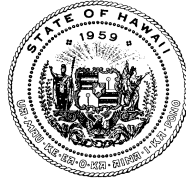


SB132

Measure Title: RELATING TO STROKE AWARENESS.
Report Title: Stroke Awareness, Communications Plan; Appropriation (\$)
Description: Appropriates funds for a stroke awareness communications plan.
Companion:
Package: None
Current Referral: CPH, WAM
Introducer(s): TOKUDA, BAKER, GREEN



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB0132
RELATING TO STROKE AWARENESS**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: January 27, 2017 Room Number: 229

1 **Fiscal Implications:** The Department of Health (DOH) defers to the priorities of the Governor's
2 Executive Biennium Budget request.

3 **Department Testimony:** The DOH offers comments on SB0132. DOH data from a 2016 report
4 by the Emergency Medical Services and Injury Prevention Systems Branch on the arrival mode
5 of patients in the Hawaii Stroke Registry points to 47.5 percent of patients arriving by private
6 vehicle rather than by ambulance resulting in delays in care and treatment options.

7 Despite significant improvements in the speed and quality of state and county emergency
8 medical services (EMS) and hospital care, Hawaii ischemic stroke patients often arrive to a
9 hospital too late to receive tissue plasminogen activator (tPA), the only medication approved by
10 the United States Food and Drug Administration (FDA) for ischemic stroke treatment.

11 According to FDA guidelines, after four and one-half hours the administration of this clot-
12 busting drug is not recommended. According to the American Heart Association/American
13 Stroke Association (AHA/ASA), early treatment with tPA can reduce the risk of death and
14 disability and improve the chances of recovering from a stroke. Greater public awareness of
15 stroke symptoms and timely use of EMS transport are needed to improve patient outcomes. The
16 DOH currently provides funds for the Hawaiian Islands Regional Stroke Network, a three (3)
17 year contract with the Queen's Medical Center, that includes a public education and stroke
18 awareness component which may in part duplicate what is proposed in the bill.

19 SB0132 raises issues that relate to both procurement and to sustainability. Section 2(c) of
20 the bill requires the DOH to distribute the appropriated funds to the Hawaii Public Health
21 Institute and to community organizations. Chapter 103D-102, HRS would prohibit identifying a

1 specific named non-governmental entity as it applies to all contracts by governmental agencies.
2 Selection of the Hawaii Public Health Institute is not exempted from the state procurement laws
3 or rules.

4 SB0132 proposes an appropriation of \$250,000 to be used by the contractors to
5 implement the communications plan developed by AHA/ASA's stroke communications task
6 force. The funding in the bill is only for fiscal year 2017-2018 and without other means of
7 support, would likely not be able to achieve any lasting changes in community norms relating to
8 reversing stroke patients delay in seeking care. SB0132 contains unfunded requirements for the
9 DOH to report on the distribution and use of the funds including changes to community norms
10 and stroke outcomes as a result of the communications activities. The Department as a member
11 of the current stroke task force convened by AHA/ASA already provides data collection and
12 reporting activities and has offered to support communication efforts in so far as it can be done
13 within the existing resources and not in contradiction to funding requirements.

14 Thank you for the opportunity to provide comments.



American Heart Association Testimony in SUPPORT of SB 132, “Relating to Stroke Awareness”

The American Heart Association (AHA) supports SB 132, but recommends an amendment to page 4, section C. That section calls for the Department of Health to distribute the funds appropriated by this Act to the Hawaii Public Health Institute and to community organizations to implement a stroke communications plan. As worded, that could put the Department of Health in violation of state procurement law. We recommend that the funds be allocated to the Department of Health, and that it solicit bids from a community organization to manage the implementation of the stroke communications plan.

