardiovascular disease – accounting for over 30 percent of all deaths in the state. This translates into our state having the fourth highest morality rate for all cardiovascular diseases, seventh highest for stroke, and fifth highest for heart disease.

Even if a heart attack or a stroke is not fatal, individuals often face extensive hospitalization, lifelong disabilities and very high costs. In fact, Louisiana residents spent a total of almost a half a million days in the hospital due to cardiovascular disease, at a cost of \$2.4 billion, in 2003.

In order to improve these statistics, the Louisiana Department of Health and Hospitals' Heart Disease and Stroke Prevention Program assembled a motivated coalition of stakeholders to help develop this report which details our state's efforts to reduce the rates of heart disease and stroke. This strong plan, based on education, identification of target populations, enhanced data gathering and infrastructure improvement, emphasizes system and policy changes that can reduce the long-term severity of cardiovascular disease and related illnesses throughout the state.

I am confident that with the support and leadership of individuals in the health care industry, state government, workforce and volunteer agencies, successful implementation of this plan will pave the way for a "heart-healthy" Louisiana.

Sincerely,

A handwritten signature in blue ink that reads "Gerelda Davis".

Gerelda Davis, MBA
Director, Bureau of Primary Care & Rural Health

ACKNOWLEDGEMENTS

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INTRODUCTION

Heart disease and stroke remain the leading causes of death in the United States despite improvements in prevention, detection, and treatment. However, the profile of individuals at risk is changing. Heart disease and stroke are no longer thought of as diseases that primarily affect men as they age. They are a killer of people in the prime of life, with more than half of all deaths occurring among women.

Heart disease and stroke remain the leading cause of disability among working adults. Stroke alone accounts for the disability of more than a million Americans each year. As the population ages, the economic impact on the health system grows larger. In 2007, the estimated cost of health care expenditures and lost productivity attributable to heart disease and stroke was \$431.8 billion.

Studies conducted in the United States and elsewhere in the world demonstrate the impact of healthy community environments on cardiovascular health. Effective approaches include altering physical environments by making policy changes at schools, worksites, restaurants, cafeterias, and other settings. These changes promote, enable and reinforce healthy behaviors. Also important are communication strategies that educate citizens, policy-makers, health care professionals and others about how to achieve good cardiovascular health.

After years of targeting individuals with health promotion campaigns, the public health community has modified its understanding of how behaviors change. The *Louisiana State Plan for the Prevention and Treatment of Heart Disease and Stroke* is grounded in this expanded approach; that is, in giving attention not only to the behavior of individuals, but also to the environments in which they live, work and play. Experience suggests the most successful strategies result in concurrent changes in environments, systems, and policies at the fam-

ily, community, organizational and societal levels.

This Plan is a call to action to address the epidemic of obesity, sedentary lifestyles and tobacco use, the unacceptable levels of blood pressure, diabetes, and cholesterol, and the continuing disparities in health outcomes in specific populations. Adhering to principles of community involvement and engagement, multiple partners were enlisted to collaborate at the state, regional and local levels to address key sectors in our society. The Plan's objectives are rooted in Healthy People 2010, as well as baseline measures taken from data sources unique to Louisiana.

This vision is consistent with the *Public Health Action Plan to Prevent Heart Disease and Stroke*, developed and embraced by key partners at the national and state level, public health experts, and heart disease and stroke prevention specialists.¹ The national plan, developed through a process convened by the Centers for Disease Control and Prevention and its parent agency, the Department of Health and Human Services, presents targeted recommendations and action steps for the nation to address the Healthy People 2010 goal of improving cardiovascular health through:

- Prevention, detection, and treatment of risk factors;
- Early identification and treatment of heart attacks and strokes; and,
- Prevention of recurrent events.

The following principles will guide Louisiana partners' work in health promotion and disease prevention of heart disease and stroke:

1. Heart disease and stroke are recognized as the leading killers in Louisiana, first and third respectively;



-
2. Use of science, technology, appropriate surveillance, data analysis and evaluation will guide the work;
 3. Prevention and management of risk factors will reduce the occurrence of heart disease and stroke;
 4. Work will focus on high-risk populations using community-based interventions; and
 5. A comprehensive approach to reduce the burden of heart disease and stroke will recognize the many diverse risk factors that affect cardiovascular health.

This plan provides a framework to achieve a vision in which heart disease and stroke are no longer inevitable consequences of aging, where people can expect to live in heart healthy and stroke-free communities. These recommendations are based on the best available science and the most promising interventions for population-wide impact. To accomplish the objectives set forth in this plan, a commitment is needed from all residents of Louisiana to do whatever is possible to prevent heart disease and stroke.



