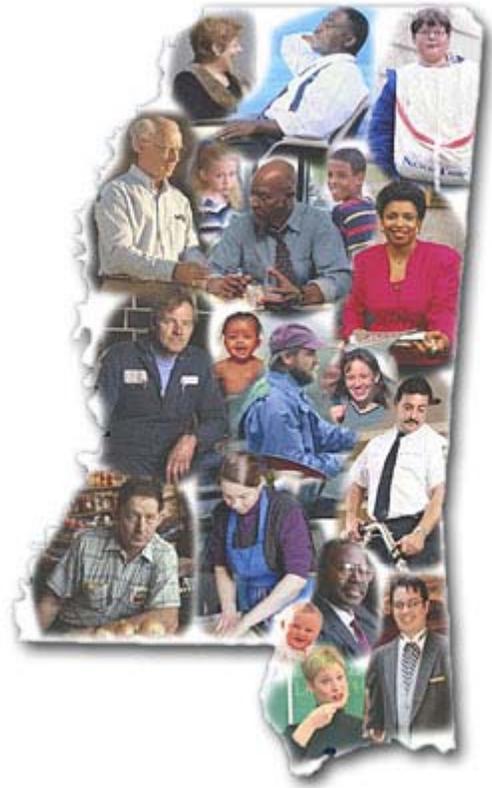


Mississippi State Plan 2004 - 2013



Heart Disease and Stroke Prevention and Control

Executive Summary

Mississippi State Plan: Heart Disease and Stroke Prevention and Control Executive Summary

Development of the Plan was facilitated by the Mississippi State Department of Health, Mississippi Chronic Illness Coalition – CVD Advisory Committee, and the Mississippi Task Force on Heart Disease and Stroke Prevention.

To access this publication or a complete copy of the Mississippi State Plan please visit www.msccd.org or contact the Cardiovascular Health Program.

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Executive Summary

In Mississippi, cardiovascular disease (CVD) is the leading cause of death, accounting for 41 percent of all deaths (11,557) in 2001. Mississippi's CVD mortality is the highest in the nation.

Recently, a synthetic approach to improving health outcomes has been identified that recognizes the complex interplay of individual and social environmental or contextual parameters that generate health outcomes. This approach, the social ecological model, offers possibilities for a new call to action to improve CVD health outcomes at multiple levels in the state of Mississippi.

Using this model as a framework for action, Mississippi aims to improve the state's CVD report card by:

- Enhancing collaborations and partnerships among key constituencies at all levels;
- Implementing program services that encourage healthy communities;
- Increasing public awareness of CVD risk factors, disease management, and early recognition and response to acute events; and
- Impacting policies that build healthy lifestyles and communities.

The foundation of *The Mississippi State Plan for Heart Disease and Stroke Prevention and Control (Plan)* is identifying key socio-cultural influences on CVD that are specific to each target community and implementing multi-level interventions to improve health and overcome health disparities in those communities. Socio-cultural influences include age; gender; ethnicity; economics; education; and community resources, risk factors, and barriers.

In addition to implementing population-wide primary and secondary prevention efforts, as well as tertiary care to those with known CVD, Mississippi recognizes that targeting strategies to selected priority groups can increase the effectiveness of the overall CVD effort and help reduce the disparities in health behavior and status evident in the state. In particular, high risk population groups are identified as those with less education and lower income, those who may have less access to appropriate and affordable health care, who pursue lifestyles that lead to risk factor elevations, and who are members of minority groups that experience discrimination. Of special concern in Mississippi are people with lower socioeconomic status, living in rural areas or under-served counties, women, and African Americans.

Mississippi plans to address CVD risk factors in a two-fold approach: prevention of potential risk factors and management of existing risk factors. Risk factors addressed with the prevention approach include the lack of regular physical activity, improper nutrition, and tobacco use. Increasing physical activity and proper nutrition can prevent many of the other risk factors, such as obesity and diabetes. Reducing tobacco use will also contribute to reducing high blood pressure and high blood cholesterol.

The second approach is to manage existing risk factors such as obesity, diabetes, high blood pressure, and high blood cholesterol. While the hope is to prevent cardiovascular disease through

lifestyle changes, programs and interventions must be developed to deal with the population that does acquire these risk factors.

The goals of the *Plan* are to:

- Increase the proportion of Mississippians who are physically active;
- Increase the proportion of Mississippians who consume a heart-healthy diet;
- Decrease the number of Mississippians who use tobacco products;
- Identify and address the socio-cultural factors that impact cardiovascular health;
- Identify and reduce health disparities in CVD in target communities;
- Increase awareness of high blood pressure as a risk factor for CVD;
- Reduce the proportion of Mississippians who have uncontrolled high blood pressure;
- Increase awareness of obesity as a risk factor for CVD;
- Reduce the proportion of Mississippians who are classified as obese (BMI \geq 30);
- Increase the proportion of Mississippians who get their cholesterol checked and are addressing problems with high cholesterol;
- Decrease the proportion of Mississippians with an elevated total cholesterol;
- Increase awareness of diabetes as a preventable and/or treatable risk factor for CVD;
- Improve diabetes care and patient self-management behaviors to reduce chronic complications of diabetes; and
- Increase the survival rate from cardiac arrest, heart attack, and stroke in Mississippi.

The Mississippi State Cardiovascular Health Program will implement the *Plan* by collaborating with the Task Force on Heart Disease and Stroke Prevention, community-based organizations, voluntary agencies, and grassroots organizations. Pilot projects that reflect the needs of the community will be implemented in various regions of the state. The strategies will include utilizing community health workers, developing media packets for distribution, promoting health education campaigns, and educating communities about policy and structural influences on health. These strategies will be evaluated for their effectiveness and likelihood of replication in similar communities. Pilot projects will be implemented in target communities based on geographic information system (GIS) data projects and existing data that show the need for tailored interventions.

Monitoring and evaluation is a central component of the *Plan*. The purpose of the evaluation is to determine how well the stated objectives were met and to document strengths and weaknesses of the *Plan's* strategies for making future decisions, future planning, and restructuring. Evaluation of the *Plan* will consist of process and outcome evaluations. The evaluation will be an ongoing process to determine the effectiveness of strategies. Initially, the evaluation process will focus mainly on process since the outcome measures – mortality and morbidity – are long range. The process evaluation will answer the questions: “What was actually done?”, “How was it done?”, “When was it done?”, “For whom was it done?”, and “By whom was it done?” to ensure that interventions are implemented as stated in the *Plan*. The outcome evaluation will attempt to determine the congruence between performance (what occurred) and objectives (what was supposed to occur). It will answer the question: “Was the *Plan* effective?”. The outcome evaluation will be designed to examine the long-term effects of the *Plan* in terms of morbidity and mortality rates.

Goals and Objectives

Physical Inactivity

Goal: Increase the proportion of Mississippians who are physically active.

