

Minnesota Heart Disease and Stroke Prevention Plan 2004-2010: Strategies

Goal 1: Develop infrastructure and capacity (including monitoring, training, resources, leadership, partnerships and advocacy) to promote cardiovascular health.

Objective 1: Engage leadership to develop policy and advocate for issues around heart disease and stroke.	G	C	HC	LPT	WS	S
1. Stimulate legislative action to finance and support heart disease and stroke prevention and treatment related activities in Minnesota.						
2. Develop partnerships and collaborations with all communities including those of color, American Indians, and recent immigrants to improve access to physical activity programs and services.						
3. Develop land planning and transportation policies that improve cardiovascular health with identified and engaged elected officials, decision-makers, and stakeholders.						
4. Assist school districts and communities in developing new coordinated school health councils, strengthening existing coordinated school health councils, and maintaining them as effective entities that can support and guide school health practices, programs, and policies.						
5. Build a strong business case for employers on the importance of addressing cardiovascular health risk reduction and disease management to employers, employees, and other entities.						
6. Foster relationships among managed care organizations, health vendors and health consultants, and employers for the purpose of leading a coalition to promote and advance worksite cardiovascular health programs.						
7. Encourage adoption of state and federal tax benefits for individuals who enroll in health promotion programs, and encourage employees to take advantage of such tax benefits.						
Objective 2: Identify and leverage resources through collaborations across non-profit, public and private sectors to improve cardiovascular health.	G	C	HC	LPT	WS	S
8. Create communication systems among stakeholders that will promote cardiovascular health.						
9. Foster champions for improving cardiovascular health in schools, health care organizations, worksites, and other settings.						
10. Collaborate with community efforts to improve social conditions that affect cardiovascular health.						
11. Identify a health care professional, with expertise in physical activity, nutrition and tobacco-cessation guidelines, to champion cardiovascular health promotion in the development of all of the Institute for Clinical Systems Improvement's guidelines.						
12. Promote the economic impacts of land planning and transportation policies and facilities, such as trails and parks, to elected officials, decision-makers, and key stakeholders.						
13. Identify land development strategies that improve cardiovascular health and disseminate information to elected officials, decision-makers, and stakeholders.						
14. Provide incentives for land planning and transportation processes, designs, and outcomes that promote and enhance healthy active communities.						

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Objective 2: Leverage resources through collaborations (CONTINUED)	G	C	HC	LPT	WS	S
15. Work with health plans and insurers to provide benefit incentives for employers who offer comprehensive health improvement programs at work.						
16. Identify and promote cardiovascular health services and programs, including speakers that can present cardiovascular health information in worksites.						

Objective 3: Develop monitoring and surveillance systems for cardiovascular health activities and outcomes.	G	C	HC	LPT	WS	S
17. Encourage the continued collection and use of data from existing sources, such as the Minnesota Student Survey, and of new sources such as individual health care encounter data.						
18. Conduct a statewide survey every five years to collect cardiovascular risk factor prevalence data that could be useful to evaluate whether objectives are met, including physiologic data such as blood pressure, blood cholesterol, weight, and diabetes, and standardized behavioral surveys on physical activity, diet, and cigarette smoking.						
19. Collect data from medical records of coronary heart disease and stroke patients to study the adherence to consensus guidelines for care.						
20. Develop and enhance monitoring and data surveillance systems for communities of color and American Indians. For example, assist American Indian health centers in training personnel to maintain an established internal surveillance system.						
21. Develop an analysis plan for evaluation of risk factor and mortality reduction objectives stated in the state cardiovascular health plan.						
22. Develop a monitoring system to evaluate progress towards achieving objectives for the state plan.						