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HEART DISEASE AND STROKE IN LOUISIANA:

CURRENT STATUS

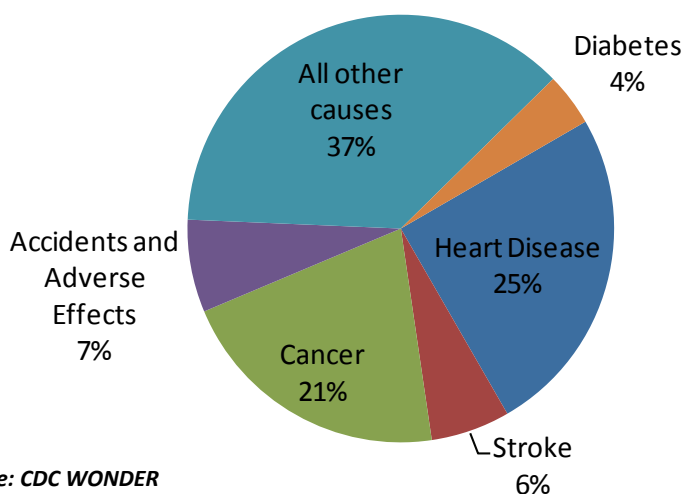
Heart disease and stroke are the leading causes of death in Louisiana, killing more than 14,000 residents each year. While Louisiana ranks 28th in terms of total population in the U.S., the state had the fifth highest mortality rate due to heart disease, and the seventh highest rate for stroke among the 50 states and D.C. in 2005. For every person who dies from a heart attack or angina, 18 people live with these conditions. For every person who dies from a stroke, seven people cope with the consequences of the non-fatal event. Many of these survivors are disabled and cannot lead productive lives. They are also at high risk for future cardiovascular events. Furthermore, these numbers are increasing as the epidemic of heart disease and stroke continues. Growing disparities in health have contributed to a much higher toll in some population groups.

Advances in medicine have contributed to a gradual decrease in the national death rate for heart disease and stroke, however, heart disease and stroke are still the first and third cause of death in Louisiana (Figure 1).²

Cardiovascular diseases (CVD), which include both heart disease and stroke, cost the state of Louisiana \$1.4 billion in 1999 alone, according to the Louisiana Hospital Inpatient Discharge Database (LAHIDD). LAHIDD confirmed that the cost of CVD had risen to \$2.4 billion in 2003, an increase of approximately 71%.³ This is evidence of the significant impact of heart disease and stroke on the State of Louisiana in terms of death, disability and state dollars. The social and economic cost to the state must alert the citizens and serve as a call to action to move toward healthier lifestyles.

- In 2005, heart disease caused 11,008 deaths in Louisiana, which is 25% of all deaths of Louisianans, making this the primary cause of death.^{2,4}
- Stroke was rated the third leading cause of death in Louisiana in 2005, accounting for 2,469 (6%) deaths.^{2,4}
- The age-adjusted heart disease mortality rate in Louisiana (251.7 per 100,000 population) was 19.2% higher than the national rate in 2005; the stroke mortality rate (56.7 per 100,000 population) was 21.7% higher.

Figure 1: Leading Causes of Death, Louisiana, 2005



Source: CDC WONDER

- Heart disease and stroke kill more women than men in Louisiana, although the age-adjusted mortality rate is higher for men.
- For both men and women in Louisiana, age-adjusted heart disease and stroke death rates are higher for African Americans when compared to Whites.
- Heart disease and stroke were responsible for more than 91,000 hospitalizations in 2003 and \$2.4 billion in hospital charges in Louisiana.



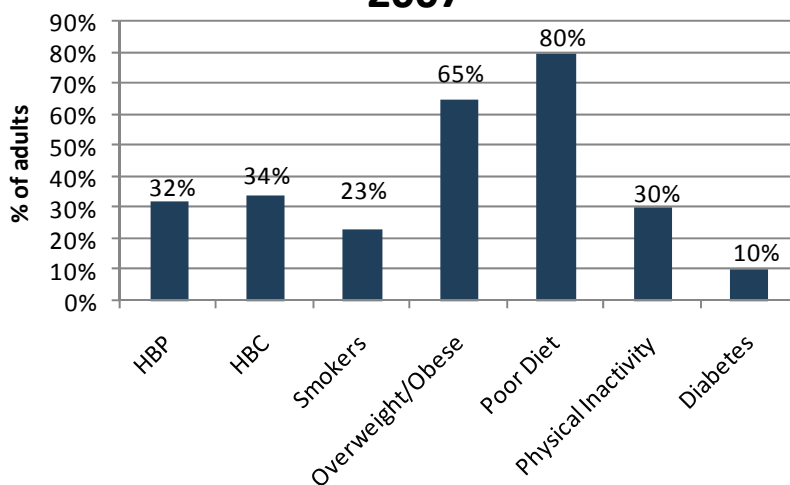
The controllable risk factors that contribute to a high mortality rate include poor nutrition, lack of physical activity, high blood cholesterol, high blood pressure, obesity, diabetes and tobacco use. Data shows that the number of adults in Louisiana with these risk factors is high (Figure 2).