Objectives

By 2013:

- Decrease the proportion of persons 18 and older who engage in no leisure time physical activity from 33 percent (2002) to 25 percent (BRFSS).
- Increase the proportion of youth who report participating in vigorous physical activity on at least five of the past seven days:
 - a. in high school students from 53 percent (2003) to 66 percent (YRBS);
 - b. in middle school students from 61 percent (2003) to 66 percent (YRBS).
- Increase the proportion of youth who report participating in physical education on at least three days a week:
 - a. in high school students from 27 percent (2003) to 33 percent (YRBS);
 - b. in middle school students from 56 percent (2003) to 61% (YRBS).
- Increase the proportion of persons 18 and older who report being told by a physician to engage in physical activity from 35 percent (2002) to 45 percent (BRFSS).

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Increase support for physical activity in the community environment (e.g. schools, faith-based, civic).	1. Establish linkages between individual community groups and regional/state/national organizations and coalitions. 2. Create and disseminate a community toolkit of resources for utilization by community based collaborations and partnerships.	1. Establish programs to develop community and neighborhood initiatives that encourage physical activity. 2. Implement the Community Health Advisor Network program in target communities. 3. Implement grade-specific physical activity programs such as <i>Take 10</i>	1. Utilize community media outlets to provide physical activity cues and messages. 2. Create and disseminate a media toolkit for use by communities in providing physical activity cues and messages (bulletin inserts, public service announcements, signage, press releases, closed circuit	1. Develop and disseminate a model plan for use by communities in developing environments that support and encourage physical activity. 2. Advocate for mandatory physical education in schools. 3. Support policy initiatives related to physical fitness.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		<p>and <i>Heart Power</i> that incorporate physical activity as part of classroom activity.</p> <p>4. Create and disseminate a community toolkit of programs for utilization by community and neighborhood initiatives (e.g. <i>Search Your Heart</i>, <i>WISEWOMAN</i>, and <i>Hearts and Parks</i>).</p>	<p>television, speakers bureau.</p> <p>3. Provide local communities with the Governor’s Commission on Physical Fitness and Sports physical activity report cards.</p>	
<p>2. Increase the proportion of worksites that promote physical activity for their employees.</p>	<p>1. Identify and contact key personnel in major Mississippi industries to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing CVD prevention activities.</p> <p>2. Create and disseminate a toolkit of resources for utilization by worksite collaborations/partnerships.</p>	<p>1. Promote and evaluate culturally-relevant worksite physical activity programs (local pilot projects in target communities).</p> <p>2. Facilitate worksite identification of lay leaders to serve as facilitators of CVD prevention activities, including physical activity.</p> <p>3. Conduct leader and instructor worksite training sessions in physical activity designed to complement the services/programs offered by the individual worksite.</p> <p>4. Create and disseminate a toolkit of physical activity programs for</p>	<p>1. Provide all key worksites with copy of the <i>Mississippi State Plan for Heart Disease and Stroke Prevention and Control</i>.</p> <p>2. Promote dissemination of <i>Know Your Numbers</i> campaign in worksites.</p> <p>3. Develop social marketing materials for use by worksites to disseminate information, exercise/physical activity tips, articles, and employee of the month personal “success” stories via newsletters, closed circuit TV, intranet, and other relevant outlets.</p> <p>4. Utilize the Governor’s Commission on Physical Fitness and Sports to continue to develop</p>	<p>1. Establish state/local legislation that supports worksite physical activity.</p> <p>2. Impact organizational policy to assure physical activity friendly workplace environments (e.g. walking trails, bicycle storage, fitness facilities).</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		utilization by worksite initiatives (e.g modify school-based <i>Take 10!</i> to fit worksites, New York Worksite Wellness Program, <i>WISEWOMAN</i> , and worksite wellness programs).	physical activity report cards to recognize exemplary worksite physical activity programs.	
3. Increase the capacity of healthcare providers, healthcare settings, and organizations to address physical inactivity.	<ol style="list-style-type: none"> 1. Establish linkages between local health care providers/ facilities and local/state/ national resources that encourage increased physical activity. 2. Collaborate with peer review organizations. 3. Create and disseminate a toolkit of resources for utilization by health care providers, facilities, and organizations. 	<ol style="list-style-type: none"> 1. Provide and promote education to enhance health care provider knowledge of benefits of increased physical activity and the importance of conveying health promotion messages. 2. Provide and promote training of health care providers/facilities on implementing evidence-based tools and guidelines, and creating systems to deliver appropriate preventive care (e.g. <i>Put Prevention Into Practice</i>). 3. Use the train-the-trainer model to establish an expert resource network (local pilot projects in target communities). 	<ol style="list-style-type: none"> 1. Disseminate to health care providers protocol/guidelines/ tools for prescribing physical activity regimens. 2. Promote the <i>Know Your Numbers</i> campaign in all Mississippi health care facilities. 3. Develop social marketing materials for use by health care providers and facilities to disseminate information, exercise/physical activity tips, articles and personal “success” stories via newsletters, posters, closed circuit TV, and other relevant outlets. 	<ol style="list-style-type: none"> 1. Encourage implementation of insurance regulations to provide reimbursement for physical activity. 2. Encourage legislation that supports physical activity policy recommendations from key state task forces and councils (CVD, obesity, tobacco, diabetes, arthritis).

Improper Nutrition

Goal: Increase the proportion of Mississippians who consume a heart-healthy diet.

Objectives

By 2013:

- Increase the proportion of persons 18 and older who eat an average of five or more servings of vegetables and fruits each day from 19 percent (2002) to 25 percent (BRFSS).
- Decrease the proportion of Mississippi high school students who do not eat five or more servings of fruits and vegetables each day from 80 percent (2003) to 60 percent (YRBS).
- Among school age children, reduce by 10 percent those reporting having eaten high-fat items in the previous day (baseline 59 percent chose fatty meats and 68 percent chose french fries or potato chips in 1995 YRBS).

