

# *Idaho*



## *Heart Disease and Stroke State Plan 2009-2013*



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July 2009

Dear Idahoans:

Heart disease and stroke are the first and fourth leading causes of death for Idahoans, respectively, affecting nearly every Idaho family. While information on the risk factors for heart disease and stroke - high blood pressure, high cholesterol, poor diet, and lack of physical activity - has increased in Idaho, heart disease and stroke remain two of the leading causes of death.

Fortunately, heart disease and stroke are largely preventable! By adopting a healthy diet, increasing physical activity, eliminating tobacco use, and controlling weight, blood pressure, cholesterol and diabetes, Idahoans can reduce the likelihood of developing heart disease and/or stroke. In the years to come, the number of Idahoans over the age of 65 will increase. As our population ages, we can expect to see more heart disease and stroke, along with increasing costs. The need for prevention and treatment of cardiovascular disease has never been greater.

I am inspired by the commitment of Idahoans across the state to address heart disease and stroke. Through committed partnerships and collaboration we can significantly impact and increase the health of all Idahoans. We can make a difference!

I am proud of the organizations across Idaho that united to develop this state plan. In partnership with the members of the Idaho Heart Disease and Stroke Prevention Advisory Committee and its subcommittees, we look forward to working with you to make this plan a reality. It will be the blueprint for Idaho for the next five years. I urge each of you reading this to get involved in this effort. You may choose to become trained in cardiopulmonary resuscitation (CPR), learn to recognize the signs and symptoms of heart attack and stroke, get involved in promoting policies and programs at your worksite or in your community to increase heart health, or find another way to get involved to help implement this plan.

Thank you for your interest in building a heart healthy and stroke free Idaho. I look forward to seeing the number of Idahoans involved in this effort continue to grow.

Sincerely,

Elke Shaw-Tulloch, MHS  
Bureau Chief  
Bureau of Community and Environmental Health

## Idaho Heart Disease & Stroke Prevention Advisory Committee

July 2009

Dear Partners Interested in Heart Disease and Stroke Prevention:

On behalf of the Idaho Heart Disease and Stroke Prevention Advisory Committee (IHDSAPAC), I am honored to support this first Idaho Heart Disease and Stroke Prevention State Plan. The dedicated individuals on the State Plan Subcommittee and the IHDSAPAC invested valuable expertise, time and energy to develop this plan.

Heart disease and stroke are two of the top five causes of death in Idaho. Prevention of these conditions and ensuring effective treatment for those who already have these conditions will advance more quickly as a result of the efforts to develop this state plan. The dedication of those involved will continue as the plan is implemented.

The IHDSAPAC looks forward with great anticipation to working with the Heart Disease and Stroke Prevention Program to ensure effective implementation of the state plan. The IHDSAPAC will continue to strive to engage professionals and community members across Idaho to participate in these collaborative efforts. Successful implementation of this state plan will require strong collaboration and participation across the state.

I and the IHDSAPAC look forward to partnering to make a heart healthy and stroke free Idaho.

Sincerely,

Robert Friedman, M.D.  
Chair, Idaho Heart Disease and Stroke Prevention Advisory Committee

Heart disease  
and stroke are  
two of the top  
five causes of  
death in Idaho.

# Heart Disease & Stroke in Idaho

## *Executive Summary*

The Idaho Heart Disease and Stroke Prevention State Plan for Fiscal Years (FY) 2009-2013, outlines goals, objectives, and action steps to address the burden of heart disease and stroke in Idaho. The plan was developed through broad collaboration and strong partnership to be achievable within a five year period.

The first and fourth leading causes of death in Idaho are heart disease and stroke, respectively. This plan seeks to identify goals and objectives that will reduce the impact of these causes of death on Idahoans. The goals and objectives address prevention of heart disease and stroke, as well as their major risk factors. The goals and objectives also address treatment for those that have already developed heart disease, stroke, or their major risk factors. The plan drew upon the Action Framework developed by the U.S. Centers for Disease Control and Prevention. Additionally, the state plan was guided by data from the Burden of Heart Disease and Stroke in Idaho, 2005.

## Plan Contents

Included in this plan are goals, their related objectives, action steps, and success criteria. The plan also includes a summary of the burden of cardiovascular disease in Idaho. A full report on the burden of heart disease and stroke can be found at [www.idahoheartandstroke.org](http://www.idahoheartandstroke.org). In addition to the above, the plan also includes an opportunity to become involved in Idaho's efforts to reduce heart disease and stroke morbidity and mortality.

## Plan Highlights

Below are a list of the goals included in this first Idaho Heart Disease and Stroke Prevention State Plan:

- Idaho has a statewide, multidisciplinary, collaborative and integrated network of professionals to ensure evidence-based and high quality care for patients with heart disease and stroke.
- Idahoans know the major risk factors of heart disease and stroke, actions to address these risk factors and when to seek medical care.
- Idahoans with heart disease, stroke or associated risk factors have increased availability of hospital-based and lay leader instructed chronic disease self-management program classes.
- Idahoans know the warning signs and symptoms of a heart attack/cardiac event and stroke and the importance of calling 911 immediately.
- Idahoans seek routine, evidence-based screening for heart disease and stroke risk factors.
- Idahoans have an increased number of heart healthy environments in worksites and cities.
- Idaho state legislation and local ordinances promote heart disease and stroke prevention.
- Idahoans recognize the signs and symptoms of heart attack and have the skills to perform cardiopulmonary resuscitation (CPR) and use an automated external defibrillator (AED).
- All Idahoans who call 911 for cardiac and stroke events receive appropriate pre-arrival instructions.
- All Idahoans receive cardiac and stroke care and transport that utilizes best practice, evidence-based guidelines and protocols.
- Idaho's Emergency Medical Services (EMS) has and utilizes an evidence-based standardized stroke assessment.
- Idahoans have access to the highest quality, evidence-based system of care for prevention and treatment of heart disease and stroke [acute care, sub-acute, rehabilitation services and secondary prevention].
- Evidence-based education regarding heart disease and stroke prevention and management is available and recommended for Idaho health care providers to increase their awareness, clinical proficiency, and quality of care.
- Statewide, evidence-based clinical performance measures are established for heart disease and stroke.