Objective 4: Design culturally appropriate public awareness and social marketing initiatives to build public support and education for cardiovascular health.	G	C	HC	LPT	WS	S
23. Develop culturally appropriate public awareness messages stressing the importance of cardiovascular disease risk factors for youth and adults from the American Indian community, communities of color, and immigrant communities.						
24. Develop and implement a public awareness campaign about obesity and its health consequences.						
25. Develop and implement a social marketing campaign about obesity that empowers people to make lifestyle changes and develop healthy habits.						
26. Support public awareness and education campaigns about the early warning signs and symptoms of heart attack and stroke.						
27. Develop and promote a media advocacy plan that features land planning and transportation policies and facilities that improve access to fruits and vegetables, low-fat food choices, and physical activity opportunities.						

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Objective 5: Training and technical assistance to increase capacity	G	C	HC	LPT	WS	S
28. Sponsor local, regional and statewide trainings, conferences and technical assistance on best practices for effective cardiovascular risk factor intervention strategies for public health, schools, tribal communities, health plans, employers and others.						
29. Advocate for an increased presence of health promotion curricula at education institutions that train health care professionals and teachers to increase their understanding of the importance of primary prevention.						
30. Educate health care professionals about the significance of delivering concise and culturally appropriate nutrition, physical activity, and smoking cessation messages. For example, educate providers about specific nutrition or environmental tobacco smoke messages for patient counseling.						
31. Promote cultural competency training programs for health care professionals in order to support patients' behavioral changes for physical activity, smoking cessation, nutrition, and blood pressure and cholesterol management.						
32. Provide training and competency assessments for standardized cardiovascular health risk factor measurement, treatment and follow-up procedures. For example, provide training regarding use of current guidelines and protocols for assessing and treating high blood pressure.						
33. Educate health care professionals to utilize evidence-based physical activity guidelines and promote culturally appropriate physical activity.						
34. Advocate for the creation of a cardiovascular health specialist position in health care organizations that will increase staff capacity at clinics, health plans, hospitals, and other settings to prevent cardiovascular disease risk factor development and treat people with cardiovascular disease.						
35. Educate health care professionals on strategies that empower lifestyle behavior changes in patients whose readiness to change is a barrier to preventing cardiovascular disease and obesity.						
36. Educate health care students and professionals about the link between cardiovascular disease and diabetes.						
37. Develop a training program for communities to assess and implement land planning and transportation strategies to improve cardiovascular health.						
38. Develop resources to train key personnel (e.g., executives, mid-level managers) on implementation of health promotion programs.						
39. Develop and communicate proven models utilizing health risk assessments for health promotion in the worksite with health plans, employers, and consultants.						
40. Educate employers so they can be informed decision-makers and consumers of worksite health promotion products (e.g., selection of health consultants).						
41. Develop additional capacity for technical assistance at the state and local level for supporting worksites in implementing health promotion programs.						

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Goal 2: Prevent development of risk factors for heart disease and stroke.

Nutrition	G	C	HC	LPT	WS	S
1. Promote healthy food choices for cafeterias, events, and vending machines in various settings, such as worksites, schools, and community gathering places.						
2. Work with local communities to improve community designs that increase access of affordable food outlets offering healthy foods.						
3. Identify and promote consensus guidelines on age- and gender- specific and culturally appropriate nutrition messages.						
4. Develop referral and reminder systems for health professionals, in all settings, that promote culturally appropriate physical activity, nutrition, and tobacco cessation. For example, position physical activity, nutrition and tobacco use as vital signs on patient records. (<i>*This is also a physical activity- and tobacco-related strategy</i>)						
5. Create physical environments, in medical and clinical settings, which support cardiovascular health promotion practices. For example, enforce smoke-free policies, offer healthful snack options in vending machines, and provide materials that reinforce positive health messages in clinic waiting and childcare areas. (<i>*This is also a nutrition- and tobacco-related strategy</i>)						
6. Provide incentives to encourage community development of food outlets that improve access to healthy foods.						
7. Develop and promote a resource database, a checklist of strategies to employ, and a toolkit of resources for employers and other partners to utilize for effective cardiovascular health promotion at the worksite						
8. Work with food service providers and consultants to provide heart healthy items and education (e.g., provide incentives and/or guidelines for healthier options).						
9. Work with grocery/food delivery service providers to promote heart healthy solutions for people bringing meals to work.						
10. Implement nutrition education from preschool through secondary school as part of a sequential, comprehensive school health education curriculum designed to help students adopt healthy eating behaviors.						
11. Coordinate school food service and nutrition education with other components of the coordinated school health program to reinforce messages on healthy eating.						
12. Promote healthy food choices in cafeterias, classrooms, and vending machines and at extracurricular school and community youth activities.						
13. Involve family members and caregivers in supporting and reinforcing nutrition education.						

