MDH Minnesota Department of Health

HEART DISEASE AND STROKE

Primary Prevention

Tactic 1.1.1.a: Provide consistent messaging in schools regarding of tobacco use risk and availability of cessation support.

Tactic 1.1.1.b: Adopt state policies that add financial burden to the purchase of tobacco products.

Tactic 1.1.2.a: Encourage public/private policies that provide payment coverage for comprehensive cessation programs.

Tactic 1.1.2.b: Incorporate tobacco cessation into preventive care and into new care delivery/payment models.

Tactic 1.1.3.a: Support existing MN tobacco initiatives that serve youth and reduce exposure to second hand smoke.

Tactic 1.1.3.b: Support schools, healthcare and worksites, in becoming free of tobacco and smoke.

Tactic 1.2.1.a: Improve the nutrition in school food environment for all children, youth and adults.

Tactic 1.2.1.b: Increase access to affordable and healthy food choices in underserved populations.

Tactic 1.2.1.c: Decrease the percent of 2-5 year olds in the WIC population classified as obese.

Tactic 1.2.1.d: Improve the nutritional value of food in worksites and residential environments.

Tactic 1.2.1.e: Decrease intake of sodium and saturated fat to recommended levels.

Tactic 1.2.1.f: Provide reimbursement for nutrition counseling for persons at elevated risk for developing hypertension.

Tactic 1.2.1.g: Promote healthy food choices for cafeterias, events, and vending machines in community settings.

Tactic 1.2.2.a: Partner w/ media sources to communicate effective health messages based on the Healthy People 2020.

Tactic 1.2.3.a: Ensure children are given the opportunity to get the recommended hour of physical activity daily.

Tactic 1.2.3.b: Continue and expand state, county and tribal initiatives in communities to include the development of environments that support physical activity.

Tactic 1.3.1.a: Launch healthy citizen campaigns and peer education support group models w/in high-risk communities.

Tactic 1.4.1.a: Include aspirin primary prevention treatment recommendations in education initiatives.

Acute Treatment

Tactic 2.1.1.a: Determine and implement standardized, evidence-based protocols for diagnosis and treatment of STEMI and a coordinated care plan for transport w/in regional STEMI systems.

Tactic 2.1.1.b: Collect, analyze and report data to a central registry to monitor successful outcome indicators and facilitate PI activities statewide.

Tactic 2.1.1.c: Implement evidence-based protocols and data-driven PI activities.

Tactic 2.1.2.a: Implement and, when necessary, create standardized evidence-based protocols for diagnosis and treatment of SCA as a coordinated care plan to transport w/in regional SCA systems.

Tactic 2.1.2.b: Develop a central registry to collect and report data that monitors and tracks established outcome indicators.

Tactic 2.1.2.c: Implement evidence-based, data-driven PI activities.

Tactic 2.1.3.a: Create and implement standardized evidence-based protocols for diagnosis, treatment, and post-stroke education and counseling for acute stroke patients and a coordinated plan for transport among EMS agencies and hospitals statewide.

Tactic 2.1.3.b: Develop central registry to collect and report data that monitors and tracks established outcome indicators.

Tactic 2.1.3.c: Implement evidence-based, data-driven PI activities.

Strategy 2.1.4: Collect LT patient outcomes data to use in analysis for ongoing QI efforts.

Tactic 2.2.1.a: Adopt and disseminate consistent core messages for acute cardiac and stroke signs and symptoms awareness in multiple languages w/ focus on calling 9-1-1.

Tactic 2.2.1.b: Provide educational materials on signs and symptoms of acute cardiac and stroke events. Encourage training in CPR and the use of AEDs.

Tactic 2.2.1.c: Teach CPR and signs and symptoms of acute CVD events in schools and worksites.

Tactic 2.2.2.a: Adopt and disseminate core messages for acute cardiac and stroke signs and symptoms awareness in multiple languages w/ focus on calling 9-1-1.

Tactic 2.2.2.b: Provide health professionals w/ consistent education and training regarding signs and symptoms of acute cardiac and stroke events.

Disease Management

Tactic 3.1.1.a: Establish links between primary care clinics and CBOs to support patients in managing all relevant aspects of their lives.

Tactic 3.1.1.b: Educate employer groups and employees on the importance of implementing HRAs to identify individuals w/ disease and introduce health self-management strategies.

Tactic 3.1.1.c: Promote the use of evidence-based resources for health care providers w/ patients using chronic disease self-management methods.

Tactic 3.1.1.d: Implement reporting measures for interventions used.

Tactic 3.1.2.a: Implement standardized protocols, innovative methods and care models to coordinate excellent patient care.

Tactic 3.1.2.b: Implement outpatient medication management programs including but not limited to CV and risk factor management medications.

Tactic 3.2.1.a: Utilize EHRs and advanced care plans to improve communication during transitions between settings of care.

Tactic 3.2.1.b: Develop policies, protocols and tools as mechanisms to ensure referrals to CVD and stroke rehabilitation and strong d/c planning.

Tactic 3.2.1.c: Provide education to patients and family regarding signs and symptoms of acute CV events.

Tactic 3.2.2.a: Leverage and share strategies from organizations successful w/ medication reconciliation through the multi-stakeholder collaborative to reduce hospital readmissions.

Tactic 3.2.2.b: Leverage programs to assist patients w/ modifying medication management to meet patient preferences and lifestyle.

Tactic 3.2.2.c: Promote programs that lower medication to enhance patient adherence.