In addition to the above goals, the plan includes objectives and action steps. The objectives and action steps serve to provide greater detail on how the goal will be achieved in Idaho.

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# FY 2009 - 2013 State Plan

## Call to Action

The state plan goals and objectives are more than any one agency or organization can accomplish on their own. Only through combined efforts to improve the health of Idahoans can the goals be reached. Idaho needs healthcare organizations, insurers, business and community leaders, healthcare and public health leaders, and state and local policy makers to partner together to achieve the objectives of the state plan.

We have already begun to do the work of bringing these groups together to address issues related to heart disease and stroke. The Idaho Heart Disease and Stroke Prevention Program and the Idaho Heart Disease and Stroke Prevention Advisory Committee invites you to unite in this effort to create a healthy Idaho.

# Heart Disease & Stroke in Idaho

## *Introduction*

Heart disease and stroke are commonly referred to as cardiovascular disease. One may also see stroke referred to more specifically as cerebrovascular disease. Cardiovascular disease refers to conditions and diseases of the heart and blood vessels, including, but not limited to, coronary artery disease, heart attack, stroke, high blood pressure, congestive heart failure and congenital heart diseases.

Over one in four (28.4%) Idahoan deaths in 2007 were the result of heart disease or stroke. Although that statistic is staggering, heart disease and stroke can be largely prevented by choosing and practicing healthy lifestyle behaviors. By increasing physical activity, using healthy eating habits, avoiding tobacco, maintaining a healthy body mass, controlling blood pressure, controlling cholesterol and managing diabetes Idahoans can affect their risk of disease. Heart disease and stroke have both modifiable and non-modifiable risk factors. Below is a table that outlines the major associated risk factors.

### MODIFIABLE

High Blood Pressure  
High Cholesterol  
Type 2 Diabetes  
Tobacco Use  
Physical Inactivity  
Obesity

### NON-MODIFIABLE

Family History and Race  
Male Sex (gender)  
Increasing Age

## **Purpose of the Plan**

The purpose of this state plan is to succinctly outline goals, objectives, action steps, and success criteria that will decrease mortality and morbidity as a result of heart disease, stroke, and their major associated risk factors among Idahoans. This plan does not set specific goals regarding any one particular priority population. Instead, reducing health disparities is an essential factor within each goal and objective. For Idaho, the development of culturally competent and evidence-based interventions will continue to be paramount to the work undertaken by the Idaho Heart Disease and Stroke Prevention Program and the Idaho Heart Disease and Stroke Prevention Advisory Committee. We will strive to ensure Idahoans receive information and care that is respectful of culture, health beliefs, and preferred language.

# FY 2009 - 2013 State Plan

## Framework and Process

Idaho is one of 41 states (in addition to the District of Columbia) that the Centers for Disease Control and Prevention (CDC) provides funding for across the U.S. to improve the cardiovascular health of Americans. CDC has established six priorities for funded programs. They are:

- Control high blood pressure
- Control high cholesterol
- Know the signs and symptoms of heart attack and stroke - call 911 immediately if signs/symptoms are present
- Improve emergency response time
- Improve quality of care
- Eliminate disparities

During the development of this state plan, these goals were a guide as were the guidelines set forth for state level programs in the CDC's Public Health Action Plan to Prevent Heart Disease and Stroke. The development of Idaho's plan was undertaken with the support of CDC funding.

In addition to the above priorities, the state plan process utilized the socio-ecological model to base interventions upon and ensure there were goals and objectives in every level of the model. In the socio-ecological model, behavior can be influenced at the following levels.

This model combines individual behavior with social and physical environments and it calls for multi-level interventions. It depicts the interrelationships between the various levels of the socio-ecological model.

## Socio-Ecological Model



# Heart Disease & Stroke in Idaho

While lifestyle and health choices are made by individual Idahoans, there is strong evidence that healthy behavior choices are more likely to be sustained in an environment that supports them as opposed to a contrary environment.

Partnership and collaboration are essential to support the process of change to healthier individual choices and positive environment and social changes. The Idaho Heart Disease and Stroke Prevention Program cannot on its own develop activities at each level of the model for every risk factor. The model will only work when we unite to enact multiple, comprehensive and inter-related efforts simultaneously and collaboratively. The plan was developed by a variety of committed and talented stakeholders throughout the state of Idaho. The purpose of their effort was to generate “a comprehensive state plan for heart disease and stroke prevention with emphasis on developing heart-healthy policies, changing physical and social environments, and eliminating disparities (e.g., based on geography, sex, income, race or ethnicity).”

The IHDSPAC, comprised of 27 strategic partners from a variety of perspectives throughout Idaho, provided oversight to the plan development process, as well as input and guidance to the plan's initial direction and development.

The Idaho Heart Disease and Stroke Prevention State Plan Subcommittee (IHDSPPSC), comprised of over 50 individuals from a variety of perspectives and professions throughout Idaho, provided subject-matter expertise, studied and explored their various perspectives, considered application of goals and objectives through the range of the social-ecological public health spectrum, and conducted hands-on work to generate the first state plan for Idaho. The group ensured that this first plan featured the development of relationships, partnerships, and capacity building that will support an environment to influence policy development, cultural change, and the elimination of disparities.

The IHDSPAC participated in planning meetings where they reviewed and provided input on the products generated in four IHDSPPSC facilitated workshops. IHDSPPSC work featured the availability of a wealth of information including Idaho burden data, research reports and findings, heart disease and stroke prevention plans generated by other states, and more. Collectively, the IHDSPPSC generated goals, objectives and strategies that seek to produce a collaborative environment which enables partners statewide to work together to improve cardiovascular health and quality of life. Their approach involves three primary functions:

1. The prevention, detection and treatment of risk factors,
2. Early identification and treatment of heart attacks and strokes, and
3. Prevention of recurrent cardiovascular events.

The group ensured that this first plan featured the development of relationships, partnerships, and capacity building that will support an environment to influence policy development, cultural change, and the elimination of disparities.