- In 2007, 22.6% of Louisiana adults reported that they currently smoked.⁵
- Only 38.6% of Louisiana adults reported that they met the Healthy People 2010 recommendations for physical activity in 2007. (Increase the proportion of adults who engage in regular, preferably daily, moderate physical activity.)
- Over half (65.2%) of all Louisiana adults were overweight or obese in 2007.⁵
- The awareness of the individual signs and symptoms of heart attack and stroke varied widely. In general, African Americans in Louisiana reported being less aware of signs and symptoms of heart attack and stroke than Whites in 2007.⁵

"The awareness that health is dependent upon habits that we control makes us the first generation in history that to a large extent determines its own destiny."

Jimmy Carter

Figure 2: Heart Disease and Stroke Risk Factors, Louisiana, 2007



Source: BRFSS, 2007



LOUISIANA DEMOGRAPHICS

	Louisiana	U.S.
Total population	4,287,768	299,398,485
Male	48.5%	49.2%
Female	51.5%	50.8%
Median age (years)	35.6	36.4
Under 5 years	7.0%	6.8%
18 years and older	74.6%	75.4%
65 years and older	12.2%	12.4%
One race	99.0%	98.0%
White	64.4%	73.9%
Black or African American	31.6%	12.4%
American Indian and Alaska Native	0.6%	0.8%
Asian	1.3%	4.4%
Some other race	1.1%	6.3%
Two or more races	1.0%	2.0%
Hispanic or Latino (of any race)	2.9%	14.8%
Median household income	\$39,337	\$48,451
Individuals below poverty level	19%	13.3%
High school graduate or higher	79.4%	84.1%
Bachelor's Degree or higher	20.3%	27.0%
Unemployed	7.8%	6.4%
Uninsured	21.9%	15.8%

Source: U.S. Census Bureau, 2006



The Louisiana Heart Disease and Stroke Prevention (HDSP) Program began in 1999 with funding from the Centers for Disease Control and Prevention (CDC). The mission of the HDSP Program is to promote the prevention and control of heart disease and stroke and the elimination of related health disparities. The program works to increase the state's capacity to address heart disease and stroke prevention, as well as improve surveillance of heart disease, stroke and related risk factors, in order to improve and implement interventions to eliminate disparities between general and priority populations.

The HDSP Program is housed in the Chronic Disease Prevention and Control Unit of the Louisiana Department of Health and Hospitals (LADHH) with the Diabetes Prevention and Control Program, the Tobacco Control Program and the Asthma Prevention Initiative. Recent changes in LADHH have provided new and expanded opportunities to address chronic disease morbidity and mortality among the state's most disadvantaged citizens. Categorical chronic disease programs, such as the Heart Disease and Stroke Prevention Program, formerly in the Office of Public Health, were integrated into the Bureau of Primary Care and Rural Health which provides technical assistance to communities, federally qualified health centers (FQHC), physician practices, rural health clinics and small rural hospitals. This integration of chronic disease efforts with a health care delivery network provides an unprecedented opportunity to significantly reduce the burden of disease and strengthen program activities aimed at pri-

mary and secondary prevention of heart disease and stroke.

The Louisiana State Plan for the Prevention of Heart Disease and Stroke represents a combined effort of stakeholders, coalition members and HDSP Program staff. It consists of five broad goals, based on the goals of CDC's *Public Health Action Plan to Prevent Heart Disease and Stroke*:

1. Prevention of Risk Factors
2. Detection and Treatment of Risk Factors
3. Early Identification of Heart Attacks and Strokes
4. Treatment of Cardiovascular Diseases and Prevention of Recurrent Cardiovascular Events
5. Infrastructure, Policy Development And System Changes

What follows is a set of objectives for each of the above goals. Each objective has at least one strategy. It will be the responsibility of the HDSP Coalition to develop specific action steps for each strategy in order to achieve the objectives.

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Margaret Mead



GOAL 1: INFRASTRUCTURE, POLICY DEVELOPMENT AND SYSTEM CHANGES

Objective 1

By 2012, develop and maintain infrastructure and capacity to promote policy development and systems changes that will improve cardiovascular health.

Strategies

1. Create working partnerships with organizations that could support and positively influence program development and implementation.
2. Revise and update as needed the *Louisiana State Plan for the Prevention and Treatment of Heart Disease and Stroke*.
3. Develop a community coalition in the Delta area (northeast Louisiana).
4. Put into place an infrastructure for the development of a stroke registry.

Partners: All partners will be involved in this objective.

Baseline: N/A

Objective 2

By 2012, HDSP staff will continue to attend and/or facilitate meetings with partners.

