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Florida Issue Brief

Healthy Food Financing Initiative

Making Sure Fresh Fruits, Vegetables, and Meats are Available to All Citizens

Overview

More than 2.5 million Floridians live in areas where it is difficult and sometimes impossible to buy fresh food – fruits and vegetables, low-fat dairy, whole grains, seafood and lean meats. [1]

A 2014 study commissioned by the Florida Department of Agriculture and Consumer Services (DACS) on the Impact of Food Deserts on Diet-Related Outcomes made several key findings, one of which was that access to quality retail grocers in Florida is strongly linked to a variety of diet-related health outcomes and that individuals living in places more than a half mile from the nearest full-service grocer and who lack access to a vehicle are more likely to die prematurely from diabetes, diet-related cancers, stroke, and liver disease than individuals living where grocers are closer and vehicles are more available. [2]

A recent study by the United States Department of Agriculture found this problem impacts residents of urban and rural areas alike, especially those living in lower-income and minority communities. Research has also shown that people without convenient access to a supermarket suffer from disproportionately high rates of obesity, diabetes and other diet-related disease. Leading health experts, including the Institute of Medicine and the Centers for Disease Control and Prevention, have recommended increasing the number of supermarkets in underserved areas to reduce the rate of childhood obesity in the United States.

Additionally, increasing access to healthy foods can be an economic boon to an impoverished area. Healthy food retailers can generate significant economic stimulus by serving as anchors for further commercial revitalization, creating local jobs, generating tax revenues, and capturing local dollars within the community among other economic and community development outcomes.[3,4]

For example, it is estimated that 24 new jobs are created for every 10,000 square feet of retail grocery space, [5] so a very large market can generate between 150 and 200 full- and part-time jobs. Attracting and incentivizing new or improved healthy food retail in communities of color and low-income, urban, and rural communities is an important component of a comprehensive strategy to revitalize disinvested areas by improving health and economic outcomes in the places that need it most.

Q: What is the problem?

A: A lack of access to fresh fruits, vegetables and meats, and a prevalence of "cheap calories" available primarily from fast food restaurants and corner stores.

Q: What can we do about it?

A: Although consumption of fresh fruits and vegetables is recommended to promote health and prevent chronic diseases, studies have found that most Americans do not meet these recommendations [6-8]. People who do not consume a nutritious diet are more likely to develop diabetes, cardiovascular disease, obesity, and certain cancers [6, 7-9].

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Q: What steps can we take?

A: Pass legislation establishing a program that will encourage small business-owners to participate in a program; fund the program appropriately (our national partners suggest $10 million for Florida).

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For additional information, please contact:

Rivers Buford, Government Relations Director
American Heart Association
850.566.9119
Rivers.Buford@heart.org

Mark Landreth, CAE, Sr. Government Relations Director
American Heart Association
850.544.3376
mark.landreth@heart.org

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Florida Issue Brief

Open Playgrounds / Shared Use

Sharing School Recreational Facilities with the Community

Overview

Shared Use, also known as Open Playgrounds, are an arrangement for public access to a school's recreational facilities for informal use or organized programs after the regularly scheduled school day or on weekends.

Q: What is the problem?

A: The U.S. is in the grips of a full-blown obesity epidemic. The prevalence of those who are obese has risen to 35%.(1) In 2011, adult obesity rates grew in 16 states, and rates exceed 25% in 41 states.(2) Thirteen states have obesity rates greater than 30%.(2) In light of these dire statistics, it is critical to find ways to increase physical activity opportunities in the places where people live, work, learn, and play: making the healthy choice the easy choice. However, nearly 50% of U.S. adults and 65% of adolescents do not currently get the recommended amount of physical activity each day.(1) Land use and facility planning by local governments and school districts have become separated in many communities and this lack of coordination has contributed to larger, more distant schools that have less connection with their communities and the people they serve.(3) In fact, in 2009 only 13% of children ages 5-14 either walked or biked to school compared to 48% in 1969.(4) School facilities, especially those that are centered in the community, can be an excellent resource for recreation and exercise where there is limited availability or private options are too expensive. The most innovative districts are maximizing shared use of school facilities to address the educational and health needs of students and the community's need for recreational activity spaces.(5)

Q: What can we do about it?

A: By opening school playgrounds for use after school and on weekends, we can provide a safe, clean location that permits those living near schools to use the facility to achieve their best possible level of health.

Q: What steps can we take?

A: When school recreational facilities are open after hours every resident can make easier choices—on a consistent basis—about getting regular exercise. Shared use utilizes existing infrastructure, promotes a stronger connection between residents and schools, and encourages more perceived value of the school by residents outside of its primary purpose of educating youth.

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For additional information, please contact:

Rivers Buford, Government Relations Director
American Heart Association
850.566.9119
Rivers.Buford@heart.org

Mark Landreth, CAE, Sr. Government Relations Director
American Heart Association
850.544.3376
mark.landreth@heart.org

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Florida Issue Brief

Stroke Clinical Registries & Stroke Facility Designations

Overview

Stroke Clinical Registry – Though many hospitals treating stroke patients cooperate in the Florida/Puerto Rico Collaboration to Reduce Stroke Disparities (CReSD), Florida still does not require hospitals to share their stroke data with the Agency for Healthcare Administration or the Department of Health. *(Please note: no personally identifying information is shared).*

Clinical registries can provide important mechanisms to monitor patterns of care; the progression of disease; evaluate the effectiveness of treatment and safety; and improve clinical outcomes in real world settings.