# FY 2009 - 2013 State Plan

## Plan Contents

Included in this plan are goals and their related objectives, action steps, and success criteria. The plan also includes a summary of the burden of cardiovascular disease in Idaho and an opportunity to become involved in Idaho's efforts to reduce heart disease and stroke morbidity and mortality. A full report on the burden of heart disease and stroke can be found at [www.idahoheartandstroke.org](http://www.idahoheartandstroke.org).

## Participants

The state of Idaho would like to acknowledge and thank all of the partners who contributed invaluable time and expertise to generate this ambitious plan. Special acknowledgement and appreciation goes to the Idaho Heart Disease and Stroke Prevention Advisory Committee Chair, Robert Friedman MD, for his support, encouragement, and leadership. In addition, the Idaho Heart Disease and Stroke Prevention Program would like to extend its appreciation to consultants Marsha Bracke and Palina Louangketh for their relentless commitment and guidance throughout this process.

The following identifies participants on the Idaho Heart Disease and Stroke Prevention Advisory Committee and State Plan Subcommittee respectively. They all deserve commendation for their efforts.

Clearly, the work is not done. The Heart Disease and Stroke Prevention State Plan is an ambitious one. It will require the continued support of: the Idaho Department of Health and Welfare, to provide everyone a hub in which to ground it; ongoing implementation leadership by each of the partners involved on the Idaho Heart Disease and Stroke Prevention Advisory Committee and Subcommittees who will continue to work to make it a reality; and the recognition of its purpose, role and relevance to other partners and stakeholders throughout the State of Idaho.

## *Idaho Heart Disease and Stroke Prevention Advisory Committee*

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Stroke Survivor

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# Heart Disease & Stroke in Idaho

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## *Burden Document Summary*

In April 2007, the Idaho Department of Health and Welfare released its first report describing the burden of heart disease and stroke and their associated risk factors. In July 2009, an update to that document was released entitled, "The Burden of Cardiovascular Disease in Idaho." What follows is a summary of the data included in the July 2009 burden document. To view the full report, please visit the Heart Disease and Stroke Prevention Program website at [www.idahoheartandstroke.org](http://www.idahoheartandstroke.org). You can obtain a printed copy by contacting the Heart Disease and Stroke Prevention Program at 208-334-5966 or by emailing [bceh@dhw.idaho.gov](mailto:bceh@dhw.idaho.gov).

### Executive Summary

The purpose of the 2009 burden document is to help identify areas of concern regarding heart disease and stroke mortality, morbidity, and accompanying risk factors. Cardiovascular disease comprises cerebrovascular diseases (stroke), diseases of the heart, and other cardiovascular diseases.

### Mortality

In 2005 (the most recent year data are available nationally), Idaho ranked 39<sup>th</sup> among states for heart disease deaths and 16<sup>th</sup> for stroke deaths. Although Idaho has seen its age-adjusted heart disease death rate decrease 25.5% from 219.2 in 1999 to 163.2 in 2007, in 2003 the national ranking for Idaho was 40<sup>th</sup> and 17<sup>th</sup> respectively.

In 2007:

- Cardiovascular diseases (heart disease and stroke) accounted for 28.4% of Idaho resident deaths.
- Heart disease was the leading cause of death accounting for 22.5% of all resident deaths.
- Cerebrovascular disease (stroke) accounted for 5.9% of all Idaho resident deaths and was the 4<sup>th</sup> leading cause of death.
- Women were more likely to die from a stroke than men.
- Men were more likely to die from diseases of the heart than women.

Mortality rates for heart disease and stroke vary across Idaho. For heart disease deaths, Southeastern District Health Department and Eastern Idaho Public Health District both have statistically significant higher rates of heart disease death than the overall rate for Idaho based on the 2005-2007 age-adjusted death rates. The Idaho mortality rate is 169.8 per 100,000 population whereas the rates for Southeastern District Health Department and Eastern Idaho Public Health District are 198.2 and 189.6 per 100,000 population respectively. Overall, the Panhandle Health District, Idaho North Central District, Southwest District Health Department, Central District Health Department, and South Central Public Health District were not statistically different from the rest of the state.

While there was variation in the rate of stroke deaths among the health districts, the differences between the Idaho rate and the individual health district rates were not statistically significant. The stroke mortality rate for Idaho is 48.8 per 100,000 population, based on the 2005-2007 age-adjusted death rates.

### Morbidity

Idaho does not currently have comprehensive statewide hospitalization data. This makes morbidity (incidence of disease/rate of sickness) difficult to measure. Idaho does collect information on heart disease and stroke morbidity for adults aged 18 and older via the Idaho Behavior Risk Factor Surveillance System (BRFSS). BRFSS is a random landline telephone survey of the non-institutionalized adult population. For the 2007 BRFSS (the most recent year data were available for analysis) a minimum of 700 Idaho adults were interviewed in each of the seven health districts, for a total sample size of 5,343.

# Heart Disease & Stroke in Idaho

## 2007 Behavior Risk Factor Surveillance System:

### Heart Disease

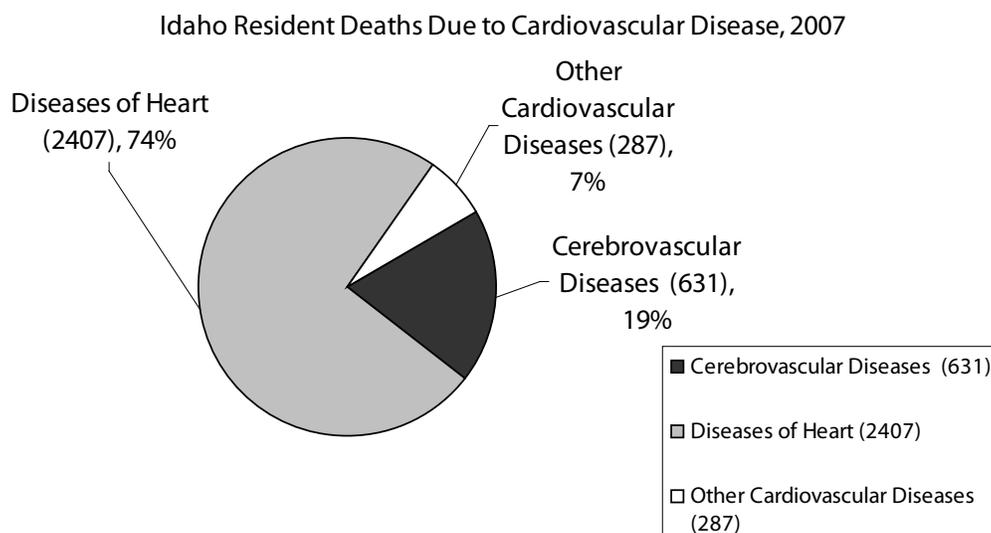
- 3.8% of Idaho adults report they have been diagnosed with heart disease.
- Males were slightly more likely to be diagnosed with heart disease (4.2% vs. 3.3% for females), although this was not statistically significant.
- Among Idaho adults aged 65 and older, 14.4% had diagnosed heart disease. This is much higher than the 0.7% for adults aged 18-44 or the 3.4% for adults aged 45-64. The difference for those aged 65 and older was statistically significant.
- There were no statistically significant differences in heart disease prevalence among the seven health districts.