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Increase support for the consumption of a heart-healthy diet in the community environment (e.g. schools, faith-based, civic).	1. Establish linkages between individual community groups and regional/state/national organizations and coalitions that promote heart-healthy nutritional options (Mississippi Alliance for School Health, Action for Healthy Kids, Cardiovascular Learning Partnership, Mississippi Restaurant Association, Mississippi Dietetic Association, vending machine distributors, e.g. MS Department of Rehabilitation Services Vocational Rehabilitation for the Blind).	1. Establish programs to develop community and neighborhood initiatives that encourage a heart-healthy diet (<i>Search Your Heart</i> , American Diabetes). 2. Implement a Community Health Advisor Network program in target communities. 3. Implement grade-specific nutrition programs that incorporate a heart-healthy diet as part of classroom curriculum/education (e.g. <i>Heart Power</i> , <i>Changing</i>	1. Utilize community media outlets to provide heart- healthy diet cues and messages. 2. Create and disseminate a media toolkit for use by communities in providing heart-healthy diet cues and messages (bulletin inserts, posters, public service announcements, signage, press releases, closed circuit television, speakers bureau).	1. Develop and disseminate a model plan for use by communities in developing environments that support and encourage healthy food choices. 2. Advocate for heart-healthy choices in federally and state funded nutrition programs (senior feeding sites, Meals on Wheels, Food Stamps). 3. Advocate for nutrition education requirement as a component of obtaining food stamps. 4. Support the incorporation of a comprehensive and

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		<p><i>the Scenes, Organ Wise, Take 10!</i>, Food Pyramid).</p> <p>4. Establish a Partners in Healthy Eating Restaurant Program statewide by certifying and promoting healthy menu items in five restaurants per county in at least 25 counties across the state.</p> <p>5. Create and disseminate a community toolkit of programs for utilization by community and neighborhood initiatives (e.g. <i>Search Your Heart</i>).</p>		<p>integrated nutrition curriculum that is continuous from K-12th grade into Mississippi public schools.</p> <p>5. Support policy initiatives related to heart-healthy nutrition (Action for Healthy Kids, 5-A-Day).</p>
<p>2. Increase the proportion of worksites that promote heart-healthy food choices for their employees.</p>	<p>1. Identify and contact key personnel in major Mississippi industries (e.g farming, poultry, timber, construction, food service, manufacturing, and gaming) to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing heart-healthy nutrition.</p> <p>2. Create and disseminate a tool kit of resources for use by worksite collaborations and partnerships.</p>	<p>1. Promote and evaluate culturally-relevant worksite heart-healthy nutrition programs (local pilot projects in target communities).</p>	<p>2. Increase the proportion of worksites that promote heart-healthy food choices for their employees.</p>	<p>1. Identify and contact key personnel in major Mississippi industries (e.g farming, poultry, timber, construction, food service, manufacturing, and gaming) to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing heart-healthy nutrition.</p> <p>2. Create and disseminate a tool kit of resources for use by worksite collaborations and partnerships.</p>
<p>3. Increase the capacity of</p>	<p>2. Establish linkages between</p>	<p>1. Provide and promote</p>	<p>1. Disseminate to health</p>	<p>1. Encourage</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
healthcare providers, healthcare settings, and organizations to address physical inactivity.	<p>local health care providers/ facilities and local/state/ national resources that encourage increased physical activity.</p> <p>2. Collaborate with peer review organizations.</p> <p>3. Create and disseminate a toolkit of resources for utilization by health care providers, facilities, and organizations.</p>	<p>education to enhance health care provider knowledge of benefits of increased physical activity and the importance of conveying health promotion messages.</p> <p>2. Provide and promote training of health care providers/facilities on implementing evidence-based tools and guidelines, and creating systems to deliver appropriate preventive care (e.g. <i>Put Prevention Into Practice</i>).</p> <p>3. Use the train-the-trainer model to establish an expert resource network (local pilot projects in target communities).</p>	<p>care providers protocol/guidelines/ tools for prescribing physical activity regimens.</p> <p>2. Promote the <i>Know Your Numbers</i> campaign in all Mississippi health care facilities.</p> <p>3. Develop social marketing materials for use by health care providers and facilities to disseminate information, exercise/physical activity tips, articles and personal “success” stories via newsletters, posters, closed circuit TV, and other relevant outlets.</p>	<p>implementation of insurance regulations to provide reimbursement for physical activity.</p> <p>2. Encourage legislation that supports physical activity policy recommendations from key state task forces and councils (CVD, obesity, tobacco, diabetes, arthritis).</p>

Tobacco Use

Goal: Decrease the number of Mississippians who use tobacco products.

Objectives

By 2013:

- Reduce the youth smoking rate from 25 percent (2003) to 20 percent (YRBS).
- Reduce the adult smoking rate from 27 percent (2002) to 22 percent (BRFSS).
- Provide tobacco cessation services statewide.
- Increase the proportion of adults who report quit attempts within the last year from 58 percent (2002) to 70 percent (BRFSS).
- Increase the number of smokers that report their health care provider has counseled them on quitting from 61 percent (2000) to 70 percent (BRFSS).
- Increase the percentage of healthcare providers who feel adequately trained to provide cessation counseling by 15 percent (statewide survey healthcare providers).

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Increase the number of services provided to prevent smoking or aid in cessation at the community level.	1. Coordinate tobacco activities with existing health, education, and enforcement activities to maximize efficiencies and minimize duplication of efforts. 2. Encourage local businesses to become tobacco free. 3. Support community programs that link tobacco control interventions with disease prevention activities by identifying existing programs and providing resources and training (e.g.	1. Provide programs to school-age youth which equip them with knowledge and skills to resist social, environmental, and cultural influences that promote tobacco use. 2. Coordinate school-based tobacco prevention interventions and cessation with families, friends, and community-based organizations (Partnership for a Healthy Mississippi).	1. Prevent tobacco use on school property and at school-related activities by awareness and enforcement of state law and local ordinances through cooperation with local law enforcement agencies and community organizations. 2. Educate communities on the need for tobacco prevention and on the cardiovascular health benefits of cessation through media (Tobacco	1. Promote the adoption of public and private tobacco control policies on a local and state level. 2. Support counties and municipalities in adopting tobacco-free ordinances. 3. Support policy efforts that will decrease the consumption of tobacco products.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
	<i>Know Your Numbers, Search Your Heart, Is Your Number Up).</i>	3. Support existing cessation treatment programs and address the needs of Mississippi’s diverse populations; link programs to populations. 4. Ensure access to cessation services for current users of tobacco through the support of a statewide referral and counseling resource.	Education Resource Center, ads, commercials). 3. Support tobacco advertising and promotion restrictions. 4. Support maintenance of the Mississippi media campaign as an identifiable, non-judgmental source of information for youths and adults through multiple messages in multiple executions. 5. Promote available resources for treatment of nicotine addiction.	
2. Increase the number of services provided to prevent smoking or aid in cessation in the worksite setting.	1. Reduce and/or eliminate use of tobacco in workplaces and other public places by working with businesses and trade groups (Mississippi Restaurant Association, Mississippi Gaming Association, Mississippi Manufacturers Association) to encourage voluntary elimination of indoor tobacco use.	1. Support and encourage the use of cessation treatment programs to address the needs of employees (e.g. A Comprehensive Tobacco Program – ACT).	1. Promote available resources for treatment of nicotine addiction in worksites. 2. Educate employers on the need for tobacco prevention and on the cardiovascular health benefits of cessation through media (Tobacco Education Resource Center, ads, newsletters, check stuffers).	1. Promote the adoption of public and private tobacco control policies in worksites.
3. Increase the number of prevention or cessation services provided through healthcare settings.	1. Encourage healthcare organizations to become actively involved in tobacco prevention and treatment.	1. Encourage healthcare providers to incorporate prevention information and activities as part of comprehensive wellness	1. Utilize healthcare providers to serve as tobacco prevention and cessation spokespersons. 2. Promote available	1. Support insurance reimbursement for physicians who provide cessation counseling. 2. Support insurance

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		services. 2. Support and promote healthcare provider training sessions on tobacco cessation counseling services and treatments. 3. Encourage healthcare providers to disseminate tobacco cessation materials and provide cessation counseling services/referrals and treatment.	resources for treatment of nicotine addiction.	reimbursement for tobacco cessation treatment, including counseling services and medications. 3. Develop and incorporate tobacco-related curricula in all health-related degree programs.