Strategies

1. Facilitate monthly workgroup meetings.
2. Facilitate quarterly meetings of the Advisory Council.
3. Facilitate full coalition meetings twice a year.
4. Attend and participate in Obesity Council meetings.
5. Attend and participate in Diabetes Council meetings.
6. Attend and participate in Tobacco Cessation Consortium meetings.

Partners: All partners will be involved in this objective.

Baseline: N/A

GOAL 2: PREVENTION OF RISK FACTORS

Objective 1

By 2012, the baseline of healthy behaviors in Louisiana will be improved by 5%. Healthy behaviors include physical activity, avoiding tobacco use, and adopting heart-healthy nutritional habits.

Strategies

1. Collaborate with other chronic disease programs (tobacco, diabetes, asthma, obesity, etc.) on initiatives that address healthy behaviors.
2. Promote legislative activities related to healthy behaviors:
 - Ban on smoking
 - Healthy choices in vending machines
 - Physical activity
3. Collect data on heart disease and stroke risk factors to define burden and trends in cardiovascular disease (CVD) based on BRFSS module schedule to target activities and policies.

Partners: Diabetes Prevention and Control Program (DPCP), Tobacco Control Program (TCP), Asthma Management and Prevention Program (AMPP), Louisiana Obesity Council, Oral Health Program, American Heart

Association (AHA), American Diabetes Association, American Lung Association, Louisiana Public Health Institute (LPHI), Governor's Council on Physical Fitness & Sports, Louisiana Primary Care Association (LPCA), EXCELth, Inc.

Baseline: Physically Active: 69% (2006 BRFSS); Smoking: 23.4% (2006 BRFSS); 5 or more daily servings of fruits and vegetables: 20.2% (2005 BRFSS); Overweight or obese: 63% (2006 BRFSS)

Objective 2

By 2010, develop and initiate worksite activities that promote education on high blood pressure (HBP) and high blood cholesterol (HBC) at two worksites.

Strategies

1. Create an employee awareness campaign to encourage regular blood cholesterol and blood pressure screenings that emphasize the importance of making lifestyle changes to prevent CVD.
2. Employers to adopt health promotion and disease management programs.

Partners: Office of Group Benefits (OGB), Louisiana Business Group on Health

Baseline: 0 – Developmental Stage



GOAL 2 cont.

Objective 3

By 2012, collaborate with at least four partners to implement projects that target improving disparate populations' understanding of their personal risk for heart disease and stroke.

Strategies

1. Collaborate with other organizations to provide education and culturally sensitive materials with appropriate health literacy levels regarding prevention of risk factors for heart disease and stroke to disparate populations.

Partners: McFarland, AHA Cultural Initiatives, Hispanic

Apostolate of the Archdiocese of New Orleans, Catholic Charities Archdiocese of New Orleans, Office of Public Health

Baseline: 0 – Developmental Stage

"Not everything that is faced can be changed, but nothing can be changed until it is faced. "

James Baldwin

GOAL 3: DETECTION AND TREATMENT OF RISK FACTORS

Objective 1

By 2012, increase by 5% the percentage of adult Louisianans who obtain appropriate screenings with follow-up for:

- *blood pressure*
- *blood cholesterol (total cholesterol, HDL, LDL)*
- *blood sugar levels*
- *body mass index (BMI)*

Strategies

1. Collaborate with partners to make blood pressure, cholesterol, blood sugar level and BMI screenings available to adults at convenient times and locations and with little or no cost.
2. Partner to assure convenient and affordable screening opportunities for clients at federally qualified health centers (FQHCs) are offered.

Partners: DPCP, National Kidney Foundation, LA Chapter, Louisiana Primary Care Association (LPCA), Louisiana Rural Health Association (LRHA), Obesity Council

Baseline: BP – Developmental; Cholesterol – 77% (2005 BRFSS); Glucose – Developmental; BMI—Developmental

Objective 2

By 2012, increase the number of FQHCs/RHCs from 0 to 10 who participate in the CVD collaborative and have developed registries to track patient progress.

Strategies

1. Partner with LPCA/LRHA to create a cardiovascular disease data collection system.
2. Provide technical support for the implementation of the Chronic Care Model.

Partners: LPCA, LRHA, DPCP, Louisiana Health Care Quality Forum (LHCQF)

Baseline: 0 – Developmental Stage

Objective 3

By 2012, reduce the percent of individuals with diabetes in the FQHC Diabetes Registries that have uncontrolled high blood pressure and high cholesterol by 10%.

Strategies

1. Partner with LPCA, LRHA and the DPCP to heighten awareness of the connection between diabetes, heart disease and stroke.
2. Provide on-going technical and financial support of FQHCs/Rural Health Clinics (RHC) participating in the Louisiana Diabetes and Cardiovascular Disease Collaboratives.

Partners: LPCA, LRHA, DPCP

Baseline: Unknown



GOAL 3 cont.

Objective 4

By 2012, two of six major health insurers will offer benefit packages for prevention and health treatment services for heart disease and stroke.