### Heart Attack

- 4.2% of Idahoan adults report they have had a heart attack/myocardial infarction.
- Males were significantly more likely to report having had a heart attack (5.4% vs. 3.1% of females).
- Idaho adults reporting an annual income of \$35,000 or more were significantly less likely to report they had a heart attack than those making less than \$15,000. Additionally, Idaho adults who graduated from college were significantly less likely to have had a heart attack than those adults with lower educational attainment.
- There were no statistically significant differences in heart attack prevalence among the seven health districts.

### Stroke

- 2.5% of Idaho adults reported having been diagnosed with a stroke. There was no statistically significant difference between males and females.
- Approximately one-in-thirteen (7.9%) of adults aged 65 and older have been diagnosed with a stroke. This is significantly higher than those younger than 65.
- Idaho adults who graduated from college were significantly less likely to report being diagnosed with a stroke than those adults with lower educational attainment.
- There were no statistically significant differences in stroke prevalence among the seven health districts.



## Risk Factors

The risk factors associated with heart disease and stroke include high blood pressure (hypertension), high blood cholesterol, obesity, poor diet, sedentary lifestyle, and smoking. Adults who have been diagnosed with high blood pressure, high blood cholesterol or diabetes are significantly more likely to have ever been diagnosed with heart disease or stroke.

## High Blood Pressure (hypertension)

Having high blood pressure increases the risk of developing heart disease, stroke or other serious conditions and it is often called the “silent killer” due to having no noticeable warning signs or symptoms.

- 25.9% of Idaho adults have been diagnosed with high blood pressure.
- Idaho adults with high blood pressure were almost five times more likely to have had a heart attack than adults without high blood pressure (10.1% vs. 2.2% respectively).
- Idaho adults with high blood pressure were over four times more likely to have a stroke than adults without high blood pressure (5.9% vs. 1.3% respectively).
- Slightly more than one-fourth (27.9%) of Idaho adults who have high blood pressure were not taking their blood pressure medication in 2007.

## High Blood Cholesterol

Having high blood cholesterol increases the risk of developing heart disease, stroke or other serious conditions. When there is too much cholesterol in your body, it accumulates in arteries and can lead to narrowing of the arteries and to heart disease.

- In 2007, one-third (33.3%) of Idaho adults reported not having their blood cholesterol checked in the past five years.
- Idaho adults with high blood cholesterol were almost three times more likely to have had a heart attack than adults without high cholesterol (9.2% vs. 3.3% respectively).
- Idaho adults with high blood cholesterol were over two times more likely to have had a stroke than adults without high cholesterol (5.0% vs. 2.1% respectively).
- American Indian/Alaskan Native Idaho adults were significantly more likely to have not had their cholesterol checked within the past five years than White adults (46.2% vs. 32.0%).
- Idaho Hispanic adults were significantly more likely to have not received a screening for blood cholesterol levels in the last five years than Non-Hispanic adults (54.4% vs. 31.6%).

## Diabetes

People with diabetes are at least twice as likely to develop heart disease.

- In 2007, 7.9% of Idaho adults were told they have diabetes.
- Idaho adults with diabetes were five times more likely to have ever had a heart attack than adults without diabetes (17.4% vs. 3.1% respectively).
- Idaho adults with diabetes were over four times more likely to have ever had a stroke than adults without diabetes (8.8% vs. 2.0%).
- Idaho American Indian/Alaskan Native adults were significantly more likely to have been diagnosed with diabetes than Whites or African Americans (14.8% vs. 7.2% and 3.33%, respectively).



# Heart Disease & Stroke in Idaho

## Overweight/Obesity

Being overweight or obese increases the risk of developing heart disease or stroke. Overweight is classified as a body mass index (BMI) greater than or equal to 25. Obese is classified as a BMI greater than or equal to 30.

- In 2007, 63.1% of Idaho adults were overweight.
- In 2007, 25.1% of Idaho adults were classified as obese.
- Idaho American Indian/Alaskan Native adults were significantly more likely to be obese (40.6%) than Whites (24.2%) and Asians (11.0%).

## Sedentary Lifestyle

Physical activity is important to maintain health. The American Heart Association's guidelines recommend that adults should get at least 30 minutes of moderate intensity activity at least 5 days per week.

- In 2007, 8.9% of Idaho adults did not engage in moderate or vigorous physical activity.

## Smoking

Cigarette smoking is a striking risk factor for heart disease and stroke. Cigarette smoking increases blood pressure and increases the tendency for blood to clot. It also decreases HDL (good) cholesterol.

- In 2007, 19.1% of Idaho adults were current smokers.
- Idaho adults who had been diagnosed with a heart attack or stroke reported higher rates of smoking (23.1% and 27.3% respectively) although this was not statistically significant.
- One-third (33.2%) of Idaho American Indian/Alaskan Native adults smoke cigarettes; which was significantly higher than Whites (17.6%) and Asians (6.9%).