Sociocultural Factors

Goal I: Identify and address the sociocultural factors that impact cardiovascular health. (Focus on access to quality care issues, cultural competency and health communication/education).

Goal II: Identify and reduce health disparities in CVD in target communities.

Objectives

- Identify socio-cultural influences (age; gender; ethnicity; economics; education; and community resources, risk factors, and barriers) on CVD that are specific to each target community by utilizing available information and conducting needs assessments in those communities.
- Increase the proportion of persons 18-64 who have health care coverage from 73 percent (2002) to 90 percent (BRFSS).
- Increase from 76 percent to 85 percent the proportion of persons 18 and older who can identify one provider as their usual primary care provider (BRFSS).
- Increase by 15 percent the proportion of persons who report that their health care provider has satisfactory communication skills (BRFSS).

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Increase the support for identifying and addressing socio-cultural factors and reducing health disparities in the community environment (schools, faith-based, civic).	1. Establish linkages between individual community groups and regional/state/national organizations and coalitions (e.g. NAACP, Urban League, Mississippi Health Advocacy Program).	1. Conduct needs assessments and utilize available data (e.g. GIS surveys) to identify key priorities in target communities. 2. Develop community programs to identify eligible recipients of subsidized health programs (e.g. Medicaid, Children's Health Insurance Program). 3. Identify funding sources for community outreach programs	1. Include social marketing materials on socio-cultural factors and health disparities in the CVD Awareness, Prevention, and Treatment Toolkit.	1. Support legislative funding to implement community-based programs that identify and address socio-cultural factors and health disparities.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		addressing socio-cultural factors and health disparities.		
2. Increase the proportion of work sites identifying and addressing socio-cultural factors and health disparities for their employees.	1. Identify and contact key personnel in major Mississippi industries to develop ongoing partnerships with regional/ state/national organizations and coalitions for improving health care coverage.	1. Conduct needs assessments and utilize available data to identify key priorities in target work sites. 2. Conduct training sessions to empower employees to foster effective communication with their health care providers. 3. Develop worksite programs to identify eligible recipients of subsidized health programs (e.g, Medicaid, Children’s Health Insurance Program).	1. Promote dissemination of the <i>Know Your Numbers</i> campaign in worksites. 2. Develop social marketing materials for use by worksites to disseminate information regarding socio-cultural factors and health disparities.	2. Increase the proportion of work sites identifying and addressing socio-cultural factors and health disparities for their employees.
3. Increase the support for addressing socio-cultural factors within healthcare systems and facilities by: a. improving cultural competency among healthcare providers. b. increasing efforts to improve access to health care.	1. Establish linkages between health care providers/medical societies and regional/state/ national organizations that address race relations, cultural competency, health care access.	1. Conduct needs assessments and utilize available data to identify key priorities in target healthcare systems. 2. Develop programs within medical societies that can enhance health care providers’ cultural competency. 3. Identify opportunities for improved health care access through available resources/ programs.	1. Ensure that health care providers have access to culturally appropriate materials. 2. Incorporate information on socio-cultural awareness and cultural competency into toolkit and disseminate to health care providers and facilities.	1. Support the establishment of health facility policies on equal access to healthcare.

Hypertension

Goal I: Increase awareness of high blood pressure as a risk factor for CVD.

Goal II: Reduce the proportion of Mississippians who have uncontrolled high blood pressure.

Objectives

By 2013:

- Implement a public awareness public education campaign to increase awareness of high blood pressure as a risk factor for CVD.
- Among Mississippi adults who report that they have high BP, increase the proportion who are currently taking medicine for their high BP from 77 percent (2001 BRFSS) to 82 percent.
- Prevent an increase in the proportion of Mississippians who have had their blood pressure measured and been told by a health care provider that it was high (BRFSS -33 percent in 2003).
- Increase the proportion of health care providers who implement current evidence-based management guidelines in the care of persons with high blood pressure (statewide survey of healthcare providers).