Strategies

1. Create and administer a survey to determine how many health insurers are currently offering benefit packages for prevention and health treatment services for heart disease, stroke and diabetes.
2. Establish key strategies to work with health insurers on benefit packages for prevention and health treatment services for heart disease, stroke and diabetes.
3. Ensure that reimbursement policies require that physicians routinely screen for HBP/HBC .

Partners: Louisiana Association of Health Plans (LAHP), DPCP

Baseline: Unknown

Objective 5

By 2012, offer two training opportunities per year for health care providers on best practices in regard to the detection, treatment, and management of heart disease and stroke risk factors.

Strategies

1. Help provide the appropriate professional training to healthcare providers to ensure that eligible patients receive appropriate therapy for the treatment of risk factors within nationally recommended standards and guidelines of care.
2. Promote strategies that encourages physicians to utilize national, best-practice guidelines on HBP and HBC screening .

Partners: DPCP, TCP, Obesity Council, AHA, Oral Health Program

Baseline: 0 – Developmental Stage

GOAL 4: EARLY IDENTIFICATION OF HEART ATTACKS AND STROKES

Objective 1

By 2012, conduct at least two awareness/educational campaigns for the public in regard to recognizing signs and symptoms of heart attack and stroke and the importance of calling 911.

Strategies

1. Identify and promote awareness programs/campaign materials on heart attack and stroke signs and symptoms.
2. Develop a statewide community-focused event targeting increasing individuals' knowledge on the signs and symptoms of stroke.
3. Monitor emergency room and/or 911 call data regarding heart attack and stroke patients.
4. Promote heart attack and stroke awareness projects at worksites.

Partners: AHA, Bureau of Emergency Medical Services (EMS), American College of Emergency Physicians, Louisiana Chapter

Baseline: 0 – Developmental Stage

Objective 2

By 2010, establish a baseline of Emergency Medical Technicians' (EMT) knowledge of stroke signs and symptoms and the need for immediate treatment. By 2012, increase the baseline by 10%.

Strategies

1. Conduct assessment of EMT's knowledge of stroke signs and symptoms and the need for immediate treatment.
2. Expand the training of emergency medical personnel on evaluating stroke victims before they arrive at a hospital.

Partners: Bureau of EMS, LA Association of Nationally Registered EMTs

Baseline: Unknown



GOAL 4 cont.

Objective 3

By 2011, establish a baseline of pre-hospital providers with standardized pre-hospital protocols/guidelines for the treatment and transport of heart attack and stroke patients.

Strategies

1. Conduct assessment of pre-hospital providers to determine if they have protocols/guidelines for the treatment and transport of heart attack and stroke patients.
2. Develop model guidelines for the treatment and transport of heart attack and stroke.

Partners: AHA, Bureau of EMS

Baseline: Unknown

Objective 4

By 2012, determine a baseline number of parishes with enhanced 911 systems in place.

Strategies

1. Conduct assessment of parishes with enhanced 911 systems in place.
2. Determine partnerships and resources needed for enhancing 911 services.

Partners: AHA, Bureau of EMS, Louisiana Emergency Response Network (LERN)

Baseline: Unknown

Objective 5

By 2010, determine a baseline of the number of Automated External Defibrillators (AEDs) located in the two worksites participating in the worksite wellness program (see Goal 2, Objective 2).

Strategies

1. Assessment of the number of AEDs located at the worksites.
2. Provide worksites with recommendations on purchasing and placement of AEDs.

Partners: AHA, Bureau of EMS

Baseline: Unknown

Objective 6

By 2010, establish a baseline of the number of persons who received Cardiopulmonary Resuscitation (CPR)/AED training in the two worksites participating in the worksite wellness program (see Goal 2, Objective 2). By 2012, increase that number by 10%.

Strategies

1. Obtain data on CPR/AED training in worksites.
2. Increase the number of convenient and affordable opportunities for CPR/AED training.

Partners: AHA, Bureau of EMS

Baseline: Unknown



GOAL 5: TREATMENT OF CARDIOVASCULAR DISEASES AND PREVENTION OF RECURRENT CARDIOVASCULAR EVENTS

Objective 1

By 2012, offer two training opportunities per year for health care providers on best practices in regard to the detection, treatment, and management of heart disease and stroke.

Strategies

1. Help provide the appropriate professional training to emergency department staff to ensure that eligible patients receive appropriate therapy for heart attacks and stroke within nationally recommended standards and guidelines of care.
2. Support the participation of hospitals in the American Heart Association's Get with the Guidelines Program for Heart Failure and Stroke.

Partners: AHA, Bureau of EMS

Baseline: 0 – Developmental Stage

"The greatest achievements are those that benefit others."

Denis Waitley

Objective 2

By 2010, increase the number of hospitals using telemedicine to treat heart attack and stroke from 0 to 2.