## Racial and Ethnic Disparities for Heart Disease and Stroke

The data on the various races and ethnicities in Idaho are limited due to the relatively small proportion of Idaho adults who report that they are of other racial categories other than White or other ethnicities beyond Non-Hispanic. By aggregating data from multiple years we are able to provide some limited data on Asians, American Indian/Alaskan Natives and persons of Hispanic ethnicity.



American Indian/Alaskan Natives are at significantly greater risk for many of the risk factors for heart disease, such as diabetes, smoking and being overweight or obese. Persons of Hispanic ethnicity were significantly less likely to have a heart attack or stroke than Non-Hispanics. Hispanics were also significantly less likely to have high blood pressure. Although, Hispanics were less likely to have had their cholesterol checked in the last five years, those Hispanics who did have their cholesterol checked were less likely than Non-Hispanics to have high cholesterol.

## Goals, Objectives, and Strategies

### Goal 1

Idaho has a statewide, multidisciplinary, collaborative and integrated network of professionals to ensure evidence-based and high quality care for patients with heart disease and stroke.

#### Objective 1.1

By June 2014, increase the number of multidisciplinary participants in the Idaho Heart Disease and Stroke Prevention (IHDSPP) collaborative efforts by at least twenty-five percent (25%).

#### Strategies

1.1.1 By October 2009, establish materials for statewide recruitment activities.

1.1.2 By November 2009, identify partners to recruit throughout the state by discipline.

1.1.3 By December 2009, ensure that the structure of the Idaho Heart Disease and Stroke Prevention Advisory Committee (IHDSPPAC) is robust and supports the activities outlined in the state plan.

#### Criteria for success:

- Number of IHDSPP participants added (rosters)
- Committee structure supports the state plan
- Committee goals and objectives align with the priorities of the CDC Division of Heart Disease and Stroke Prevention

### Goal 2

Idahoans know the major risk factors of heart disease and stroke, actions to address these risk factors and when to seek medical care.

#### Objective 2.1

By June 2014, increase the number of Idahoans who know at least three major risk factors of heart disease and stroke prevention by fifteen percent (15%).

#### Strategies

2.1.1 By July 2010, establish a baseline measurement tool for knowledge of risk factors.

2.1.2 By December 2010, implement baseline measurement tool.

2.1.3 By January 2011, research and develop social marketing messages, around the gaps in knowledge of Idahoans, to utilize in a social marketing campaign.

2.1.4 By December 2011, implement a statewide social marketing campaign.

2.1.5 By December 2013, conduct follow-up measurement for knowledge of risk factors.

#### Criteria for success:

- Baseline community survey
- Documentation of a social marketing campaign for Idaho
- Follow-up community survey

# Heart Disease & Stroke in Idaho

## *Goal 3*

Idahoans with heart disease, stroke or associated risk factors have increased availability of hospital-based and lay leader instructed chronic disease self-management program classes.

### *Objective 3.1*

By June 2014, increase the number of evidence-based chronic disease self-management program sessions delivered by hospitals and/or lay leaders by ten percent (10%).

### *Strategies*

3.1.1 By March 2010, inventory Idaho evidence-based chronic disease self-management programs and chronic disease education programs.

3.1.2 By October 2010, develop plan to implement/support chronic disease programs, both hospital based and lay leader led.

3.1.3 By June 2011, train an additional fifty (50) lay leader instructors.

### *Criteria for success:*

- Baseline inventory of lay leader and hospital-based programs, number of trainers and number sessions delivered
- Follow-up inventory of lay leader and hospital-based programs, number of trainers and number sessions delivered



## *Goal 4*

Idahoans know the warning signs and symptoms of a heart attack/cardiac event and stroke and the importance of calling 911 immediately.

### *Objective 4.1*

By June 2014, increase the percentage of Idahoans who know the signs and symptoms for heart attack and stroke by twenty-five (25%).

### *Strategies*

4.1.1 By December 2011, develop an awareness and education program on the signs/symptoms of heart attack/cardiac event and stroke.

4.1.2 By July 2012, implement the signs and symptoms and 911 awareness and education campaign in Idaho.

### *Criteria for success:*

- BRFSS data
- Educational campaign developed and implemented

### *Objective 4.2*

By June 2014, increase the percentage of Idahoans who utilize 911 for heart attack or stroke by ten percent (10%).

### *Strategies*

4.2.1 By July 2010, develop a statewide process to identify barriers to utilizing 911.

4.2.2 By December 2010, initiate a 911 statewide assessment process.

4.2.3 By December 2011, develop an awareness and education program to address identified barriers to calling 911 and the signs/symptoms of heart attack/cardiac event and stroke.

4.2.4 By July 2012, implement the signs and symptoms and 911 awareness and education campaign in Idaho.

4.2.5 By June 2014, conduct a follow-up 911 statewide assessment process.

### *Criteria for success:*

- BRFSS data
- Baseline assessment
- Education campaign developed and implemented
- Follow-up assessment

# Heart Disease & Stroke in Idaho

## Goal 5

Idahoans seek routine, evidence-based screening\* for heart disease and stroke risk factors.

### Objective 5.1

By June 2014, increase by twenty percent (20%) the number of worksite wellness programs that promote evidence-based screening for heart disease and stroke.

### Strategies

5.1.1 By June 2011, identify an existing evidence-based screening algorithm(s) for heart disease and stroke risk factors.

5.1.2 By July 2011, survey worksite wellness programs screening practices and make recommendations.

5.1.3 By December 2011, begin promoting the evidence-based heart disease and stroke screening with worksite wellness programs.

5.1.4 By December 2012, research outreach opportunities for retirees and the self-employed.

5.1.5 By June 2014, conduct follow-up survey of worksite wellness programs regarding implementation of recommendations.

### Criteria for success:

- Evidence-based screening algorithm is utilized
- Baseline worksite wellness program survey
- Follow-up worksite wellness program survey

### Objective 5.2

By June 2014, increase by twenty percent (20%) public and private insurance companies that promote evidence-based screening\* for heart disease and stroke risk factors through a variety of easily available venues.

### Strategies

5.2.1 By July 2011, survey public and private insurance companies regarding heart disease and stroke risk factor screening coverage.