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Physical Activity	G	C	HC	LPT	WS	S
14. Provide a range of developmentally appropriate community sports and recreation programs that are attractive to people of all ages.						
15. Develop referral and reminder systems for health professionals, in all settings, that promote culturally appropriate physical activity, nutrition, and tobacco cessation. For example, position physical activity, nutrition and tobacco use as vital signs on patient records. <i>(*This is also a nutrition- and tobacco-related strategy)</i>						
16. Create physical environments, in medical and clinical settings, which support cardiovascular health promotion practices. For example, enforce smoke-free policies, offer healthful snack options in vending machines, and provide materials that reinforce positive health messages in clinic waiting and childcare areas. <i>(*This is also a nutrition- and tobacco-related strategy)</i>						
17. In partnership with expert organizations, research the critical components of effective, primary care delivered behavioral counseling for physical activity.						
18. Design communities for walking and other forms of active transportation so they support active living by creating policies and facilities for active transportation connections within and between destinations, including schools.						
19. Identify incentives associated with active transportation options in order to increase these options and ultimately improve cardiovascular health.						
20. Integrate opportunities for recreation within land planning policies and facilities, including schools, so that physical activity may be incorporated into daily routines.						
21. Develop and promote a resource database, a checklist of strategies to employ, and a toolkit of resources for employers and other partners to utilize for effective cardiovascular health promotion at the worksite.						
22. Promote physical activity assessments, campaigns, and programs to employers and other organizations in conjunction with community partners.						
23. Encourage fitness equipment suppliers to offer corporate discount programs for the purchase of exercise equipment.						
24. Work with school boards to increase K-12 requirements for daily physical education and activity.						
25. Advocate for hiring physical education specialists in every district.						
26. Implement physical education curricula and instruction that emphasize enjoyable participation in physical activity and that help students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles.						
27. Implement health education curricula and instruction that help students develop the knowledge, attitudes, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles.						
28. Provide physical and social environments that encourage and enable safe and enjoyable physical activity.						
29. Expand and inform the community of opportunities for physical activity, including opening school facilities before and after the school day to include weekends and school holidays as appropriate.						

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Tobacco	G	C	HC	LPT	WS	S
30. Develop collaborations with the media and entertainment industries to promote messages and norms that encourage tobacco-free lifestyles.						
31. Advocate for the development, implementation, promotion, and enforcement of smoke-free tobacco policies at all public and private facilities.						
32. Promote and enforce existing policies that discourage the sale and marketing of tobacco products to youth.						
33. Build opportunities and channels for peer-led social connections and support networks that support tobacco-free lifestyles.						
34. Train volunteers and staff at facilities such as daycare centers, pre-school programs and community organizations to educate household members about the negative health effects of environmental tobacco smoke on infants and young children.						
35. Develop referral and reminder systems for health professionals, in all settings, that promote culturally appropriate physical activity, nutrition, and tobacco cessation. For example, position physical activity, nutrition and tobacco use as vital signs on patient records. <i>(*This is also a nutrition- and physical activity-related strategy)</i>						
36. Create clinic-based support systems for smoking cessation by building partnerships with traditional healers, pharmacists, parish nurses, and other community resources.						
37. Create physical environments, in medical and clinical settings, which support cardiovascular health promotion practices. For example, enforce smoke-free policies, offer healthful snack options in vending machines, and provide materials that reinforce positive health messages in clinic waiting and childcare areas. <i>(*This is also a nutrition- and physical activity-related strategy)</i>						
38. Develop partnerships between health professionals and other partners such as faith communities, schools, tribes, retailers and police, to offer tobacco prevention and cessation interventions.						
39. Develop and promote a resource database, a checklist of strategies to employ, and a toolkit of resources for employers and other partners to utilize for effective cardiovascular health promotion at the worksite.						
40. Implement CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," including tobacco-free policies, teacher training, parental involvement and cessation services.						
41. Implement and incorporate evidence-based curricula into a coordinated school program to prevent tobacco use.						
42. Engage young people in planning and conducting community wide tobacco prevention efforts.						
43. Explore effective options for students caught using or possessing tobacco products. Evaluate the effectiveness of existing efforts such as diversion programs, applying "restorative measures" approaches used for other school policy violations, and offering cessation programs.						
44. Link school-based efforts with local community coalitions and statewide counter-advertising programs.						

