

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



November 7, 2017

The Honorable Larry Hogan  
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)  
2017 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 (the Advisory Council) is directed to submit a biennial report on the evaluation of heart disease and stroke prevention, education, and treatment activities in Maryland. This letter serves as the Advisory Council's 2017 biennial report and describes its activities during the years 2016 and 2017.

Chapter 40 of the Acts of 2017 (SB 38) - Department of Health and Mental Hygiene - Updating Advisory Boards and Councils terminates the Advisory Council as of September 30, 2017, and establishes the new State Advisory Council on Health and Wellness on October 1, 2017. The State Advisory Council on Health and Wellness incorporates certain members of the former State Advisory Councils on Heart Disease and Stroke, Physical Fitness, and Arthritis and Related Diseases into three distinct committees within the new Council. Additionally, a fourth committee addresses diabetes, a new focus area.

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

The Advisory Council was formed in 1972 and has had 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 was 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 geographic areas with a high incidence of heart disease and stroke; and (2) making recommendations, as needed, to the Maryland Department of Health (the Department) to establish guidelines for the management and treatment of heart disease and stroke.

The Advisory Council consisted of 23 members appointed by the Governor with wide representation from State and local leaders and community members (see Table 1). During 2016 and 2017, the Advisory Council met and conducted its work as a full council, without any subcommittee meetings. The Advisory Council was directed by a Chair and Co-Chair, with

administrative support from the Department. The Advisory Council met on April 7, 2016; July 21, 2016; October 13, 2016; January 19, 2017; and April 20, 2017.

**Table 1: Membership List**

<b>NAME</b>	<b>REPRESENTATION</b>
Vivienne Rose, MD	Academy of Family Physicians
Vacant	American College of Cardiology - MD Chapter
Kathleen Keefe Hough, MD	American College of Emergency Physicians-Maryland Chapter
Michaeline R. Fedder	American Heart Association - Mid-Atlantic, Inc.
Susan Mani, MD	American Hospital Association
Michael Miller, MD (Chair)	American Society of Internal Medicine
Brenda Johnson, DNP, CRNP-BC, ANVP	American Stroke Association
Seth Shay Martin, MD	Johns Hopkins University School of Medicine
Roger Harrell, MHA	Maryland Association of County Health Officers
Kristi Pier, MHS, MCHES	Maryland Department of Health
Anna Aycock, MHA, RN	Maryland Institute for Emergency Medical Services Systems
Jeanne Charleston, PhD, BSN, RN	Maryland Nurses Association
Catherine Cooke, PharmD	Maryland Pharmacists Association
Vacant	MedChi
Vacant	Monumental Medical Society
Jay Seidel, DPM	State Advisory Council on Physical Fitness
Marcella Wozniak, MD, PhD (Co-chair)	University of Maryland School of Medicine
Brent Reed, PharmD	Public
Ilene Rosenthal	Public
James Ebeling, MD	Public
Lois Freeman, DNP, CRNP-BC, CCRN	Public
Sheila McLean	Public
Tracy Newsome	Public

The Advisory Council’s duties included addressing heart disease and stroke as well as related topic areas including childhood obesity, tobacco use, and diabetes. Additionally, the Advisory Council was the designated advisory committee for the Department’s federal Preventive Health and Health Services (PHHS) Block Grant from the Centers for Disease Control and Prevention (CDC). The PHHS Block Grant requires that an advisory committee within the State meet at least once annually to provide guidance and approval of the annual grant work plan. Since 2011, the Advisory Council has fulfilled this requirement. The PHHS Block Grant allows states, tribes, territories, and the District of Columbia to address unique public

health needs and challenges by addressing emerging health issues and gaps, decreasing premature death and disability by focusing on mitigating 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 Block Grant 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 nearly one in four (24.0 percent) deaths last year.<sup>1</sup> Cerebrovascular disease, which includes stroke, is the third leading cause of death in Maryland after heart disease (#1) and cancer (#2) with 2,539 deaths in 2015.<sup>1</sup> While death from heart disease remains high, the prevalence of heart attack decreased slightly among Maryland adults, with the percentage of Maryland adults reporting they have ever had a heart attack decreasing from 4.2 percent in 2011 to 3.9 percent in 2016 (this change is not statistically significant); the prevalence of stroke has remained steady over recent years (2.6 percent in 2011 to 2.8 percent in 2016).<sup>2</sup>

In 2016, one in three Maryland adults (34.4 percent) have been told by a medical professional they have hypertension, and more than one in three Maryland adults (35.9 percent) have been told by a medical professional that they have high cholesterol.<sup>3</sup> The burden of these conditions is much greater among 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 will contribute to the overall health of Marylanders.

