

Heart Disease and Stroke Prevention Task Force
March 8, 2002
10am –12pm

Task Force Members Present: Dr. Clay Hays (Chair); Dr. Sharon Wyatt (vice-chair); Samantha Heard (Secretary); Dr. Deborah King; Victor Sutton; Dr. Evelyn Ricks Walker; Bo Bowen; Dr. Jim McIlwain; Joyce Vaughn; Amy Arrington; Jim Craig; Regina Pardue;

Noted Guests: Jill Knight; Wanda Magers; Gary Hembra; Tonya Funchess; Jodi Henderson; Karen Sistrunk; Debra Johnson-Cockrell; Rick Grayson

Dr. Hays opened the meeting by welcoming the Task Force members and guests. He asked each member and guest to introduce him/herself.

Approval of Minutes: The first item of business was the approval of the minutes for November and February. Each member received a copy of those minutes and was given time to review them. The minutes were approved by a unanimous vote.

CVD State Plan: Dr. Hays asked Jill Knight from the MS Department of Health to discuss the Cardiovascular State Plan. She stated that she and Wanda Magers had had a call with CDC about the state plan. She said that the main problems that CDC had with the plan include the following:

1. The objectives need to be made more specific and measurable,
2. There need to be responsible parties for the objectives, and
3. The plan needs to be state specific (not so much emphasis on national stats and programs).

Wanda Magers spoke about the call a little more. She said that Mississippi is currently at the Core Level of funding, receiving about \$300,000 to \$400,000 a year for CVD programs. We will be applying for Comprehensive Funding with the state plan that would bring in a little over a million dollars annually for CVD programs in Mississippi. She went on to say that the goals and objectives in the plan don't have to mirror national goals and objectives, but have to realistic for the state to achieve. She gave out handouts that discussed the further discussion with the CDC. Those handouts are attached at the end of the minutes. Please review the handouts. The specific data includes:

1. The 5 Risk Factors to Address
2. The 4 Settings for Intervention
3. The 7 Core Capacities for the Grant
4. And the Purpose of the CVD State Plan

CVD Data in Mississippi: The next item of discussion related to determining how to find a means of measuring progress. Dr. McIlwain stated that IQH had Medicare data on myocardial infarctions and strokes. Bo Bowen said that he could pull various data from Medicaid on CVD. He said that he could provide include demographics on the data as well. (By county, age, gender, etc.) The question arose as to what would be a good set of data that could be measurable and relate to the Risk Factors identified by CDC as relevant for the State Plan. Dr. Wyatt stated that the data needs to be consistent for all populations. She stated that raw data such as BMI's, cholesterol levels, and blood pressure levels would be more useful than mortality and morbidity rates and a diagnosis of CVD. The risk factor data is needed to measure the outcomes.

There was a great deal of discussion on how to get measurable data such as risk factor specific numbers. The Medicare, Medicaid and EMS's central data system could provide some data, but not the risk factor specific data. Dr. McIlwain told the Task Force that there might be some Health Services Grants coming to Mississippi institutions in the near future and that those funds may provide resources for setting up the necessary database and registry.

Data collection ad hoc committee: The idea of making the datasets comparable with other states and national databases was discussed. Such a database should not be a "new" set of data. It should model what other states are already doing so that the data can be shared and compared. An ad hoc committee was appointed to determine the design of the database proposed and gather current data from existing agencies. The Committee consists of:

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| 1. Jim Craig | 4. Victor Sutton |
| 2. Bo Bowen | 5. Dr. McIlwain |
| 3. Regina Pardue | 6. Representative from Blue Cross |

The data collected from current sources will be tallied for calendar year 2001. This data population will include all ages and will be broken into demographic categories where possible. Data will be collected from Medicaid, Medicare, Community Health Centers, the BRFSSS, and possibly the WIC program. The BRFSSS can currently supply data on physical activity, nutrition and tobacco use. The data that will be collected from these agencies will show the gaps in our current abilities to capture relevant data and reinforce the need for the statewide, centralized database on Cardiovascular Disease.

The database that is proposed will include the following (tentatively) in its datasets:

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| 1. Tobacco use | 5. Obesity—Body Mass Index |
| 2. Blood Pressure | 6. Diabetes |
| 3. Hyperlipidemia | 7. Physical Activity |
| 4. Cholesterol | 8. Nutrition |

Dr. King discussed the intensive intervention strategies for the Morton Have a Heart project and how it could be replicated in some degrees.

The idea of a GIS was brought up as a possible manner of collecting data for measuring the interventions. The focus on the four settings identified by CDC would make GIS an efficient manner for collecting and analyzing the data. However, at this point, the best method for identifying "hot spots" for intervention could be found in the data collected by Medicaid, Medicare, and the Community Health Centers. It was discussed that the best method would most likely be to go into those "hot spots" and partner with local workers in the community to affect change.

Funding ad hoc committee: Another ad hoc committee was charged with exploring funding options for a statewide, centralized database on CVD. This committee will search for grants and other funds to pay for the CVD database. The committee consists of:

1. Samantha Heard
2. Victor Sutton
3. Regina Pardue

Legislative Initiatives: Bo Bowen discussed the Medicaid legislation passed in the past week. House Bill 1200 will allow the Division of Medicaid and the MS Department of Health to develop disease management interventions on hypertension, asthma, and diabetes. This could lead to

demonstration grants for Medicaid on disease management. House Bill 1200 is provided with these minutes. Please review for any additional specifics.

Samantha Heard discussed the Physical Activity in Schools legislation that is still alive in both the House and the Senate. The legislation is headed for conference committee and it looks like Mississippi will have a Physical Activity Coordinator position created in the Department of Education this year. The position will resource and assist the local school districts in implementing physical activity into the classroom curriculum. A mandate of 30 minutes is not currently included in the language at this time.

Amy Arrington brought up some legislation related to a health collection system and hospital discharge system. Bo Bowen stated that he thought the bill had died. However, it was discussed that such legislation would help to establish the statewide CVD database.

Report to the Governor and Legislature: The report to the Governor and Legislature is due this month. The draft copy was reviewed and changes were proposed. The draft will be edited, sent out to the Task Force for review, and passed on to the following people:

1. The Governor
2. The Lt. Governor
3. The Speaker of the House
4. The Chairman of the Senate Public Health and Welfare Committee
5. The Chairman of the House Public Health and Welfare Committee

The members charged with editing and updating the report include: Dr. Debbie King, Samantha Heard, and Victor Sutton.

Consensus and Next Steps: Dr. Wyatt wrapped up the meeting by reinforcing the charges of the ad hoc committees. The Task Force decided that two months would give sufficient time for the ad hoc committees to meet and conduct the necessary business. The fifth meeting of the Heart Disease and Stroke Task Force will be May 24, 2002 at 10 am at the American Heart Association office.

The meeting adjourned.