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Goal 3: Detect and treat risk factors related to heart disease and stroke.

Weight	G	C	HC	LPT	WS	S
1. Support research of successful physical activity and eating strategies for obese and overweight children that can be translated into practical implementation steps for parents.						
2. Engage media in promoting weight management, and develop a specific social marketing campaign targeted towards weight management and the link between obesity and other disease conditions.						
3. Develop and promote community programs that provide and teach non-competitive physical activities.						
4. Support implementation of evidence-based obesity guidelines.						
5. Encourage health care organizations to model and offer environmental supports and policies that address obesity, such as behavioral modification resources and web-based tools.						
Blood Pressure and Blood Cholesterol	G	C	HC	LPT	WS	S
6. Develop patient and provider initiatives that place priority on screening services for high-risk populations. For example, promote self-care and risk factor awareness campaigns for patients and clinic protocol standards for professionals.						
7. Explore and redefine the benefit set for high blood pressure and cholesterol detection and management with health insurers and payers. For example, consider methods to reimburse for dietary, physical activity, and/or self-management education services for patients.						
8. Achieve international drug price parity and focus on helping people with no or inadequate prescription benefits by advocating for national policy change and supporting local initiatives.						
9. Create clinic-based support systems for blood pressure and cholesterol treatment adherence by building partnerships with traditional healers, pharmacists, parish nurses, peer educators, and other community resources.						
Diabetes	G	C	HC	LPT	WS	S
10. Educate people with diabetes on cardiovascular disease risk factor management and the relationship between risk factors and cardiovascular health.						
11. Develop and implement clinic protocols and tools that promote patient self-care and management of diabetes and cardiovascular disease risk factors.						
12. Support research of successful physical activity and eating strategies for obese and overweight children that can be translated into practical implementation steps for parents.						

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Goal 4: Prevent recurrence, complications, and disabilities from heart disease and stroke.

NOTE: The strategies developed for this goal are primarily geared towards the health care setting.

Signs and Symptoms of Heart Attack and Stroke

1. Support education campaigns about the early warning signs and symptoms of heart attack and stroke, especially for high-risk populations.

Out of Hospital Heart Attack and Stroke

2. Support development of best practices of emergency cardiac care.
3. Support the recommendations, described in the Minnesota Department of Health's *Rural Ambulance Services at Risk* report, that would strengthen rural ambulance services and improve cardiovascular disease outcomes.

Health Care Services/Quality of Care

4. Support development of partnerships and communication processes, between emergency medical services and hospitals, to achieve rapid access to treatments such as catheterization-lab services and electrocardiogram monitoring to improve outcomes.
5. Support development of partnerships and communication processes to create or maintain networks between small hospitals and regional hospitals to advance best practices regarding stroke treatment.
6. Develop and support stroke registry initiatives.
7. Develop and coordinate clinic based practices and interventions to support screening for patients with cardiovascular disease who may have depression.