Strategies

1. Designate a hospital certified as a Primary Stroke Center to serve as a telemedicine hub and identify hospitals to serve as its "spokes."

Partners: AHA, Louisiana Rural Health Information Exchange (LaRHIX), Ochsner Clinic Foundation

Baseline: 0 – Developmental Stage

Objective 3

By 2009, determine a baseline of the number of acute care facilities in the state which have stroke treatment protocols.

Strategies

1. Develop an organized system and map of hospitals that are acute stroke capable or Joint Commission certified Primary Stroke Centers.
2. Ensure the system map includes the roles and responsibilities for each hospital within the system,

and every hospital included in the map has a policy or plan in place with protocols for triage, treatment and transfer of stroke patients outside their capabilities to a primary stroke center or another appropriate hospital institution.

3. Assess stroke treatment capabilities and capacities across the state at least once every two years.

Partners: AHA

Baseline: Unknown

Objective 4

By 2012, increase the number of Joint Commission certified Primary Stroke Centers in Louisiana from 2 to 5.

Strategies

1. Recruit hospitals to become Primary Stroke Centers.
2. Provide technical assistance and training to hospitals applying to become stroke certified.

Partners: AHA

Baseline: 2 centers in 2007

Objective 5

By 2009, 20% of acute stroke capable or Primary Stroke Centers will have implemented a standardized screening and assessment tool of functional status consistent with national guidelines for hospitalized stroke patients.

Strategies

1. Assessment of acute stroke capable hospitals and Primary Stroke Centers with stroke rehabilitation placement protocols to establish a baseline.
2. Implement screening tool based on evidence based guidelines.

Partners: AHA

Baseline: Unknown



EVALUATION PLAN

GOAL 1: INFRASTRUCTURE, POLICY DEVELOPMENT AND SYSTEM CHANGES

Objectives in Goal 1 will be evaluated by process evaluation.

GOAL 2: PREVENTION OF RISK FACTORS

Objective	Indicator	Data Source	Baseline	Target
Objective 1: By 2012, the baseline of healthy behaviors in Louisiana will be improved by 5%.	Percentage of adults who participated in any physical activities.	BRFSS – exercise module (administered yearly)	Physically Active: 69% (2006 BRFSS)	Physically Active: 72.5%
	Percentage of adults who are current smokers.	BRFSS - tobacco use module (administered yearly)	Smoking: 23.4% (2006 BRFSS)	Smoking: 22.2%
	Percentage of adults who have consumed fruits and vegetables five or more times per day.	BRFSS – fruits and vegetables module (administered odd years)	5 or more daily servings of fruits and vegetables: 20.2% (2005 BRFSS)	5 or more daily servings of fruits and vegetables: 21.2%
	Percentage of adults with a BMI over 25.0.	BRFSS - Overweight and Obesity (BMI) module (administered yearly)	Overweight or obese: 63% (2006 BRFSS)	Overweight or obese: 59.9%
Objective 2: By 2010, develop and initiate worksite activities that promote education on high blood pressure (HBP) and high blood cholesterol (HBC) at two worksites.	Worksites initiating worksite activities	Worksite inventory database.	Developmental / baseline = 0	2 worksites initiating worksite wellness activities
Objective 3: By 2012, collaborate with at least four partners to implement projects that target improving disparate populations' understanding of their personal risk for heart disease and stroke.	Partners implementing projects	Contract monitoring, process evaluation	Developmental / baseline = 0	A minimum of four partners will implement projects by 2012



GOAL 3: DETECTION AND TREATMENT OF RISK FACTORS

Objective	Indicator	Data Source	Baseline	Target
<p>Objective 1: By 2012, increase by 5% the percentage of adult Louisianians who obtain appropriate screenings with follow-up for:</p> <ul style="list-style-type: none"> • blood pressure • blood cholesterol (total cholesterol, HDL, LDL) • blood sugar levels • body mass index (BMI) 	<p># of people receiving:</p> <ul style="list-style-type: none"> • blood pressure screenings • blood cholesterol screenings • glucose screenings • BMI screenings 	BRFSS, Quality Improvement Data (Louisiana Health Care Review), Health Plan Employer Data and Information Set (HEDIS), FQHC Diabetes Registries	<p>Blood Pressure – Unknown</p> <p>Cholesterol – 77% (2005 BRFSS)</p> <p>Glucose – Unknown</p> <p>BMI – Unknown</p>	<p>Blood Pressure – Unknown</p> <p>Cholesterol – 80.9%</p> <p>Glucose – Unknown</p> <p>BMI – Unknown</p>
Objective 2: By 2012, increase the number of FQHCs/RHCs from 0 to 10 who participate in the CVD collaborative and have developed registries to track patient progress.	FQHCs/RHCs participating in CVD collaborative	CVD Registries	0 FQHCs/RHCs in 2007	10 FQHCs or RHCs participating in the Health Disparities Collaborative who have registries collecting CVD data.
Objective 3: By 2012, reduce the percent of individuals with diabetes in the FQHC Diabetes Registries that have uncontrolled high blood pressure and high cholesterol by 10%.	<p>Percent of diabetes patients with high blood pressure</p> <p>Percent of diabetes patients with high cholesterol</p>	Diabetes and CVD Registries	Unknown	Unknown
Objective 5: By 2012, two of six major health insurers will offer benefit packages for prevention and health treatment services for heart disease and stroke.	Self-reported policies reported by insurance providers	Survey to be developed by HDSP Program.	Unknown	Two health insurers will offer heart disease and stroke benefit packages.
Objective 6: By 2012, offer two training opportunities per year for health care providers on best practices in regard to the detection, treatment, and management of heart disease and stroke risk factors.	Number of trainings offered each year on heart disease and stroke risk factors.	Contract monitoring, training evaluations.	Developmental/baseline = 0	Two trainings offered each year for healthcare providers on heart disease and stroke risk factors