Hawaii’s acute stroke hospitals, EMS agencies, the State Department of Health and the AHA have worked together to improve Hawaii’s stroke system of care. The level and speed of stroke care delivered by medical professionals in Hawaii has risen to close to the national averages. When the stroke system of care improvement focus began in 2014, Hawaii had just one primary stroke facility. Today, four Hawaii hospitals are designated by the Joint Commission and the AHA as primary stroke care facilities and one has risen to the highest designation level, comprehensive stroke center.

Following passage of state legislation in 2015 requiring Hawaii stroke care hospitals to collect and submit stroke patient data to the State Department of Health, the data revealed that over 40 percent of Hawaii stroke patients arrive at hospitals through means other than EMS. That delays the beginning of treatment. In addition, approximately one-third of Hawaii stroke patients arrive at a hospital at least 24 hours after first stroke symptoms appear. The window for allowable treatment of stroke using clot-dissolving medication is 4½ hours, and the earlier in that window that treatment is provided, the better the chance for an improved outcome. **For every minute that passes without treatment, a stroke patient permanently loses about 2 million brain cells.**

Early treatment of stroke can sometimes mean the difference between a lifetime of permanent disability or death, versus a return to a normal lifestyle.

The AHA estimates that stroke treatment costs nationally will more than double and the number of people having strokes may increase 20 percent by 2030. Costs to treat stroke may increase from \$71.55 billion in 2010 to \$183.13 billion throughout the United States. Annual costs due to lost productivity could rise from \$33.65 billion to \$56.54 billion on a national level. While stroke has dropped to the number 5 cause of death nationally, it remains Hawaii’s number 3 cause of death and the leading cause of major disability.

To address the challenges in public awareness and response to stroke in Hawaii, the AHA convened a task force of Hawaii medical professionals and volunteer communications professionals from Hawaii’s major hospital systems, health insurers, the advertising and marketing industry, and community health centers to explore more deeply the issues driving delays in stroke patients seeking care and not using the EMS system. The task force developed a comprehensive communications plan to increase stroke awareness and recognition, and to

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change public norms regarding the reluctance to use the EMS system when responding to a stroke. Hawaii Pacific Health also donated public polling which revealed the two largest public stroke awareness issues are delays in responding when witnessing a stroke, and concerns about the cost of EMS services (many are unaware that health insurance often covers the cost for EMS transport).

The funds allocated through this act would be used to begin implementation of the stroke communications plan. The funds would be used for media purchases and to support community organization stroke awareness outreach via grassroots organizations and corporations. Additional funds will also be solicited from private funding sources to supplement sustained community stroke awareness improvement.

The potential benefits of successful implementation of the stroke communications plan include many more Hawaii stroke patients having the opportunity to have an improved health outcome and return to a normal lifestyle. Changes in public norms might also benefit family members who might otherwise become caregivers to stroke survivors. Finally, it has the potential to result in large savings to the State and Hawaii employers who bare much of the healthcare costs associated with stroke.

Thank you for this opportunity to testify, and for your consideration of this lifesaving and life changing bill.

Respectfully submitted,

A handwritten signature in black ink that reads "Mary Fastenau".

Mary Fastenau
Communications Committee Chair
American Heart Association-Hawaii Division

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free of cardiovascular
diseases and stroke."*

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Stroke Communications Plan Outline

Jan. 26, 2017

Stroke Communications Plan

The Stroke Communications Task Force, which includes representatives of all of Hawaii's largest medical providers and insurers, analyzed the data provided through the State Stroke Registry and consumer research donated by Hawaii Pacific Health. Based on that information and community and marketing knowledge, the Task Force proposes creating a very specific RFP that would outline the goals for the program and be administered through the appropriate fiscal agent.

The proposed Stroke Communication Plan would be:

- Create awareness on the signs of stroke that will allow people to get help immediately and end up with much more positive outcomes.
- Educate people on the compelling reasons why it is necessary to call 911 in order to get help when you see signs of a stroke.
- Make the first steps toward sustainable behavior change in Hawaii so that people do not hesitate to call 911 and save lives.

