

**MARYLAND STATE ADVISORY COUNCIL ON  
HEART DISEASE AND STROKE**

December 11, 2015

The Honorable Lawrence J. Hogan, Jr.  
Governor  
State of Maryland  
Annapolis, MD 21401-1991

RE: House Bill 492 (Chapter 238) of the Acts of 2001 and Health-General Article, §13-206(c)  
2015 Biennial Report of the State Advisory Council on Heart Disease and Stroke

Dear Governor Hogan:

Pursuant to Health-General Article, §13-206(c), Annotated Code of Maryland, the State Advisory Council on Heart Disease and Stroke (Advisory Council) is directed to submit this biennial report on the evaluation of heart disease and stroke prevention, education, and treatment activities in Maryland. This letter includes activities conducted during 2014 and 2015, and serves as the Advisory Council's biennial report.

**Advisory Council History, Structure, and Duties**

The Advisory Council was formed in 1972 and has a long history of providing programmatic guidance and evaluation of state programs aimed at reducing the burden of heart disease and stroke in Maryland. The Advisory Council is charged with: (1) developing and promoting educational programs for the prevention, early detection, and treatment of heart disease and stroke targeted to high-risk populations and to geographic areas where there is a high incidence of heart disease and stroke; and (2) recommend that the Department of Health and Mental Hygiene (Department) establish certain guidelines, as needed, to address effective management and treatment of heart disease and stroke.

The Advisory Council consists of 23 members appointed by the Governor with wide representation of state and local leaders and community members (see Table 1). Prior to 2014, the Advisory Council was organized into four Committees (Cardiovascular Disease Management and Prevention; Childhood Obesity; Hypertension Detection, Treatment, and Prevention; and Stroke Management). During the current reporting period, the Advisory Council met as one full council, without subcommittee meetings, and addressed specific topics. The Advisory Council is directed by one Chair and one Co-Chair, with administrative support from the Department. The full Advisory Council membership met quarterly during this reporting period (February 6, 2014; April 23, 2014; July 23, 2014; October 23, 2014; January 22, 2015; April 23, 2015; July 23, 2015; October 22, 2015).

**Table 1: Membership List**

<b>NAME</b>	<b>REPRESENTATION</b>
Barney Stern, MD, Chair	American Stroke Association
Michael Miller, MD, Co-chair	American Society of Internal Medicine
Michaeline R. Fedder	American Heart Association - Mid-Atlantic, Inc.
Kristi Pier, MHS, MCHES	Department of Health and Mental Hygiene
Roger S. Blumenthal, MD	Johns Hopkins University School of Medicine
Roger Harrell, MHA	Maryland Association of County Health Officers
Mohammed Abuzahra, MD	Maryland Hospital Association, Inc.
Jeanne B. Charleston, PhD, BSN, RN	Maryland Nurses Association
Brian H. Avin, MD, PhD	Maryland State Medical Society
Vacant	Monumental City Medical Society
Marcella Wozniak, MD, PhD	University of Maryland School of Medicine
Nancy Beth Barr, MD	Maryland Academy of Family Physicians
Vacant	American College of Emergency Physicians
Anna Aycock, MHA, RN	Maryland Institute for Emergency Medical Services Systems
Surina Ann Jordan, PhD	State Advisory Council on Physical Fitness
Samuel D. Goldberg, MD	Maryland Chapter, American College of Cardiology
Catherine Cooke, PharmD	Maryland Pharmacists Association
Brent N. Reed, PharmD	Public
Kisha N. Davis, MD	Public
Katherine Rogers	Public
Mary K. Donnelly-Struzzo	Public
Sheila McLean	Public
Leslie J. Graham	Public

The Advisory Council currently addresses heart disease and stroke issues, as well as related chronic disease prevention areas including childhood obesity, tobacco use, and diabetes. The Advisory Council develops recommendations for the Governor to address issues related to heart disease, stroke, and other chronic disease prevention areas. Additionally, the Advisory Council is the designated Advisory Committee for the Department's federal Preventive Health and Health Service (PHHS) Block grant. A requirement of the PHHS grant is to have an advisory council within the state that meets at least once annually to provide guidance and approval of the annual grant workplan. The Advisory Council has fulfilled this requirement since 2011. The PHHS allows states, tribes, territories, and the District of Columbia to address unique public health needs/challenges by addressing emerging health issues and gaps, decreasing premature death/disabilities by focusing on the leading preventable risk factors, working to achieve health equity and eliminate health disparities by addressing social determinants of health, supporting local programs to achieve healthy communities, and establishing data and surveillance systems to monitor the health status of targeted populations. The Maryland PHHS prioritizes eight Healthy People 2020 Objectives (Diabetes Deaths; Coronary and Heart Disease Deaths; Obesity in Children and Adolescents; Healthy Weight in Adults; Epidemiology Services; Dental Sealants; Health Improvement Plans; and Sexual Assault).

## **Burden of Heart Disease and Stroke in Maryland**

Diseases of the heart are the leading cause of death among Maryland residents, accounting for one in four (24.3%) deaths last year.<sup>1</sup> Cerebrovascular disease, which includes stroke, is the third highest cause of death in Maryland after heart disease (#1) and cancer (#2) with 2,446 deaths in 2014. While death from heart disease remains high, the prevalence of heart attack has been decreasing among Maryland adults, with the percent of adult Maryland residents reporting they have ever had a heart attack, decreasing from 4.2% in 2011 to 3.1% in 2014.<sup>2</sup> The prevalence of stroke has remained steady over recent years (2.6% in 2011 to 3.1% in 2014).