Surveillance of Healthcare Systems. Registries are an efficient way to monitor trends in the use of certain procedures and the prevalence of certain conditions. [1] Today, clinical registries are used to:

- Assess the progression of a disease, evaluate treatments utilized at various stages of disease, and observe treatment outcomes and adverse events; [2, 3, 4, 5]
- Evaluate trends in healthcare usage and the provision of medically necessary care (including underuse, overuse and misuse); [1]
- Monitor the impact of prevention efforts [6] and public health awareness campaigns; [7]
- Analyze referral and diagnosis patterns; [1]
- Describe patient population demographics and provider characteristics; [2] and
- Track incidence of health events and recurrent events. [2, 8]

Surveillance of Underrepresented Populations. Clinical registries play an essential role in providing meaningful, actionable data about the healthcare needs and services used by populations of patients that, traditionally, have been underrepresented in epidemiological studies and clinical trials, including racial and ethnic minorities [9], women [10], the elderly [11], individuals with multiple comorbidities, [1, 12] and individuals with rare diseases. [13] With data from a clinical registry, researchers can:

- Identify and evaluate healthcare disparities within a patient population;
- Examine underrepresented populations and their access to healthcare services;
- Investigate disease progression and healthcare utilization in a particular subpopulation, and the costs for treating particular groups; and
- Collect data on gender, race, ethnicity, language and other health indicators.

By collecting and tracking treatment patterns over time, this data can be used to expose disparities in care for minority populations, as well as address them.

The American Heart Association/American Stroke Association's Get With The Guidelines® (GWTG)-Stroke registry, for example, has documented poor quality in stroke care for black patients as compared to white and Hispanic [9] and GWTG-Coronary Artery Disease (CAD) (now called ACTION Registry-GWTG) was associated with an elimination of disparities in the quality of care for acute myocardial infarction (AMI) regardless of race or ethnicity. [10]

Measuring Quality & Safety. Registries are frequently used to evaluate and improve healthcare quality.

Because a registry can continuously capture data, registries have the potential to identify unnecessary or inappropriate variations in service and drive quality improvement by creating a continuous feedback loop to pinpoint areas of poor quality.

Other ways that clinical registries support quality and safety evaluation include:

- Monitoring adverse events related to particular therapies, drugs, or devices; [5, 14]
- Examining provider adherence to safety protocols and best practice guidelines; [2] and
- Enabling surveillance of the quality of care patients receive (e.g. tracking rates of re/admissions and, coordination of care post-discharge, orders for preventive care at discharge, etc.). [1 ,8, 5]

Facility Designations – In 2004, Florida broke ground as the first state to pass legislation designating two certified levels of stroke care facilities: Primary Stroke Centers (PSC's) and Comprehensive Stroke Centers (CSC's). Since then, Florida Statutes have remained static despite many advances in stroke care.

Currently, Florida's stroke facilities are able to self "attest" that they meet criteria equivalent to that of a PSC or CSC – enumerated in national guidelines set by the American College of Cardiology and the American Heart Association – without undergoing any inspections that prove their status.

Q: What is the problem?

A: With approximately half of Florida's hospitals providing stroke care, and only half that number participating in the CReSD registry, outcome data on stroke is woefully incomplete. Without a mandatory state-wide registry to accumulate sufficient stroke data, providers cannot accurately review the system of care to ensure optimum outcomes, determine which populations are well- or under-served, nor can they accurately measure quality and safety.

Also, in 2013, a third level of stroke facility, Acute Stroke-Ready Hospitals (ASRH's) was recognized for their role in providing basic stroke care and the triage of patients prior to determining whether they need to be transferred to a PSC or a CSC.

Q: What can we do about it?

A: Florida can fund the CReSD registry with a recurring appropriation of $1,000,000 and require hospitals to provide their stroke patient data for assessment and evaluation. Additionally, Florida can adopt legislation that will add the third category (Acute Stroke-Ready Hospitals) to Chapter 395 and recognize ASRH's for their role in providing stroke care.

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For additional information, please contact:

Rivers Buford, Government Relations Director
American Heart Association
850.566.9119
Rivers.Buford@heart.org

Mark Landreth, CAE, Sr. Government Relations Director
American Heart Association
850.544.3376
mark.landreth@heart.org

Issue Brief

STEMI (Heart) and Stroke Systems of Care

Overview

Time is of the essence in treating acute cardiovascular conditions, but in far too many cases a fragmented and disorganized delivery system prohibits patients from receiving the treatments that can improve or even save their lives.

Additionally, according to American Heart Association (AHA) estimates, the total direct and indirect costs of heart disease and stroke will be close to $1.5 trillion (in 2010 dollars) by 2030,i giving government at all levels a stake in improving the quality and value of cardiovascular care.