Refer to sections on Prevention of Risk Factors for objectives and strategies to reduce physical inactivity, improper nutrition, tobacco use, and socio-cultural risks that are critical to prevention and control of high blood pressure.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Increase opportunities and support for blood pressure screening, awareness, and control in local communities.	1. Establish linkages between individual community groups and regional/ state/ national organizations and coalitions to promote blood pressure screening and education.	1. Establish programs that develop community and neighborhood initiatives for blood pressure screening (<i>Search Your Heart</i> , American Diabetes Association programs, <i>Is Your Number Up</i>). 2. Implement a Community Health Advisor Network program	1. Utilize community media outlets to provide cues and messages to encourage people to monitor and control their blood pressure. 2. Create and disseminate a media toolkit for use by communities in providing blood pressure screening, awareness, and control	1. Increase opportunities and support for blood pressure screening, awareness, and control in local communities.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		<p>in target communities.</p> <p>3. Create and disseminate a community toolkit of programs for utilization by community and neighborhood initiatives (e.g. <i>Search Your Heart, Strike Out Stroke</i>).</p>	<p>activities (bulletin inserts, posters, public service announcements, signage, press releases, speakers bureau).</p> <p>3. Promote dissemination of <i>Know Your Numbers</i> campaign in local communities.</p>	
<p>2. Increase the proportion of worksites that promote blood pressure screening, awareness, and control for their employees.</p>	<p>1. Identify and contact key personnel in major Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and casino) to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing blood pressure screening, awareness, and control activities.</p>	<p>1. Promote and evaluate culturally-relevant worksite blood pressure screening, awareness, and control programs (local pilot projects in target communities).</p> <p>2. Facilitate worksite identification of lay leaders to serve as facilitators of CVD prevention activities, including blood pressure screening, awareness, and control.</p> <p>3. Conduct leader and instructor worksite training sessions in blood pressure monitoring designed to complement the services/ programs offered by the individual worksite.</p> <p>4. Create and disseminate a toolkit of blood pressure monitoring programs for</p>	<p>1. Provide all key worksites with copy of the <i>Mississippi State Plan for Heart Disease and Stroke Prevention and Control</i>.</p> <p>2. Promote dissemination of <i>Know Your Numbers</i> campaign in worksites.</p> <p>3. Develop social marketing materials for use by worksites to disseminate blood pressure monitoring information, tips, articles, and employee of the month personal “success” stories via newsletters, closed circuit TV, intranet, and other relevant outlets.</p>	<p>3. Advocate for worksites to adopt insurance plans that include health screening, lifestyle management, and wellness benefits.</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		utilization by worksite initiatives (e.g. worksite wellness program <i>Heart at Work</i>).		
3. Increase the capacity of healthcare providers, settings, and organizations to address blood pressure control.	<ol style="list-style-type: none"> 1. Establish linkages between local health care providers/ facilities and local/state/national resources that encourage blood pressure monitoring and control activity (e.g. Mississippi Chronic Illness Coalition, Governor’s Commission on Physical Fitness and Sports, American Heart Association). 2. Collaborate with peer review organizations. 3. Create and disseminate a toolkit of resources for utilization by health care providers, facilities, and organizations. 	<ol style="list-style-type: none"> 1. Provide and promote training of health care providers/ facilities on implementing evidence-based tools and guidelines, and creating systems to deliver appropriate preventive care (e.g. current Joint National Committee, <i>Put Prevention Into Practice</i>). 2. Use the train-the-trainer model to establish an expert resource network (local pilot projects in target communities). 	<ol style="list-style-type: none"> 1. Disseminate to healthcare providers protocol/guidelines/ tools for screening, monitoring, and control of elevated blood pressure. 2. Create and distribute “Health Care Provider Alerts” and regular newsletters on risk of high blood pressure. 3. Promote the <i>Know Your Numbers</i> campaign in all Mississippi health care facilities. 4. Develop social marketing materials for use by health care providers and facilities to disseminate information, blood pressure monitoring and control tips, articles, and personal “success” stories via newsletters, posters, closed circuit TV, and other relevant outlets. 	<ol style="list-style-type: none"> 1. Encourage implementation of insurance regulations to provide reimbursement for lifestyle counseling (e.g. Medicaid, Insurance Commission). 2. Encourage legislation that supports policy recommendations for blood pressure screening, education, and control from key state task forces and councils (CVD, obesity, diabetes). 3. Advocate for development of clinical registry of all clients and provision of technical assistance to local healthcare providers in maintaining registry. 4. Advocate for policies that assure utilization of current evidence-based guidelines for blood pressure screening and control (e.g. current Joint National Committee).

Obesity

Goal I: Increase awareness of obesity as a risk factor for CVD.

Goal II: Reduce the proportion of Mississippians who are classified as obese (BMI \geq 30).

Objectives

- Implement a public awareness education campaign to increase awareness of obesity as a risk factor for CVD.
- Among adults, decrease from 27 percent (2002) to 20 percent the proportion of Mississippians who report themselves as being obese based on BMI (BRFSS).
- Among children, decrease from 16 percent (2003) to 10 percent the proportion of Mississippians who report themselves as being overweight based on BMI (YRBS).
- Increase the proportion of adult Mississippians who are trying to lose weight from 36.8 percent to 41 percent (BRFSS).
- Increase the proportion of adult Mississippians who are using physical activity to lose or maintain weight from 55.6 percent to 62 percent (BRFSS).
- Increase the proportion of Mississippi children who are using physical activity to lose or maintain weight by 5 percent (YRBS).
- Increase the proportion of health care providers who implement current evidence-based management guidelines in the care of obese persons (statewide survey of healthcare providers).

Refer to sections on Prevention of Risk Factors for objectives and strategies to reduce physical inactivity, improper

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Increase opportunities and support for obesity control and awareness and physical activity in local communities and schools.	1. Establish linkages between individual community groups and regional/state/national organizations and coalitions that promote obesity/BMI screening and education (e.g. Mississippi Chronic Illness Coalition, Mississippi Stroke Education Consortium, American Heart Association, Arthritis Foundation).	1. Establish programs that develop community and neighborhood initiatives for BMI screening (American Diabetes Association, American Heart Association, Weight Watchers). 2. Implement a Community Health Advisor Network program in target communities.	1. Create and disseminate a community toolkit of programs for utilization by community and neighborhood initiatives (e.g. Search Your Heart, Mississippi Stroke Education Consortium). 2. Promote dissemination of <i>Know Your Numbers</i> campaign in local communities.	1. Develop and advocate for model preventive benefits that include screening, lifestyle changes, and wellness programs for health insurance plans to voluntarily adopt. 2. Encourage Mississippi Restaurant Association to advocate an increase in the number of low-sodium menu selections.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
			<p>3. Utilize community media outlets to provide cues and messages to encourage people to monitor and control their weight.</p> <p>4. Create and disseminate a media toolkit for use by communities in providing obesity/BMI screening, awareness, and control activities (bulletin inserts, posters, public service announcements, signage, press releases, closed circuit</p>	
<p>2. Increase the proportion of worksites that promote BMI and obesity screening, awareness, and weight control for their employees.</p>	<p>1. Identify and contact key personnel in major Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and casino) to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing BMI/obesity screening, awareness, and weight control activities.</p>	<p>1. Promote and evaluate culturally-relevant worksite BMI screening, awareness, and weight control programs (local pilot projects in target communities).</p> <p>2. Facilitate worksite identification of lay leaders to serve as facilitators of weight control activities, including BMI screening and awareness.</p> <p>3. Conduct leader and instructor worksite training sessions in BMI screening and weight</p>	<p>1. Provide all key worksites with copy of the <i>Mississippi State Plan for Heart Disease and Stroke Prevention and Control</i>.</p> <p>2. Promote dissemination of <i>Know Your Numbers</i> campaign in worksites.</p> <p>3. Develop social marketing materials for use by worksites to disseminate weight control monitoring information, tips, articles, and employee of the month personal success stories via newsletters, closed circuit TV, intranet,</p>	<p>1. Advocate for worksites to adopt insurance plans that include health screening, lifestyle management, and wellness benefits.</p> <p>2. Increase the capacity of healthcare providers, settings, and organizations to address weight control.</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		<p>control designed to complement the services/ programs offered by the individual worksite.</p> <p>4. Create and disseminate a toolkit of weight control/BMI monitoring programs for utilization by worksite initiatives (e.g. worksite wellness programs, <i>Know Your Numbers</i>, <i>Weight Watchers</i>, <i>Heart at Work</i>).</p>	<p>and other relevant outlets.</p>	
<p>3. Increase the proportion of healthcare settings that promote BMI screening and awareness.</p>	<p>1. Establish linkages between local health care providers/ facilities and local/state/national resources that encourage BMI monitoring and weight control activity (e.g. Mississippi Chronic Illness Coalition, Governor’s Commission on Physical Fitness and Sports, American Heart Association).</p> <p>2. Collaborate with peer review organizations (Information for Quality Healthcare).</p> <p>3. Create and disseminate a toolkit of resources for utilization by health care providers, facilities, and organizations.</p>	<p>1. Provide and promote training of health care providers/facilities on implementing evidence-based tools and guidelines, and creating systems to deliver appropriate preventive care (e.g. current Joint National Committee, <i>Put Prevention Into Practice</i>).</p> <p>2. Use the train-the-trainer model to establish an expert resource network (local pilot projects in target communities).</p>	<p>1. Disseminate to healthcare providers protocol/ guidelines/ tools for BMI screening, monitoring, and weight control.</p> <p>2. Create and distribute Health Care Provider Alerts and regular newsletters on risk of obesity and elevated BMI.</p> <p>3. Promote the <i>Know Your Numbers</i> campaign in all Mississippi health care facilities.</p> <p>4. Develop social marketing materials for use by health care providers and facilities to disseminate information, BMI monitoring and</p>	<p>1. Encourage implementation of insurance regulations to provide reimbursement for lifestyle counseling (e.g. Medicaid, Insurance Commission).</p> <p>2. Encourage legislation that supports policy recommendations for BMI screening, education, and weight control from key state task forces and councils (CVD, obesity, diabetes).</p> <p>3. Advocate for development of clinical registry of all clients and provision of technical assistance to local healthcare providers in maintaining registry.</p> <p>4. Advocate for policies that</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
			weight control tips, articles, and personal success stories via newsletters, posters, closed circuit TV, and other relevant outlets.	assure utilization of current evidence-based guidelines for BMI screening and weight control (e.g. American Dietetic Association).

