

In a Heartbeat AMI Community Engagement (ACE) Workgroup  
Meeting and Conference Call

Minutes  
September 18, 2006 Teleconference

**ATTENDANCE:**

**Members present:** Ms. Debra Wigand, **Ms. Carol Bell**, Ms. Dona Forke, **Ms. Danielle Louder**, Mr. Chuck Gill, **Dr. Lisa Letourneau**, Ms. Cynthia Pernice, **Mr. Bill Primerman**, Ms. Connie Putnam and Ms. Denise Whitley.

**Members absent:** Mr. Dan Batsie

**MQF staff present:** Dr. Dennis Shubert, Mr. Christopher McCarthy, Ms. Carrie Hanlon, and Ms. Tish Tanski.

**APPROVAL OF MINUTES:**

Ms. Wigand asked for approval of the minutes of the August 22, 2006 meeting. Dr. Shubert requested changes to the section discussing PCI to open an artery. The group approved the minutes as amended.

**MAP OF CURRENT RESOURCES/ASSETS**

The workgroup reviewed the map of current assets, and suggested the following additions:

- American Heart Association: Add the Maine scientific session, which are targeted to providers, and cover both cardiovascular disease and AMI specifically. Add CPR training through AHA, and other organizations such as American Red Cross.
- Add organizations that address Diabetes.
- Add the Maine Cardiovascular Health Council.
- Ask PCI centers hospitals and hospital health systems what they currently do

Workgroup members agreed to provide changes to Danielle Louder at: [dlouder@mcd.org](mailto:dlouder@mcd.org)

**MAP OF CURRENT MESSAGES**

In addition to adding the resources discussed earlier in the meeting, the workgroup discussed additional efforts to assess the scope and reach of the messages. The workgroup will continue to add to and refine both the resource/asset and message maps over time. Of interest was the breadth and depth of penetration of work to date. Tish, Danielle, Carrie, and the major PCI centers will meet to review messages to date.

## **REVIEW OF RESEARCH, GAPS AND BARRIERS**

The workgroup discussed current research on motivating individuals to call 911, and gaps and barriers to the project goals. Several members of the group indicated that their experience is that Mainers are reluctant to call because of the cost. Others discussed the role of Primary Care Physicians, who regularly interact with individuals at risk. Ms. Tish Tanski will amend the draft “GAP/Barrier analysis to reflect those specific issues. Mr. Christopher McCarthy will contact the Maine Health Data Organization to investigate the cost of an emergency response. Mr. Chuck Gill will talk with the CMMC affiliated ambulance service about the extent to which they find cost to be an issue in patient delay

## **POSSIBLE STRATEGIES TO INCREASE INDIVIDUAL AND COMMUNITY AWARENESS & ACTION**

The workgroup reviewed possible strategies to reduce patient delay. and concluded that a two-pronged approach seemed most feasible: a short term strategy consisting of actions that could be undertaken quickly with limited resources, and a longer term strategy that could include an ongoing process, including original research if funding could be found. Discussion led to an update of the “Possible Strategies” document (please see: updated 10-5-06). Denise Whitley agreed to check with AHA staff around possible lessons plans for youth related to AMI.