One in three Maryland adults (32.8%) had been told by a medical professional they have hypertension, and more than one in three Maryland adults (37.0%) had been told by a medical professional that they have high cholesterol.<sup>3</sup> The burden of these conditions is much greater among the population of people with diabetes. Compared to people without diabetes, people with diabetes report greater prevalence of heart attack, stroke, hypertension, and elevated cholesterol. Therefore, diabetes is a robust risk factor for heart disease and stroke and efforts to decrease the prevalence of diabetes would contribute to the overall health of our citizens.

### **Advisory Council Activities 2014-2015**

During this reporting period the Advisory Council focused on two main activities, Sodium Reduction in Long Term Care, Adult Medical Day Care, and Assisted Living Facilities and serving as the PHHS Block Grant Advisory Committee. In addition, the Advisory Committee collected information about activities conducted by member organizations and partners in support of reducing the burden of heart disease and stroke in Maryland.

#### *Sodium Reduction in Long Term Care, Adult Medical Day Care, and Assisted Living Facilities*

In March 2013, the Clinic for Public Health Law and Policy of the Johns Hopkins Bloomberg School of Public Health presented data to the Department on the issue of sodium reduction as it relates to sodium intake in long term care facilities. As a result, the Department released the “Request for Comment on Sodium Reduction in Long Term Care, Adult Medical Day Care, and Assisted Living Facilities” in the Maryland Register on November 15, 2013 inviting public comment on the topic. The “Request for Comment” closed on December 15, 2013 and four comments were received.

The Department requested that the Advisory Council provide recommendations on regulatory requirements, whether voluntary or mandatory, for dietary sodium reduction in long term care, assisted living, and adult medical day care facilities. This request was presented to the Advisory Council on July 23, 2014, and the members dedicated the October 2014 Advisory Council meeting to provide more information on this topic with expert presentations, and to determine recommendations at the January 2015 meeting. Advisory Council members were provided background materials on sodium reduction in the elderly and the care settings prior to

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<sup>1</sup> Maryland Vital Statistics Profile, 2014, <<http://dhmh.maryland.gov/vsa/Documents/2014%20Maryland%20Profile.pdf>>

<sup>2</sup> Behavioral Risk Factor Surveillance System 2011-2014, <<http://www.marylandbrfss.org>>

<sup>3</sup> Behavioral Risk Factor Surveillance System 2013, <<http://www.marylandbrfss.org>>

the October 23, 2014 meeting. Three experts were invited to address the Advisory Council and provide scientific evidence of the benefits, unforeseen costs, and potential complications of sodium reduction in residents of long term care, assisted living, and adult medical day care facilities, and whether sodium reduction policies in these facilities should be enacted, and if so, by voluntary versus mandatory regulation. During the January 22, 2015 Advisory Council meeting there was a lengthy discussion about the topic during which all members were able to voice their opinions on the topic. The meeting was led by then Chair Catherine Cooke and transcribed by an outside vendor. It was determined that no follow-up will be required by the Department related to this issue.

### *PHHS Block Grant Advisory Committee*

In the Advisory Council's role as the PHHS Block Grant Advisor, the Advisory Council formally dedicated time at both the April 23, 2014 and April 23, 2015 meetings to PHHS grant review. At the April 23, 2014 meeting, Department staff provided a review of PHHS 2013 outcomes and the 2014 work plan. The members approved the 2014 work plan. The Centers for Disease Control and Prevention (CDC) provided additional guidance on the role of the PHHS grant Advisory Committee in December 2014, directing that the Department's Secretary lead the formal agenda. This model was implemented at the April 23, 2015 meeting. Ms. Donna Gugel, Deputy Director for the Department's Prevention and Health Promotion Administration, represented the Secretary and presided over the meeting in which Department staff provided a review of PHHS 2014 outcomes and the 2015 workplan. The Advisory Council members approved the PHHS workplan. The meeting minutes which include the PHHS grant information were submitted to the CDC in compliance with grant requirements.

### **Future Goals of the Advisory Council**

The Advisory Council's future activities will be guided by strategic planning at the October 2015 and January 2016 member meetings: priorities are: (1) Disease Prevention (physical activity and nutrition); (2) Disease Management (metrics for acute stroke treatment and optimization strategies to enhance acute stroke treatment); and (3) Sustainability (Enhance access to patient data through EHRs, referrals to self-management programs, etc.).

The Advisory Council will collaborate with the State Advisory Council on Arthritis and Related Diseases and the State Advisory Council on Physical Fitness to incorporate physical activity in addressing prevention and control of chronic disease, specifically cardiovascular disease, stroke and diabetes. Future recommendations will align with the nine health objectives related to heart disease, stroke, modifiable risk factors, and care as defined by the Maryland State Health Improvement Process.

In 2016 and 2017, the Advisory Council will monitor its progress towards meeting the Advisory Council's goals and work with its many dedicated partners in developing and promoting educational programs for the prevention, early detection, and treatment of heart disease and stroke targeted to high-risk populations and to geographic areas where there is a high incidence of heart disease and stroke.

The Advisory Council is pleased to be able to continue its important work to improve the lives of Maryland residents by addressing important public health challenges. The Advisory Council looks forward to sustaining and enhancing its activities in support of the Department and Maryland citizens. If you have any questions about this report, please contact Ms. Kristi Pier, Director of the Center for Chronic Disease Prevention and Control, at 410-767-8250.

Sincerely,

A handwritten signature in cursive script that reads "Barney J. Stern, M.D.".

Barney J. Stern, M.D.  
Chair

cc: Van T. Mitchell  
Allison Taylor, MPP, JD  
Howard M. Haft, MD, MMM, FACPE  
Michelle Spencer, MS  
Kristi Pier, MHS, MCHES  
Michael Miller, MD (Co-Chair)  
Sarah Albert, MSAR # 2322