The proposed outline for the RFP would be as follows:

Budget: \$250,000

- Will be money for initial program with expectations that the money to continue will come from other sources.

Proposed structure

- Set up a fiscal agent to administer the funds.
- Create an advisory board to help with the selection of the right partners and provide strategic guidance.
- Develop an RFP that clearly outlines the objectives, target markets and expected results.

Elements of the RFP would include:

- Overall strategy that would help the state reach the following objectives:
 - Increase percentage of stroke patients to arrive in time for appropriate treatment.
 - Strengthen public knowledge and bystander recognition (3rd party) for stroke.
 - Increase calls to 9-1-1 for stroke to improve patient outcomes.
 - Change public perception/social norms (for calling 9-1-1 for medical emergency).

- Focus on target markets
 - All Hawaii residents with focus on the following:
 - Gen Y: “I am not going to ever get sick and die.”
 - Baby Boomers: Caring for aging parents and starting to question their own mortality.
 - Seniors: How do I care for myself, what constitutes an emergency when I think I am having a stroke.
 - People with a personal or family history of stroke: Less likely to call an ambulance.
 - People in lower socioeconomic areas who are more likely to be affected and not understand the consequences.

- Message strategy
 - Time: Minutes count. Brain cell destruction is real and immediate.
 - Consequences: You can become incapacitated or, in the extreme, die.
 - Cost to individuals if you don’t call: What stroke can mean to your family.
 - Cost to the state: Government resources that are necessary to provide assistance for stroke patients.

- Creative considerations
 - Messages can vary according to target market but suggest one overarching theme.
 - Strong suggestion that messaging state the negative consequences if people don’t take action. Example: GET INLINE OR FLATLINE: Managing Stroke Risk IS a matter of life and death.

- Communication tactics
 - Campaign launch.
 - Use mass media to launch the campaign and draw attention to the issue involved in stroke care and the critical nature of calling 911.
 - Note: The expectation is to get media buys that will leverage existing funds.
 - Other elements to include for campaign launch:
 - Social media.
 - Public relations.
 - Targeted digital media.
 - Website landing page that explains the issues and what people should be doing.
 - Guerilla tactics designed to reach the most number of people in the target markets.
 - Outreach
 - The message will be sustained through partnerships with corporate, nonprofit and health and human services organizations. A critical part of the plan will be the ongoing efforts to get the messages out. Elements of the outreach plan will be:

- Developing succinct and meaningful messages that are easily translated into action steps for other groups.
 - Creating useful materials that can be shared and used by other organizations, both corporate and nonprofit.
 - Setting up programs that will allow the messages to become self-sustaining. Example: Changing the messages for Boy Scout or Girl Scout merit badges to include a program on identifying stroke and what to do.
- Corporate partnerships
 - To start this effort, the Stroke Communications Task Force and American Heart Association volunteers and staff would work to secure corporate partnerships. However, the group selected via the RFP would help create messaging materials that could be shared.
 - Medical partnerships
 - Develop programs that can be used by physicians and other health care professionals to help share the message.
 - Government partnerships
 - Explore partnerships with government entities, such as the Department of Education, to share the message.

Evaluation

- This would be baseline research to begin and follow up research after one year to evaluate the success of the program.

January 27, 2017/9:30 a.m.
Conference Room 229

Senate Committee on Commerce, Consumer Protection & Health

To: Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair

From: Michael Robinson
Vice President – Government Relations & Community Affairs

Re: SB 132 – Testimony in Support

My name is Michael Robinson, Vice President, Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I am writing in support of SB 132 which provides funding for the implementation of the stroke communications plan developed by the task force established by the American Heart Association/American Stroke Association. Rapid identification, diagnosis and treatment of stroke are effective in saving lives and may reverse the associated neurological damage. Early treatment can reduce the risk of death, disability, and sometimes reduce the disabling effects of stroke. A vital component to early intervention and treatment is public awareness of stroke warning signs and to encourage the use of emergency medical services system to transport stroke patients. The American Heart Association/American Stroke Association has established a task force of communications experts and healthcare partners to develop a stroke communications plan that will be designed to use all forms of communication within our communities in a sustained effort to increase stroke awareness and proper response. The funding provided in SB 132 will enhance the implementation of the plan.