Abnormal Cholesterol

Goal I: Increase the proportion of adult Mississippians who get their cholesterol checked and are addressing problems with high cholesterol.

Goal II: Decrease the proportion of adult Mississippians with an elevated total cholesterol.

Objectives

By 2013:

- Decrease from 27 percent (2001) to 20 percent the number of adults who have never had their cholesterol checked (BRFSS).
- Increase from 70 percent (2001) to 80 percent the proportion of adults who have had their cholesterol checked in the last five years (BRFSS).
- Increase from 24 percent (2002) to 30 percent the number of adults whose health care provider has advised them to eat fewer high fat/high cholesterol foods (BRFSS).
- Increase from 59 percent (2002) to 70 percent the number of adults who are eating fewer high fat/high cholesterol foods (BRFSS).

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Create opportunities to increase blood cholesterol screening, awareness, and control within communities.	1. Establish linkages between individual community groups and health care organizations (hospitals, health insurance providers) to increase screening opportunities and improve cholesterol education (broaden the distribution of <i>Know Your Numbers</i> campaign). 2. Create and disseminate a community toolkit of resources for utilization by community based collaborations/partnerships.	1. Encourage the development of screening events within the community. 2. Implement the Community Health Advisor Network program in target communities.	1. Utilize community media outlets to provide information on cholesterol screening opportunities and to provide cholesterol education cues and messages. 2. Create and disseminate a media toolkit for use by communities in providing cholesterol education cues and messages (bulletin inserts, posters, public service announcements, signage, press releases, closed circuit television, speakers bureau).	1. Encourage Mississippi Restaurant Association to advocate an increase in the number of low-fat menu selections. 2. Support policy initiatives related to increasing cholesterol education.
2. Increase the proportion of worksites that promote	1. Identify and contact key personnel in major	1. Promote and evaluate culturally-relevant	1. Provide all key worksites with copy of the	1. Encourage the enrollment of additional worksites into

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
cholesterol screening and education among their employees.	Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and gaming) to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing cholesterol screenings and education in worksites. 2. Create and disseminate a toolkit of resources for utilization by worksite collaborations and partnerships.	worksite cholesterol education programs (local pilot projects in target communities). 2. Facilitate worksite identification of lay leaders to serve as facilitators of cholesterol awareness and education activities. 3. Conduct leader and instructor worksite training sessions in cholesterol education designed to complement the services/programs offered by the individual worksite.	<i>Mississippi State Plan for Heart Disease and Stroke Prevention and Control.</i> 2. Promote dissemination of <i>Know Your Numbers</i> campaign in worksites. 3. Develop social marketing materials for use by worksites to disseminate information, menu selection tips, articles, and employee of the month personal “success” stories via newsletters, closed circuit TV, intranet, and other relevant outlets.	the Blue Cross Blue Shield <i>Healthy You</i> wellness program. 2. Impact organizational policy to include cholesterol screening and education in their wellness plans.
3. Increase the capacity of healthcare providers, settings, and organizations to promote cholesterol awareness and provide educational counseling.	1. Establish linkages between local health care providers/facilities and local/state/national resources that encourage cholesterol screening and education. 2. Collaborate with peer review and other organizations (e.g. Information for Quality Healthcare, Mississippi Healthcare Association, Mississippi Hospital Association). 3. Create and disseminate a toolkit of resources for utilization by health care	1. Provide and promote training of health care providers/facilities on implementing ATP III (Third Report of the National Cholesterol Education Program Expert Panel on the Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults - Adult Treatment Panel III) guidelines and creating systems to deliver appropriate counseling and treatment. 2. Use the train-the-	1. Provide ATP III to all health care providers. 2. Promote the <i>Know Your Numbers</i> campaign in all Mississippi health care facilities. 3. Develop social marketing materials for use by health care providers and facilities to disseminate information.	1. Encourage implementation of insurance regulations to provide reimbursement for cholesterol counseling, using <i>Healthy You</i> as a model (e.g. Medicaid, Insurance Commission). 2. Encourage legislation that supports policy recommendations for cholesterol screening, education, and control from key state task forces and councils (CVD, obesity, diabetes). 3. Advocate for policies that

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
	providers, facilities, and organizations.	trainer model to establish an expert speakers bureau (local pilot projects in target communities).		assure utilization of current evidence-based guidelines for cholesterol screening and control (National Cholesterol Education Program). 4. Advocate for development of clinical registry of all clients and provision of technical assistance to local healthcare providers in maintaining registry.

Diabetes

Goal I: Increase awareness of diabetes as a preventable and/or treatable risk factor for CVD.

Goal II: Improve diabetes care and patient self-management behaviors to reduce chronic complications of diabetes.

Objectives

By 2008:

- Develop and implement a method to obtain baseline data on the awareness of diabetes as a preventable and or treatable risk factor for CVD.
- Provide state legislators and policy makers with information on the number of Mississippians afflicted with diabetes and the impact of this disease on the state's citizens.

By 2013:

- Increase from 81 percent (2002) to 90 percent the proportion of persons with diabetes who check their glucose at least twice a week (BRFSS).
- Increase from 67 percent (2002) to 80 percent the proportion of persons with diabetes who check their feet at least once a day (BRFSS).
- Increase the proportion of healthcare providers who implement current evidence-based management guidelines in the care of patients with diabetes (statewide survey of healthcare providers).