### **Advisory Council Activities 2016-2017**

During 2016 and 2017, the Advisory Council focused on serving as the advisory committee for the PHHS Block Grant and working with its many dedicated partners in developing and promoting educational programs for the prevention, early detection, and treatment of heart disease and stroke in Maryland. The Advisory Council also worked with two other councils – the State Advisory Council on Physical Fitness and the State Advisory Council on Arthritis and Related Diseases, on areas of interest common to all three councils, including promoting physical activity.

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<sup>1</sup> Maryland Vital Statistics Administration, Maryland Vital Statistics Annual Report, 2015, Maryland Department of Health, accessed 14 September 2017 <<https://health.maryland.gov/vsa/Documents/15annual.pdf>>.

<sup>2</sup> Maryland Behavioral Risk Factor Surveillance System, 2011-2016, Maryland Department of Health, accessed 14 September 2017 <[www.marylandbrfss.org](http://www.marylandbrfss.org)>.

<sup>3</sup> Maryland Behavioral Risk Factor Surveillance System, 2016, Maryland Department of Health, accessed 14 September 2017 <[www.marylandbrfss.org](http://www.marylandbrfss.org)>.

### *PHHS Block Grant Advisory Committee*

The Advisory Council dedicated time at both the April 7, 2016 and April 20, 2017 meetings to PHHS Block Grant review. At the April 7, 2016 meeting, Advisory Council Chair Barney Stern, MD turned the meeting over to Ms. Kristi Pier, Maryland Department of Health designee, to introduce the PHHS Block Grant. Ms. Erica Smith, the Department's program coordinator of the PHHS Block Grant, reviewed the PHHS 2015 outcomes and presented the 2016 work plan. The Advisory Council approved the 2016 work plan. Meeting minutes, which included the PHHS grant information, were submitted to CDC in compliance with grant requirements.

At the April 20, 2017 meeting, Advisory Council Chair Michael Miller, MD turned the meeting over to Ms. Anna McCreary, director of the Department's Cancer and Chronic Disease Bureau, to introduce the PHHS Block Grant, and then Ms. Erica Smith reviewed the PHHS 2016 outcomes and presented the 2017 work plan. The Advisory Council approved the 2017 work plan. Meeting minutes, which included the PHHS grant information, were submitted to CDC in compliance with grant requirements.

### *Regulatory Review and Evaluation Act*

In 2017, The Advisory Council provided a review of COMAR 10.52.02 High Blood Pressure Control Services, required by the Regulatory Review and Evaluation Act. COMAR 10.52.02 was promulgated in 1994 and updated in 2011 with contributions from the Advisory Council. The Advisory Council advised the Department to publish the regulation in the Maryland Register to solicit feedback from the public on the current regulations text and to evaluate similar regulations in other states. The Department will submit a report on the results of the review to the Joint Committee on Administrative, Executive, and Legislative Review in 2018.

### *Stroke Update*

Maryland continues to be proactive and successful at implementing recent advances in stroke care. The most disabling and fatal ischemic strokes are due to occlusion of large vessels providing blood to the brain. Clinical trials published in early 2015 showed dramatic improvements in chances of good recovery with rapid extraction of blood clots using endovascular techniques, and prompted new consensus guidelines on offering these treatments to patients with these severe ischemic strokes.<sup>4</sup>

To address the updated guidelines, the Maryland Institute for Emergency Medical Services Systems developed protocols for emergency medical system providers to assess all acute stroke patients for signs suggesting large vessel occlusion, and for primary stroke centers to transfer them for endovascular clot retrieval stroke to comprehensive stroke care centers. In Maryland, three comprehensive stroke centers (University of Maryland, Johns Hopkins Bayview, and The Johns Hopkins Hospital) and two primary stroke centers (Sinai Hospital and Suburban

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<sup>4</sup> Powers, Willam J. et al, "2015 AHA/ASA Focused Update of the 2013 Guidelines for the Early management of Patients with acute ischemic stroke regarding endovascular treatment," Stroke, September 2017, Volume 48, Issue 9, accessed 7 September, 2017 <[stroke.ahajournals.org/content/early/2015/06/26/STR.0000000000000074](http://stroke.ahajournals.org/content/early/2015/06/26/STR.0000000000000074)>.

Hospital) provide this emergency procedure 24 hours, 7 days a week.<sup>5</sup> In 2016, 131 patients or 1.4 percent of the total acute ischemic stroke admissions, received endovascular clot retrieval. In 2017 (January-August), 109 patients, or 1.9 percent of the total acute ischemic stroke admissions, received endovascular clot retrieval.<sup>6</sup>

#### *Educational Presentations at Advisory Council Meetings*

April 20, 2017

- **Trending Cardiovascular Nutrition Controversies**

*Michael Miller, MD, Chair*

Dr. Miller presented an article published in the 2017 Journal of the American College of Cardiology entitled, *Trending Cardiovascular Nutrition*. The article addressed the potential cardiovascular benefits of trending foods and diets (e.g., the Paleolithic diet and the South Beach diet).