Thank you for the opportunity to testify.

Senate Committee on Commerce, Consumer Protection, and Health

January 27, 2017

9:30 a.m. Hearing Room 229

To: Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

From: Beth Giesting

Re: Support for Senate Bill 132, RELATING TO STROKE AWARENESS

As a member of the board of directors of the American Heart Association, I support this measure, which would provide an appropriation to carry out a stroke awareness campaign.

Prompt recognition of stroke and getting timely care greatly improves patient outcomes and the odds of regaining full functionality. Unfortunately, many Hawai'i residents are not aware of the symptoms of stroke and the necessity to seek care quickly. Sharing this knowledge will save many families from heartbreak while also reducing the cost of health care, rehabilitation, and disability.

Thank you for the opportunity to support this measure.



An Independent Licensee of the Blue Cross and Blue Shield Association

January 26, 2017

The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection
and Health

Re: SB 132 – Relating to Stroke Awareness

Dear Chair Baker, Vice Chair Nishihara, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 132, which would have the State Department of Health implement the stroke communications plan developed by the task force established by the American Heart Association/American Stroke Association. HMSA supports this Bill.

HMSA is committed to advancing the health and wellbeing of Hawaii. At the heart of that mission is our belief that the community (our homes, our schools, our workplaces, our neighborhoods) must enable an individual's wellbeing. Offering simple, consumer-friendly access to preventive health information is an imperative to the success of this mission.

The prevention of cardiovascular diseases is top of mind for us. Cardiovascular diseases, including strokes, is a leading cause of death both nationally and in Hawaii. The 2014 State Department of Health Stroke Task Force reported that stroke is responsible for 600 deaths annually in Hawaii, the third leading cause of death. Another study by the American Academy of Neurology reported that Native Hawaiians and Pacific Islanders are at a higher risk of hemorrhagic stroke, and at a younger age – 10 years younger for Native Hawaiians. The State Task Force reported that native Hawaiians and Filipinos have higher stroke mortality rates than Whites and Japanese. And Filipino females have a stroke mortality rate more than double that of Whites and Japanese.

SB 132 elevates the issue of strokes and the need for a system to promote the prevention, treatment, and support of stroke victims. This will help advance the health and wellbeing of Hawaii.

Thank you for allowing us to testify in support of SB 132.

Sincerely,

Mark K. Oto
Director, Government Relations.



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

(800) 554-5569 x13 • www.hapta.org • info@hapta.org

SB 132, Relating to Stroke Awareness
Senate CPH Committee Hearing
Friday, Jan. 27, 2017 – 9:30 am
Room 229
Position: Support

Chair Baker and Members of the Senate CPH Committee:

I am Gregg Pacilio, PT and Board President of the Hawaii Chapter of the American Physical Therapy Association, a non-profit professional organization serving more than 300 member Physical Therapists and Physical Therapist Assistants. Our members are employed in hospitals and health care facilities, the Department of Education school system, and private practice. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

As an organization, HAPTA supports early identification, treatments and building the stroke awareness communications plan.

Physical therapists are a strong component of stroke rehabilitation and included within the [American Heart/American Stroke Association Guidelines for Stroke Rehabilitation and Recovery for Adults](#). We work with a lot of patients and families on Stroke identification “Spot a Stroke FAST”. In addition, we assist and encourage physical activity and exercise within safe parameters which can prevent strokes and reoccurrence of strokes.

Your support of SB132 is appreciated. Thank you for the opportunity to testify. Please feel free to contact Joanne Ishikawa, HAPTA’s Legislative Chair at 808-221-4001 for further information.