GOAL 4: EARLY IDENTIFICATION OF HEART ATTACKS AND STROKE

Objective	Indicator	Data Source	Baseline	Target
Objective 1: By 2012, conduct at least two awareness/educational campaigns for the public in regard to recognizing signs and symptoms of heart attack and stroke and the importance of calling 911.	Number of awareness/educational campaigns	Contract monitoring, evaluation survey to be developed	Developmental/baseline = 0	Two awareness/educational campaigns by 2012
Objective 2: By 2010, establish a baseline on EMTs' knowledge of stroke signs and symptoms and the need for immediate treatment. By 2012, increase the baseline by 10%.	Percent of EMTs who recognize all 5 signs and symptoms of stroke.	HDSP developed EMT assessment	Unknown	Unknown
Objective 3: By 2011, establish baseline of pre-hospital providers with standardized pre-hospital protocols for the treatment and transport of heart attack and stroke patients.	Number of pre-hospital providers with stroke protocols in place.	AHA survey	Unknown	Unknown
Objective 4: By 2012, determine a baseline number of parishes with enhanced 911 systems in place.	Number of parishes with enhanced 911 systems in place	Bureau of EMS	Unknown	Unknown
Objective 5: By 2010, determine a baseline of the number of Automated External Defibrillators (AEDs) located in the two worksites participating in the worksite wellness program.	Number of AEDs located at worksites	Bureau of EMS/AED Placement Program	Unknown	Unknown
Objective 6: By 2010, establish a baseline of the number of persons who received CPR/AED training in the two worksites participating in the worksite wellness program. By 2012, increase that number by 10%.	Number of participants in CPR trainings	Bureau of EMS	Unknown	Unknown



GOAL 5: TREATMENT OF CARDIOVASCULAR DISEASES AND PREVENTION OF RECURRENT CARDIOVASCULAR EVENTS

Objective	Indicator	Data Source	Baseline	Target
Objective 1: By 2012, offer two training opportunities per year for health care providers on best practices in regard to the detection, treatment, and management of heart disease and stroke.	Number of trainings offered each year on heart disease and stroke.	Contract monitoring, training evaluations.	Developmental/ baseline = 0	Two trainings offered each year for healthcare providers on heart disease and stroke
Objective 2: By 2010, increase the number of hospitals using telemedicine to treat heart attack and stroke from 0 to 2.	Hospitals using telemedicine.	LaRHIX	0 hospitals in 2007	2 hospitals using telemedicine in 2012.
Objective 3: By 2009, determine a baseline of the number of acute care facilities in the state which have stroke treatment protocols.	Map of hospitals that are acute stroke capable or Joint Commission certified Primary Stroke Centers.	AHA survey	Developmental/ baseline = 0	Baseline number of acute care facilities with stroke protocols plotted on a map.
Objective 4: By 2012, increase the number of Joint Commission certified Primary Stroke Centers in Louisiana from 2 to 5.	Joint Commission certified Primary Stroke Centers in Louisiana.	Joint Commission certification, AHA survey	2 centers in 2007	5 centers in 2012
Objective 5: By 2009, 20% of acute stroke capable or Primary Stroke Centers will have implemented a standardized screening and assessment tool of functional status consistent with national guidelines for hospitalized stroke patients.	Acute stroke capable hospitals and Primary Stroke Centers with stroke rehabilitation placement protocols	AHA survey	Unknown	Unknown