Refer to sections on Prevention Risk of Factors for objectives and strategies to reduce physical

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
1. Create opportunities to increase blood glucose screening, awareness, and control within communities.	1. Establish linkages between individual community groups and regional/state/national organizations and coalitions that promote blood glucose screening and education (e.g. Mississippi Chronic Illness Coalition, Mississippi Stroke Education Consortium, American Heart Association, American Diabetes Association, Diabetes Foundation of Mississippi).	1. Establish programs that develop community and neighborhood initiatives for diabetes screening and awareness (e.g. ADA, DFM, MCIC, CHC, COHA). 2. Implement a Community Health Advisor Network program in target communities. 3. Create and disseminate a community toolkit of programs for utilization	1. Utilize community media outlets to provide cues and messages to educate persons about diabetes and to encourage people to monitor and control their blood sugar. 2. Create and disseminate a media toolkit for use by communities in providing diabetes screening, awareness, and control activities (bulletin inserts, posters, public service	1. Develop and advocate for model preventive benefits that include screening, lifestyle changes, and wellness programs for health insurance plans to voluntarily adopt. 2. Encourage Mississippi Restaurant Association to advocate an increase in the number of diabetic menu selections.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		by community and neighborhood initiatives (e.g. Diabetes Sunday, It's a Sweet Subject, Cardiovascular Learning Partnership, <i>Know Your Numbers</i>).	announcements, signage, press releases, closed circuit television, speakers bureau).	
2. Increase the proportion of worksites that promote diabetes screening, awareness, and control for their employees.	1. Identify and contact key personnel in major Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and gaming) to develop ongoing partnerships with regional/state/national organizations and coalitions for implementing diabetes screening, awareness, and control activities.	1. Promote and evaluate culturally-relevant worksite diabetes screening, awareness, and weight control programs (local pilot projects in target communities). 2. Facilitate worksite identification of lay leaders to serve as facilitators of diabetes control activities, including screening and awareness. 3. Conduct leader and instructor worksite training sessions in diabetes screening and control designed to complement the services/programs offered by the individual worksite. 4. Create and disseminate a toolkit of diabetes monitoring programs for utilization by worksite initiatives (e.g. worksite wellness programs, <i>Know</i>	1. Provide all key worksites with copy of the <i>Mississippi State Plan for Heart Disease and Stroke Prevention and Control</i> . 2. Promote dissemination of <i>Know Your Numbers</i> campaign in worksites. 3. Develop social marketing materials for use by worksites to disseminate diabetes control monitoring information, tips, articles, and employee of the month personal success stories via newsletters, closed circuit TV, intranet, and other relevant outlets.	1. Advocate for worksites to adopt insurance plans that include health screening, lifestyle management, and wellness benefits.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
		<i>Your Numbers, Heart at Work).</i>		
<p>3. Increase the capacity of healthcare providers, healthcare settings, and organizations to address diabetes monitoring and control.</p>	<p>1. Establish linkages between local health care providers/ facilities and local/state/national resources that encourage diabetes monitoring and control activities (e.g. American Diabetes Association, Diabetes Foundation of Mississippi, Diabetes Educator Association, Mississippi Chronic Illness Coalition).</p> <p>2. Collaborate with peer review organizations.</p> <p>3. Create and disseminate a toolkit of resources for utilization by health care providers, facilities, and organizations.</p>	<p>1. Provide and promote training of health care providers/ facilities on implementing evidence-based tools and guidelines, and creating systems to deliver appropriate preventive care (e.g. American Diabetes Association, National Kidney Foundation, <i>Put Prevention into Practice</i>).</p> <p>2. Use the train-the-trainer model to establish an expert resource network (local pilot projects in target communities).</p>	<p>1. Disseminate to healthcare providers protocol/ guidelines/ tools for diabetes screening, monitoring, management and control.</p> <p>2. Create and distribute Health Care Provider Alerts and regular newsletters on risk of diabetes and updates on diabetes management.</p> <p>3. Promote the <i>Know Your Numbers</i> campaign in all Mississippi health care facilities.</p> <p>4. Develop social marketing materials for use by health care providers and facilities to disseminate information, diabetes management, monitoring and control tips, articles, and personal success stories via newsletters, posters, closed circuit TV, and other relevant outlets.</p>	<p>1. Encourage implementation of insurance regulations to provide reimbursement for lifestyle counseling, diabetes self management educational classes (e.g. Medicaid, Insurance Commission).</p> <p>2. Encourage legislation that supports policy recommendations for diabetes self management education and control from key state task forces and councils (CVD, obesity, diabetes).</p> <p>3. Advocate for development of clinical registry of all clients and provision of technical assistance to local healthcare providers in maintaining registry.</p> <p>4. Advocate for policies that assure utilization of current evidence-based guidelines for diabetes screening and control (e.g. ADA).</p>

Acute Event

Goal: Increase the survival rate from cardiac arrest, heart attack, and stroke in Mississippi.

Objectives

Early Recognition/Early 911:

By 2013:

- Increase the percent of Mississippians who can name at least two of the symptoms of a heart attack by 20 percent (Baseline: 2004 BRFSS).
- Increase the percent of Mississippians who report that they would call 911 for stroke symptoms by 20 percent (Baseline: 2004 BRFSS).
- Increase the percent of Mississippi counties covered by 911 service from 93 percent to 100 percent (Emergency Medical Services and American Heart Association).

Early CPR/Early Defibrillation

By 2013:

- Increase the percentage of the population trained in CPR from 3 percent to 18 percent (American Heart Association).
- Increase the number of automated external defibrillators (AEDs) placed with first responders by 15 percent (Emergency Medical Services).
- Increase the number of AEDs placed for public access by 200 devices (EMS).

Early Access to Quality Healthcare

By 2013:

- Increase the percent of Mississippi paramedics and EMTs trained in acute treatment of stroke by 30 percent (AHA-Baseline: 20).
- Develop and implement an Acute Cardiac and Stroke System through EMS to determine the best hospital site for ambulances to deliver acute heart attack, cardiac arrest, and stroke patients.
- Increase the number of physicians practicing accepted clinical guidelines for heart disease and stroke and treatment (Information and Quality Healthcare).