Q: What are Systems of Care and why are they important?

A: When it comes to acute stroke and heart disease, the systems of care involves the coordination of care along the following continuum:

1. Primary prevention

2. Notification and response of emergency medical services (911 and EMS)

3. Acute treatment

4. Sub-acute care and secondary prevention

5. Recovery and rehabilitation

6. Continuous quality improvement initiatives

To prevent the incidence and death of stroke and STEMI heart attacks, it is important to address the whole system from prevention to rehabilitation. STEMI, a type of heart attack known as a ST-elevation myocardial infarction, is caused by the sudden blockage of an artery supplying blood to the heart.

The health threats that the systems of care is designed to fight against are some of the leading causes of death in America:

* Every year, 795,000 new and recurrent strokes occur in America – of which over 128,000 are fatal.ii

* Approximately 400,000 people suffer STEMI heart attacks each year that require immediate attention and treatment to prevent death or disability.iii

* If every state implemented a strong systems of care, we could help reduce heart disease and stroke deaths among Americans by 20 percent by the year 2020.

The AHA's models of systems of care (Get With The Guidelines – Stroke, and Mission: Lifeline for heart disease) have proven effective at shortening a patient's length of stay at medical facilities and reducing mortality rates. (Characteristics, Performance Measures, and In-Hospital Outcomes of the First One Million Stroke and Transient Ischemic Attack Admissions in Get With The Guidelines-Stroke; www.race-er.org)

Q: What specific improvements can be made to the systems of care?

A: States can officially recognize the best medical centers to treat stroke and STEMI heart attacks to ensure that the best care is delivered promptly. The AHA has already identified the criteria for care that facilities should meet to provide patients the best care possible.

States can develop a registry to track the response and outcome of each incident in order to discover and implement future improvements in the systems of care.

Q: Do Heart and Stroke systems of care save lives?

A: Certain care processes have been demonstrated to improve patient outcomes. Systems of care seek to implement these processes so that care is coordinated and victims of heart attack, stroke, and sudden cardiac arrest (SCA) receive timely treatment. These systems can also improve the cost-effectiveness of care.

Q: What are we asking?

A: The American Heart Association/American Stroke Association is actively advocating for the adoption of statewide standards for the formal recognition of both STEMI and stroke facility designations and the implementation of transport protocol plans for acute stroke and STEMI patients in accordance with AHA criteria.

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Florida Issue Brief

Healthy Corner Stores

Making Sure Fresh Fruits, Vegetables, and Meats are Available to All Citizens

Overview

Their lack of access to fresh fruits, vegetables and meats is an issue of grave concern to millions of Americans who live in areas where there are no grocery stores. The Healthy Corner Store Initiative is a way to bridge the gap in areas too remote or where the situation does not permit a grocery store to be built.

Every neighborhood should have access to a place where people can buy fresh fruits and vegetables, lean meats like chicken and turkey, and dairy and whole grain products like milk, yogurt, whole grain breads, and pastas. Research shows that this will contribute to better eating habits and good health, including decreased risk for diet-related diseases like diabetes and heart disease.

A "corner store" is defined as a small-scale store that sells a limited selection of foods and other products. Other terms that are commonly used to refer to this type of store includes small-scale store, convenience store, neighborhood store, and bodega.

Although consumption of these foods is recommended to promote health and prevent chronic diseases, studies have found that most Americans do not meet these recommendations [1-3]). People who do not consume a nutritious diet are more likely to develop diabetes, cardiovascular disease, obesity, and certain cancers [1, 4-6].

Q: What is the problem?

A: Access to fresh fruits, vegetables and meats are sorely lacking in many rural areas and inner city neighborhoods. In communities that lack supermarkets, families depend on corner stores for food purchases. The choices at these stores are often limited to packaged food and very little, if any, fresh produce. Corner stores are also frequent destinations for children, many of whom stop daily on the way to and from school for snacks. A study published in *Pediatrics* [7] found that the average Philadelphia student purchases more than 350 calories on each visit to the corner store – and 42 percent of them shop at corner stores twice a day, five days a week, consuming almost a pound worth of additional calories each week.

Q: What can we do about it?

A: Without access to healthy food, a nutritious diet and good health is out of reach. Healthy Corner Store programs are good for health because they offer an opportunity for kids and families to establish healthier lifestyles. These programs can help local business-owners to open, expand, and improve corner stores in neighborhoods that need food and jobs the most.

Healthy Corner Store programs are good for the economy. They create jobs for people living in the neighborhood, create markets for farmers, and have the potential to lower health care costs.

Q: What steps can we take?

A: Pass legislation establishing a program that will fund a program to encourage small business-owners to participate in a program; fund the program appropriately (The Food Trust and the Voice for Health Kids suggest $2.5 million for Florida). Providing access to healthy, affordable food is one part of the solution. In addition, we must ensure consumers are educated about, and stores promote and market, the healthy items.

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For additional information, please contact:

Rivers Buford, Government Relations Director
American Heart Association
850.566.9119
Rivers.Buford@heart.org

Mark Landreth, CAE, Sr. Government Relations Director
American Heart Association
850.544.3376
mark.landreth@heart.org