January 19, 2017

- **Adverse Childhood Experiences Data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS)**

*Georgette Lavetsky, BRFSS Coordinator, Center for Chronic Disease Prevention and Control, Maryland Department of Health*

Ms. Lavetsky presented 2015 BRFSS data on adverse childhood experiences to better understand their impact on health outcomes and behaviors in Maryland adults.

- **Priorities for the Maryland Chapter of the American Heart Association**

*Rhonda Chatmon, Maryland Chapter, American Heart Association*

Ms. Chatmon presented the priorities of the Maryland Chapter of the American Heart Association and its upcoming programs. These included the Simple Cooking with Heart Kitchen in Baltimore, the Workplace Health Solutions program that helps create a culture of physical activity and health in the workplace, and upcoming walking events in Maryland aimed at awareness, education, and fundraising around heart disease and stroke research.

October 13, 2016

- **Maryland's Behavioral Risk Factor Surveillance System (BRFSS), 2015 Data Update**

*Georgette Lavetsky, BRFSS Coordinator, Center for Chronic Disease Prevention and Control, Maryland Department of Health*

Ms. Lavetsky presented a variety of data from the 2015 BRFSS, including Maryland data on heart attack, coronary heart disease, stroke, hypertension, diabetes, high cholesterol, obesity, and physical activity.

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<sup>5</sup> Maryland Institute for Emergency Medical Services, The Maryland Medical Protocols for Emergency Medical Services Providers, Effective July 1, 2017, accessed 8 September 2017  
<[www.miemss.org/home/Portals/0/Docs/Guidelines\\_Protocols/2017-MD-Medical-Protocols-WEB.pdf?ver=2017-04-04-143321-600](http://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/2017-MD-Medical-Protocols-WEB.pdf?ver=2017-04-04-143321-600)>.

<sup>6</sup> Anna Aycock, Maryland Institute for Emergency Medical Services; relayed verbally 8 September 2017.

- **Oral Health and Chronic Disease Project**

*Gregory McClure, DMD, MPH, Dental Director, Office of Oral Health, Maryland Department of Health*

Dr. McClure presented a grant from CDC to initiate collaboration between the Office of Oral Health and Center for Chronic Disease Prevention and Control to address oral health and hypertension. Dr. McClure requested that members of the Advisory Council serve on a mandatory grant advisory committee to provide guidance for integration of oral health and chronic disease public health programs to improve the health of Marylanders.

July 21, 2016

- **Improving Cardiometabolic Health Outcomes**

*Omar Hasan, MD, MPH, FACP, Vice President, Improving Health Outcomes, American Medical Association*

Dr. Hasan presented the American Medical Association's efforts to improve health outcomes, particularly those addressing hypertension and prediabetes. Dr. Hasan shared resources, namely the *National Diabetes Prevention Program* and *STEPS Forward*.

- **Cognitive Health**

*Ilene Rosenthal, Greater Maryland Chapter-Alzheimer's Association*

Ms. Rosenthal presented the current priorities of the Alzheimer's Association. These include the importance of promoting advance care planning and advance financial planning to care partners, families, and individuals with early stage dementia, before function declines; integrating cognitive health and impairment into state and local government plans; and improving data collection to better understand the incidence and cost of Alzheimer's in Maryland.

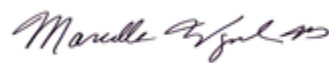
## **Conclusion**

The Advisory Council was pleased to help improve the lives of Marylanders by addressing important public health challenges. Advisory Council members were generally supportive of the new State Advisory Council on Health and Wellness and its activities. Members were encouraged to submit applications to continue service on the Health and Wellness Council. 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,



Michael Miller, MD  
Chair



Marcella A. Wozniak MD, PhD  
Co-Chair

cc: Dennis R. Schrader, Secretary, Maryland Department of Health  
Jinlene Chan, MD, MPH, FAAP, Acting Deputy Secretary, Public Health Services  
Donna Gugel, MHS, Director, Prevention and Health Promotion Administration  
Anna McCreery, MPH, Director, Cancer and Chronic Disease Bureau  
Kristi Pier, MHS, MCHES, Director, Center for Chronic Disease Prevention and Control  
Kathleen Graham, MHS, MSW, Staff Coordinator, State Advisory Council on Heart  
Disease and Stroke