APPENDIX A: Acronyms

AED.....	Automated External Defibrillators
AHA.....	American Heart Association
AMPP.....	Asthma Management and Prevention Program
BMI.....	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CDC.....	Centers for Disease Control and Prevention
CHD.....	Coronary Heart Disease
CPR	Cardiopulmonary Resuscitation
CVD	Cardiovascular Disease
DPCP.....	Diabetes Prevention and Control Program
EMS	Emergency Medical Services
EMT.....	Emergency Medical Technician
FQHC.....	Federally Qualified Health Centers
GWTG	Get With the Guidelines
HBC.....	High Blood Cholesterol
HBP.....	High Blood Pressure
HDL.....	High-Density Lipoprotein (cholesterol)
HDSP.....	Heart Disease and Stroke Prevention
HEDIS.....	Health Plan Employer Data and Information Set
LADHH.....	Louisiana Department of Health and Hospitals
LAHIDD.....	Louisiana Hospital Inpatient Discharge Database
LAHP.....	Louisiana Association of Health Plans
LaRHIX.....	Louisiana Rural Health Information Exchange
LDL.....	Low-Density Lipoprotein (cholesterol)
LERN.....	Louisiana Emergency Response Network
LHCQF	Louisiana Health Care Quality Forum
LPCA	Louisiana Primary Care Association
LPHI.....	Louisiana Public Health Institute
LRHA.....	Louisiana Rural Health Association
OGB	Office of Group Benefits
RHC	Rural Health Clinic
TCP.....	Tobacco Control Program



APPENDIX B: Crosswalk of Healthy People Objectives with Goals

Healthy People 2010 Objectives	Goal 1	Goal 2	Goal 3	Goal 4
12-1. Reduce coronary heart disease deaths.	X	X	X	X
12-2. Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911.			X	
12-3. Increase the proportion of eligible patients with heart attacks who receive artery-opening therapy within an hour of symptom onset.				X
12-4. Increase the proportion of adults aged 20 years and older who call 911 and administer cardiopulmonary resuscitation (CPR) when they witness an out-of-hospital cardiac arrest.			X	
12-5. Increase the proportion of eligible persons with witnessed out-of-hospital cardiac arrest who receive their first therapeutic electrical shock within 6 minutes after collapse recognition.			X	
12-6. Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis.				X
12-7. Reduce stroke deaths.	X	X	X	X
12-8. Increase the proportion of adults who are aware of the early warning signs and symptoms of a stroke.			X	
12-9. Reduce the proportion of adults with high blood pressure.		X		
12-10. Increase the proportion of adults with high blood pressure whose blood pressure is under control.		X		
12-11. Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, or reducing sodium intake to help control their blood pressure.	X	X		
12-12. Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.		X		
12-13. Reduce the mean total cholesterol levels among adults.		X		
12-14. Reduce the proportion of adults with high total blood cholesterol levels.		X		
12-15. Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.		X		
12-16. Increase the proportion of persons with coronary heart disease who have their LDL-cholesterol treated to a goal of less than or equal to 100 mg/dl.		X		



APPENDIX C: HDSP Coalition Members and Stakeholders

AARP Louisiana	Office of Public Health/Bureau of Emergency Medical Services
American Diabetes Association	Louisiana Department of Insurance/Louisiana Health Care Commission
American Heart Association	Louisiana Diabetes Prevention and Control Program
American Lung Association	Louisiana Emergency Response Network
Bunkie General Hospital	Louisiana Health Care Quality Forum
Catholic Charities Archdiocese of New Orleans	Louisiana Health Care Review
Emergency Nurses Association	Louisiana Hospital Association
EXCELth, Inc.	Louisiana Occupational Therapy Association
Governor's Council on Physical Fitness & Sports	Louisiana Office of Group Benefits
Governor's Office of Elderly Affairs	Louisiana Oral Health Program
Heart Clinic of Louisiana	Louisiana Pharmacist Association
Hispanic Apostolate of the Archdiocese of New Orleans	Louisiana Primary Care Association
Louisiana Asthma Management and Prevention Program	Louisiana Public Health Institute
Louisiana Association of Health Plans	Louisiana Rural Health Association
Louisiana Association of Nationally Registered EMT's	Louisiana Rural Health Information Exchange
Louisiana Business Group on Health	Louisiana Senate Committee on Health & Welfare
Louisiana Chapter of the American College of Cardiology	Louisiana State Medical Society
Louisiana Chapter of the American College of Emergency Physicians	Louisiana State Nurses Association
Louisiana Council on Obesity Prevention and Management	Louisiana State University Health Care Services Division
Louisiana Department of Health & Hospitals/Medicaid	Louisiana State University Health Sciences Center
Louisiana Department of Health & Hospitals/Bureau of Primary Care and Rural Health	Louisiana Tobacco Control Program
Louisiana Department of Health & Hospitals/Office of Public Health	McFarland Institute
Louisiana Department of Health & Hospitals/	National Kidney Foundation, LA Chapter,
	Ochsner Clinic Foundation
	Peoples Health, Inc.



Coalition Members and Stakeholders cont.

Pfizer, Inc.

Southern University Agricultural
Research & Extension Center

Teche Action Clinic

Touro Infirmary

Tulane University

University of Louisiana at Lafayette

University of Louisiana at Monroe

West Jefferson Medical Center



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