Disease Management

8. Develop innovative and comprehensive congestive heart failure clinics or initiatives that provide disease management support to patients.
9. Improve clinic and hospital systems to support the assessment, treatment and appropriate follow up care of cardiovascular disease patients.
10. Develop and promote a resource database, a checklist of strategies to employ, and a toolkit of resources for employers and other partners to utilize for effective cardiovascular health promotion at the worksite.

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Goal 5: Eliminate health disparities in heart disease and stroke.

General Strategies

1. Support public awareness and education campaigns about the early warning signs and symptoms of heart attack and stroke.
2. Promote universal and comprehensive insurance coverage and reimbursement for cardiovascular health disease related prevention and treatment services.
3. Engage individuals, communities, and systems in improving socioeconomic factors that influence heart disease and stroke risk factors.

Worksites

4. Develop and promote a resource database, a checklist of strategies to employ, and a toolkit of resources for employers and other partners to utilize for effective cardiovascular health promotion at the worksite. (NOTE: overall worksite strategy)
5. Engage medical providers, health plans, and employers in developing culturally sensitive solutions to improve cardiovascular health in the worksites.

Communities

6. Promote existing and new collaborations to improve cardiovascular health for American Indians and communities of color in Minnesota.
7. Work with health care organizations to promote or modify existing cardiovascular health education tools, such as web-based resources and training materials.
8. Address the impact historical trauma has on the risk, prevention and treatment of cardiovascular disease.
9. Address the impact social and economic life stressors have on the risk, prevention, and treatment of cardiovascular disease.
10. Foster and support the development of social connectedness and traditional cultural beliefs in the American Indian community in order to encourage healthy lifestyles. (*see 14 and 16)
11. Offer cardiovascular disease prevention screenings and physical activity and nutrition resources at accessible and community based sites, such as spirituality and cultural centers. (*see 13 and 17)
12. Ask all health providers, who offer cardiovascular health risk screenings, to inquire about the cardiovascular health history of American Indian patients.
13. Offer cardiovascular disease prevention screenings and physical activity and nutrition resources at accessible and community based sites such as places of worship (e.g., churches, synagogues and mosques) and facilities where people convene (e.g., park and recreation centers). (*see 11 and 17)
14. Foster and support the development of social connectedness and traditional cultural beliefs in the African American and African communities in order to encourage healthy lifestyles. (*see 10 and 16)
15. Encourage and develop formal and informal support and communication systems to promote individual and community wellness (e.g., nutritious meal and snack policies).
16. Foster and support the development of social connectedness, healing, and traditional cultural beliefs in the Asian American communities in order to encourage healthy lifestyles. (*see 10 and 14)
17. Offer cardiovascular disease prevention screenings and physical activity and nutrition resources at accessible and community based sites such as places of worship (e.g., churches, synagogues, mosques and temples). (*see 11 and 13)
18. Encourage health care providers to utilize a comprehensive approach to the prevention and treatment of cardiovascular disease. For example, develop tools that inquire about the patient's family cardiovascular health history and available support networks.

Goal 5: Eliminate health disparities in heart disease and stroke.

Minnesota Heart Disease and Stroke Prevention Plan 2004-2010: Strategies

19. Support the development and implementation of the community health worker model, also known as the Promotora model, to educate families and communities about identifying and preventing cardiovascular disease risk factors and available treatment programs and services.
20. Offer culturally competent and linguistically appropriate cardiovascular disease prevention screenings, and physical activity and nutrition resources, at accessible and community based sites.
21. Foster and support the development of family and social connectedness, and traditional cultural beliefs, in the Hispanic/Latino community to encourage healthy lifestyles.
22. Address the impact social and economic life stressors, such as cultural and language barriers, and discrimination, have on the risk, prevention, and treatment of cardiovascular disease.
23. Develop culturally competent and linguistically appropriate public awareness messages stressing the importance of cardiovascular disease risk factors for Hispanic/Latino youth and adults.
24. Incorporate themes about the challenges of migrant farm workers and their families.