5.2.2 By October 2011, compare results to the evidence-based screening algorithm developed for Idaho.

5.2.3 By December 2012, develop and disseminate a report of finding and implications to the insurance companies to promote expanding the percentage of individuals with access to evidence-based screening for heart disease and stroke.

5.2.4 By June 2014, conduct follow-up survey.

### Criteria for success:

- Baseline insurer survey
- Number of companies that receive evidence-based screening information materials and presentation
- Follow-up insurer survey



\* Evidence-based screening for heart disease and stroke means medical screening/testing that has been proven through research to be effective in preventing heart disease or stroke or effective in informing treatment of heart disease or stroke.

## *Goal 6*

Idahoans have an increased number of heart healthy environments in worksites and cities.

### *Objective 6.1*

By June 2014, increase the number of worksites that engage in new heart healthy activities by two.

### *Strategies*

- 6.1.1 By June 2012, research available inventories of evidence-based strategies for heart healthy worksites.
- 6.1.2 By December 2012, partner with the Idaho Physical Activity and Nutrition Program (IPAN), American Heart Association (AHA), Project Filter (PF) and the Idaho Diabetes Prevention and Control (IDPC) programs to conduct a survey to measure how workplaces address heart disease and stroke risk factors associated with dietary consumption, physical activity, and tobacco.
- 6.1.3 By July 2013, use survey data and the best practices inventory to implement a strategic approach which articulates measurable goals and objectives for worksites to influence their respective treatment of dietary consumption, physical activity, and tobacco.

### *Criteria for success:*

- Establishment of IHDSPAC Subcommittee
- Inventory developed and distributed
- Baseline worksite survey
- Work plan developed, distributed, and implemented
- Follow-up worksite survey

### *Objective 6.2*

By June 2014, engage two cities in heart healthy city planning.

### *Strategies*

- 6.2.1 By June 2012, research available evidence-based strategies for heart healthy city planning.
- 6.2.2 By December 2012, partner with the IPAN, AHA, PF and the IDPC programs to conduct a survey to measure how cities currently address heart disease and stroke risk factors associated with dietary consumption, physical activity, and tobacco.
- 6.2.3 By July 2013, use survey data and the best practices inventory to implement a strategic approach which articulates measurable goals and objectives for working with cities.

### *Criteria for success:*

- Inventory is developed
- Baseline city survey
- Development and implementation of work plan
- Follow-up city survey

# Heart Disease & Stroke in Idaho

## *Goal 7*

Idaho state legislation and local ordinances promote heart disease and stroke prevention.

### *Objective 7.1*

By June 2014, inform key local and state decision makers about the need for and importance of evidence-based heart healthy initiatives in Idaho.

### *Strategies*

7.1.1 By December 2009, the Idaho Heart Disease and Stroke Prevention Advisory Committee establishes a subcommittee for this goal and related activities.

7.1.2 By July 2012, develop an initiative to reach out to and communicate with key elected officials (or other appropriate local officials) throughout the state to discuss heart healthy communities (i.e., sidewalk, walkable communities, bike paths, smoke free environments, locating businesses and density, etc.)

### *Criteria for success:*

- Establishment of IHDSPAC Subcommittee
- Developed and implemented initiative
- Number of local and state officials that receive information and presentation



## *Goal 8*

Idahoans recognize the signs and symptoms of heart attack and have the skills to perform cardiopulmonary resuscitation (CPR) and use an automated external defibrillator (AED).

### *Objective 8.1*

By July 2010, develop and refine an evidence-based Emergency Medical Services (EMS) training “toolbox” to be used as a public education tool statewide by EMS personnel on the following topics: signs and symptoms of heart attack, CPR and AED use, signs and symptoms of stroke, importance of calling 911 immediately.

### *Strategies*

- 8.1.1 By December 2009, convene a group of state and local EMS personnel and other stakeholders to research and develop an evidence-based training “toolbox” for EMS use on heart disease and stroke and CPR/AED use and develop an implementation plan.
- 8.1.2 By June 2010, pilot the toolbox with one agency/group in one frontier, rural and urban county.
- 8.1.3 By June 2011, adjust the toolbox as appropriate per the pilot and distribute toolboxes throughout Idaho.
- 8.1.4 By December 2011, develop and administer an effectiveness survey of agency personnel that receive the toolbox.
- 8.1.5 By June 2012, include toolbox in on-line resources for IHDSF program.
- 8.1.6 By June 2012, develop plan for regular updates to toolbox.

### *Criteria for success:*

- Baseline data on by-stander CPR
- Pilot evaluation and documented refinement
- Follow-up data on by-stander CPR
- Toolbox is developed and is available on the internet

### *Objective 8.2*

By June 2014, at least fifty percent (50%) of state agencies have utilized the EMS “toolbox” to train employees on CPR/AED use, signs and symptoms of heart attack and stroke and the importance of calling 911 immediately.

### *Strategies*

- 8.2.1 By September 2011, develop a plan to deploy the training statewide for state agencies using the toolbox as refined per the testing process.
- 8.2.2 By June 2012, ensure at least one (1) training has occurred for a state agency.

### *Criteria for success:*

- Number of state agencies that utilize the “toolbox” for staff training

# Heart Disease & Stroke in Idaho

## *Objective 8.3*

By June 2014, at least fifteen (15) counties or cities utilize the EMS “toolbox” to train employees on CPR/AED use, signs and symptoms of heart attack and stroke and the importance of calling 911 immediately.

## *Strategies*

8.3.1 By September 2011, develop a plan to deploy the training statewide for county/city personnel using the toolbox as refined per the testing process.

8.3.2 By June 2012, ensure at least one training has occurred for county/city personnel.

## *Criteria for success:*

- Number of counties/cities that utilize the “toolbox” for staff training

## *Objective 8.4*

By June 2014, at least one community member training is conducted utilizing the EMS “toolbox” in fifteen (15) Idaho Counties.

## *Strategies*

8.4.1 By September 2011, develop a plan to deploy the training statewide for community trainings using the toolbox as refined per the testing process.