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
<p>1. Increase the recognition of heart attack and stroke symptoms and the immediate activation of the 911 system in the community environment.</p>	<p>1. Develop and implement a state-wide public education and awareness campaign to increase public awareness of the signs and symptoms of cardiac arrest, heart attack, and stroke and the need to call 911 immediately (e.g. AHA Call to Action, media, and faith-based).</p>	<p>1. Conduct CVD signs and symptoms awareness seminars in the community environment (e.g. <i>Search Your Heart</i>, Heart Month, and health screenings/ health fairs). 2. Implement the Community Health Advisor Network program in target communities. 3. Create and disseminate a community toolkit of programs for utilization by community and neighborhood initiatives (e.g. <i>Search Your Heart</i>, WISEWOMAN, and Jackson Heart Study).</p>	<p>1. Utilize community media outlets to provide early recognition cues and messages. 2. Distribute American Heart Association materials on signs and symptoms to local churches, civic groups, and schools for dissemination. 4. Create and disseminate a media toolkit for use by communities in providing early recognition cues and messages (bulletin inserts, posters, public service announcements, signage, press releases, closed circuit television, and speaker's bureau).</p>	<p>1. Advocate for funds to implement public awareness/ education campaigns. 2. Advocate on the state and local levels for legislation or regulation to require each Mississippi county to have complete 911 dispatch coverage and Enhanced 911 when available.</p>
<p>2. Increase the proportion of worksites that promote early recognition for their employees.</p>	<p>1. Identify and contact key personnel in major Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and gaming) to develop acute response teams trained to recognize the signs and symptoms of heart attack, cardiac arrest, and stroke. 2. Distribute materials on signs and symptoms to worksites for dissemination.</p>	<p>1. Facilitate worksite identification of lay leaders to serve as facilitators of early recognition programs. 2. Conduct leader and instructor worksite training sessions in early recognition, CPR, and AEDs designed to complement the services/programs offered by the individual worksite.</p>	<p>1. Develop social marketing materials for use by worksites to disseminate signs and symptoms information via newsletters, closed circuit TV, intranet, and other relevant outlets.</p>	<p>1. Establish state/local legislation that supports worksite acute response teams (liability exemption, tax-incentives, insurance incentives). 2. Impact organizational policy to assure worksite acute response teams.</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
<p>3. Increase the proportion of healthcare providers that educate high-risk patients on early recognition of signs and symptoms of heart attack and stroke.</p>	<p>1. Collaborate with professional medical associations to encourage healthcare providers to provide patient education/consultation on recognizing the signs and symptoms of heart attack, cardiac arrest, and stroke.</p>	<p>1. Provide continuing education and conference training for health care providers on the latest research on early recognition (e.g. stroke update, cardiology update).</p>	<p>1. Distribute materials on signs and symptoms to healthcare facilities (e.g. local health departments, community health centers, primary care clinics, hospitals).</p>	
<p><u>Early CPR/ Early Defibrillation</u> 1. Increase access to early cardiopulmonary resuscitation and defibrillation in the community environment.</p>	<p>1. Promote and recognize training centers that provide mass CPR training to the public. 2. Disseminate information to schools, training centers, and funders on how to implement CPR education in schools. 3. Assess the need for additional AEDs with first responders, EMS, private industry, churches, and community leaders and identify funding for the devices in the community.</p>	<p>1. Implement CPR into the high school health curriculum. 2. Encourage CPR training in communities.</p>	<p>1. Identify funding to implement public awareness campaigns that encourage Mississippians to be trained in CPR and AED use (e.g., <i>These Hands</i>).</p>	<p>1. Advocate for state and local regulations or legislation supporting CPR training for high school students. 2. Advocate for local or state regulation to require teachers, coaches, and other school personnel to be trained in CPR. 3. Advocate for the registration of all AEDs through the Mississippi State Department of Health, Division of Emergency Medical Services, and local EMS providers. 4. Advocate for policies that require all government buildings to be equipped with AEDs. 5. Advocate on the national, state, and local levels for funding for the purchase, placement, and training for AEDs in the community.</p>

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
				6. Advocate for comprehensive liability exemptions for users, owners, prescribing physicians, and other persons/entities related to the use of or placement of AEDs.
2. Increase access to early cardiopulmonary resuscitation and defibrillation in the workplace.	1. Identify and contact key personnel in major Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and gaming) to develop acute response teams trained in CPR and AED use.	1. Promote worksite training for employees in CPR and AED use and recertification training as needed. 2. Promote the placement of AEDs in Mississippi worksites.	1. Develop and implement public education programs that encourage people to learn CPR and how to use an AED (e.g., television ads, bill-boards, survivor stories).	1. Provide incentive programs (tax or insurance) for workplaces that offer CPR training to employees. 2. Provide incentives (tax or insurance) for businesses that purchase AEDs and train employees in AED use.
<u>Early Access to Quality Healthcare</u> 1. Increase access to quality acute cardiac or stroke care in local communities.	1. Identify strengths and barriers to accessing quality healthcare in local communities.	1. Develop methods to disseminate information concerning available healthcare resources to those without adequate health care options through private insurance programs, government subsidized insurance programs, or on-site healthcare facilities.	1. Develop and implement public awareness campaigns designed to make the public aware of which hospitals are ready to provide quality acute cardiovascular or stroke care (<i>Know Before You Go</i> , Stroke Centers, Cardiac Centers).	1. Require certification and minimum training standards of emergency dispatch personnel.
2. Increase access to quality acute cardiac or stroke care in the worksite setting.	1. Identify and contact key personnel in major Mississippi industries (e.g. farming, poultry, timber, construction, food service, manufacturing, and gaming) to provide access to quality health care through private	1. Develop methods to disseminate information concerning available healthcare resources to those without adequate health care options through worksites (community health	1. Create and disseminate media tools that provide information on public and private health insurance options.	1. Provide incentive programs (tax or insurance) for workplaces that offer an acute response team for heart attack, cardiac arrest, and stroke for employees.

Action	Collaborations/Partnerships	Program Services	Public Awareness	Policy
	insurance programs, government subsidized insurance programs, and on-site healthcare facilities.	centers, local health departments, health fairs/ screenings, and free clinics).		
3. Increase access to quality acute cardiac or stroke care in the healthcare setting.	<ol style="list-style-type: none"> 1. Identify barriers to quality acute healthcare and develop strategies to alleviate those barriers with hospitals and emergency responders. 2. Address training issues in acute treatment of stroke for paramedics, medical technicians, and other first responders with emergency responders and related professional organizations. 	<ol style="list-style-type: none"> 1. Develop a statewide registry with hospitals to monitor quality of stroke care. 2. Provide continuing education for healthcare providers and emergency medical staff (American Heart Association/American Stroke Association, Mississippi Stroke Education Consortium). 3. Develop methods to disseminate information concerning available healthcare resources to those without adequate health care options through private insurance programs, government subsidized insurance programs, and on-site healthcare facilities. 	<ol style="list-style-type: none"> 1. Create and disseminate media tools that provide information on public and private health insurance options. 	<ol style="list-style-type: none"> 1. Promote the development of Cardiac and Stroke Centers in a majority of Mississippi hospitals (Joint Committee on Accreditation of Healthcare Organizations, Centers for Medicare and Medicaid Services, American Heart Association, Mississippi State Department of Health). 2. Advocate for adequate funding for community health clinics through state and federal funds. 3. Advocate for adequate Medicaid and Medicare reimbursements for acute treatment of heart attack, cardiac arrest, and stroke. 3. Add an acute stroke module to the training requirements for paramedic.