8.4.2 By June 2012, ensure at least one training has occurred for the community.

## *Criteria for success:*

- Number of community members trained



## Goal 9

All Idahoans who call 911 for cardiac and stroke events receive appropriate pre-arrival instructions.

### Objective 9.1

By December 2012, a heart disease and stroke emergency dispatch training program exists that includes training on CPR and AED use.

### Strategies

- 9.1.1 By June 2010, survey the 911 and EMS dispatch centers to determine current use of Emergency Medical Dispatch (EMD) training and EMD interest.
- 9.1.2 By December 2010, partner with the E911 Council to identify funding opportunities and any legislative needs for the EMD for heart disease and stroke dispatcher training.
- 9.1.3 By May 2012, develop/adapt an EMD training for heart disease and stroke for Idaho.
- 9.1.4 By July 2012, partner with the E911 Council to incorporate the heart disease and stroke training into the Peace Officer Standards and Training (POST) for dispatchers.
- 9.1.5 By December 2012, develop a follow-up plan, tracking and delivery method for on going dispatcher training on heart disease and stroke.



### Criteria for success:

- Curriculum is developed
- Training occurs

### Objective 9.2

By June 2014, one hundred percent (100%) of 911 and EMS dispatch centers deliver pre-arrival instructions for cardiac and stroke events.

### Strategies

- 9.2.1 By June 2010, survey the 911 and EMS dispatch centers to determine current use of Emergency Medical Dispatch (EMD) training and EMD interest.
- 9.2.2 By July 2012, partner with the E911 Council to incorporate a heart disease and stroke training into the Peace Officer Standards and Training (POST) for dispatchers.
- 9.2.3 By December 2012, develop a follow-up plan, tracking and delivery method for on going dispatcher training on heart disease and stroke.

### Criteria for success:

- Baseline survey of 911 and EMS dispatch agencies
- Follow-up survey of 911 and EMS dispatch agencies

# Heart Disease & Stroke in Idaho

## *Goal 10*

All Idahoans receive cardiac and stroke care and transport that utilizes best practice, evidence-based guidelines and protocols.

### *Objective 10.1*

By June 2014, evidence-based treatment guidelines and protocols exist within fifty percent (50%) of the ST-elevation myocardial infarction (STEMI) network\*.

### *Strategies*

10.1.1 By November 2009, survey 12-lead availability and capacity in the State of Idaho.

10.1.2 By June 2010, develop a cardiac assessment tool for EMS.

10.1.3 By June 2010, develop best practice protocols for STEMI transport and treatment.

10.1.4 By December 2010, partner with other stakeholders to seek funding to provide 12-lead ECGs/AEDs for all Idaho ambulances.

10.1.5 By June 2011, provide 12-lead ECG/AED training for EMS agencies.

10.1.6 By June 2011, develop and provide training on best practice protocols to EMS and hospitals.

10.1.7 By June 2012, work with existing STEMI efforts and promote statewide implementation by region and promote standardization among regions to the greatest extent feasible.

### *Criteria for success:*

- Cardiac assessment tool developed
- Survey completed regarding 12-lead capacity
- Evidence-based written protocols are developed and distributed
- Trainings conducted
- Hospitals and EMS report utilization of the protocols

### *Objective 10.2*

By June 2014, evidence-based treatment guidelines and protocols exist through twenty percent (20%) of the Unstable Angina/Non-ST-Elevated Myocardial Infarction (UA/NSTEMI) network\*\*.

### *Strategies*

10.2.1 By June 2010, develop a cardiac assessment tool for EMS.

10.2.2 By December 2010, establish a workgroup to develop UA/NSTEMI protocols.

10.2.3 By June 2012, develop best practice protocols for UA/NSTEMI transport and treatment.

10.2.4 Work with existing UA/NSTEMI efforts and promote statewide implementation by region and promote standardization among regions to the greatest extent feasible.

### *Criteria for success:*

- Cardiac assessment tool developed
- Evidence-based written protocols are developed and distributed
- Hospitals and EMS report utilization of the protocols
- Hospitals and EMS report utilization of the protocols

\* The STEMI network refers to all parties with a vested interest in the treatment of STEMI patients. This involves Emergency Medical Services (EMS), hospital-based medical providers, other treatment providers, administrators and policy makers, and third-party payers. All of these have a role in timely and high quality treatment.

\*\*The UA/NSTEMI network refers to all parties with a vested interest in the treatment of unstable angina and non-STEMI patients. This involves Emergency Medical Services (EMS), hospital-based medical providers, other treatment providers, administrators and policy makers, and third-party payers. All of these have a role in timely and high quality treatment.

## *Objective 10.3*

By June 2014, standardized care and evidence-based treatment guidelines and protocols exists through twenty-five percent (25%) of the Idaho stroke network\*.

### *Strategies*

- 10.3.1 By October 2009, reconvene the Stroke Care Committee and expand recruitment and participation.
- 10.3.2 By December 2010, develop best practice protocols for stroke transport and treatment.
- 10.3.3 By December 2011, develop and provide training on best practice protocols to EMS and hospitals.
- 10.3.4 By December 2013, ensure statewide implementation by region and ensure standardization among regions to the greatest extent feasible.

### *Criteria for success:*

- Written protocols are developed and distributed

## *Goal 11*

Idaho EMS has and utilizes an evidence-based standardized stroke assessment.

### *Objective 11.1*

By June 2014, one hundred percent (100%) of EMS agencies utilize an evidence-based standardized stroke assessment.

### *Strategies*

- 11.1.1 By November 2009, identify what stroke assessments are available and select a standardized assessment tool.
- 11.1.2 By December 2009, distribute the EMS Online Stroke Assessment training developed in partnership with the Northwest Regional Stroke Network (NWRSN).
- 11.1.3 By June 2010, pilot a packaged stroke assessment training for local EMS with at least one pilot agency.
- 11.1.4 By September 2010, complete an evaluation of the pilot and make determination regarding utilization of third party developed packaged stroke assessment versus developing and distributing an in-person training for use by EMS agencies in the continuing education and refresher trainings.
- 11.1.5 By June 2014, measure for reach of utilization and evaluate efficacy of standardized assessment.

### *Criteria for success:*

- Baseline survey
- Written protocols are developed and distributed
- Follow-up survey

\* The stroke network refers to all parties with a vested interest in the treatment of stroke patients. This involves Emergency Medical Services (EMS), hospital-based medical providers, other treatment providers, administrators and policy makers, and third-party payers. All of these have a role in timely and high quality treatment.

# Heart Disease & Stroke in Idaho

## *Goal 12*

Idahoans have access to the highest quality, evidence-based system of care for prevention and treatment of heart disease and stroke [acute care, sub-acute, rehabilitation services and secondary prevention].

### *Objective 12.1*

By June 2014, increase the number of Joint Commission Stroke Center certifications by two hospitals.

### *Strategies*

12.1.1 By December 2010, assess hospital interest to become Joint Commission Stroke Center certified.

12.1.2 By December 2011, partner with interested hospitals to identify barriers and develop plans to accomplish hospital certifications.

### *Criteria for success:*

- Number of certified Stroke Centers

### *Objective 12.2*

By June 2014, increase the number of certified Chest Pain Centers (or equivalent) by two.

### *Strategies*

12.2.1 By December 2010, assess hospital interest to become certified Chest Pain Centers.

12.2.2 By December 2011, partner with interested hospitals to identify barriers and develop plans to accomplish hospital certifications.

### *Criteria for success:*

- Number of certified Chest Pain Centers (or equivalent)

### *Objective 12.3*

By June 2014, increase the number of hospitals that utilize a standardized evidence-based database for heart disease and stroke clinical measures to at least ten.

### *Strategies*

12.3.1 By December 2010, identify evidence-based databases for heart disease and stroke clinical measures.

12.3.2 By December 2011, assess hospital use of evidence-based databases.

12.3.3 By June 2012, partner with hospitals to identify barriers and develop plans to utilize an evidence-based database.

### *Criteria for success:*

- Number of hospitals that utilize an evidence-based database for heart disease and stroke clinical measures.

## *Goal 13*

Evidence-based education regarding heart disease and stroke prevention and management is available and recommended for Idaho health care providers to increase their awareness, clinical proficiency, and quality of care.

### *Objective 13.1*

By December 2012, develop consensus-based health professional education guidelines for Idaho on heart disease and stroke.

### *Strategies*

- 13.1.1 By December 2009, convene a multidisciplinary and geographically representative group of professionals to develop guidelines.
- 13.1.2 By April 2010, conduct an inventory of partners/resources and practitioners.
- 13.1.3 By October 2010, develop and implement a hospital heart and stroke education assessment.
- 13.1.4 By July 2012, outline minimum standards as defined by AHA/ASA and American College of Cardiology (ACC) of education by provider type and location (to include EMS).
- 13.1.5 By December 2012, identify contents of education – best practices between region and location with minimum expectations and develop multi-media delivery/marketing methods.

### *Criteria for success:*

- Assessment conducted
- Inventory produced
- Written minimum standards developed and distributed

### *Objective 13.2*

By June 2014, ensure seventy-five (75%) of Idaho hospitals receive heart disease and stroke education through IHDSP collaborations.

### *Strategies*

- 13.2.1 By June 2014, conduct at least four symposium events to increase knowledge and awareness of best practices for heart disease and stroke care and to promote communication between professionals.

### *Criteria for success:*

- Percentage of Idaho hospitals that have staff attend IHDSP education sessions/events.
- Symposium evaluations
- Percentage of Idaho hospitals that have staff attend IHDSP education sessions/events

# Heart Disease & Stroke in Idaho

## *Goal 14*

Statewide, evidence-based clinical performance measures are established for heart disease and stroke.

### *Objective 14.1*

By December 2011, develop statewide heart disease and stroke clinical performance measures.

### *Strategies*

14.1.1 By December 2009, convene a multidisciplinary and geographically representative group of professionals to develop consensus clinical performance measures.

14.1.2 By April 2010, explore evidence-based performance improvement systems.

14.1.3 By December 2010, develop a process to establish the baseline for the clinical performance measures and benchmarks.

14.1.4 By June 2014, performance measures are distributed statewide.

### *Criteria for success:*

- Representation on multidisciplinary professional group
- Written performance measures are developed and distributed

### *Objective 14.2*

By March 2012, identify at least three hospitals to agree to pilot the heart disease and stroke performance measures.

### *Strategies*

14.2.1 By December 2012, measure the benchmarks/set baseline for the pilot facilities.

14.2.2 By July 2013, identify gaps and obstacles and develop plan to address.

14.2.3 By December 2013, reevaluate and prepare information to distribute statewide.

### *Criteria for success:*

- Pilot evaluation



# FY 2009 - 2013 State Plan

## *A Coordinated Response*

Everyone has a role to play in the prevention of heart disease and stroke. The release of the Idaho Heart Disease and Stroke Prevention State Plan is the first step to significantly reducing diseases of the heart and stroke mortality and morbidity. This state plan was developed under the leadership of the Idaho Heart Disease and Stroke Prevention Advisory Committee and the Idaho Heart Disease and Stroke Prevention Program.

The state plan goals and objectives are more than any one agency or organization can accomplish on their own. Only through combined efforts to improve the health of Idahoans can the objectives be accomplished. Idaho needs healthcare organizations, insurers, business and community leaders, healthcare and public health leaders, state and local policy makers to partner together to achieve the objectives of the state plan.

If you are interested in joining this effort, please contact the Idaho Heart Disease and Stroke Prevention Program at 208-334-5966 or by email [bceh@dhw.idaho.gov](mailto:bceh@dhw.idaho.gov).

You may complete this form and submit it on the web at [www.idahoheartandstroke.org](http://www.idahoheartandstroke.org) or mail it to Idaho Heart Disease and Stroke Prevention Program at 450 West State Street, 6th floor, Boise, ID 83702.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Interested in joining the:

- Cardiac Committee
- Stroke Committee
- Advocacy Subcommittee
- Emergency Medical Services (EMS) Subcommittee
- Public Education Subcommittee

Thank you for your interest and participation!







Bureau of Community and Environmental Health  
Bureau of Vital Records and Health Statistics  
Division of Public Health  
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