



KardioVize Brno 2030

Proposal by Ondrej Sochor, M.D.

Background

I started my residency in the 1st Department of Internal Medicine – Cardioangiology at St. Ann's University Hospital in Brno, Czech Republic. This hospital, established in 1786, has 970 beds, 2,576 employees, and averages more than 28,600 patients per year. It was a wonderful opportunity for me to begin in this Department of Internal Medicine. I got my Board Certification in Internal Medicine (Czech Republic) in 2005, then my Board Certification in Vascular Medicine (Czech Republic) in 2009. Since 2008, I have been an invited lecturer at the Public Health Department, School of Medicine at Masaryk University in Brno, Czech Republic. I am also a member of The Czech Medical Chamber, The Czech Society of Cardiology, The Czech Society of Hypertension, The Czech Society of Angiology and Comité catholique international pour les Gitanes.

In 2002 I was awarded by The Young Investigators Awards for a competition at The School of Internal Medicine at Masaryk University, Brno, Czech Republic. My work was also presented at the final of The Prix de Médecine 2002 in Prague, Czech Republic. I was awarded further by The Young Investigators Travel Grant Awards in 2006 and 2007 for The Society for Research on Nicotine and Tobacco (Turkey, Spain).

During my residency, I saw the devastating consequences of problematic behavior (smoking, alcohol abuse, low physical activity) in our inpatients. Often, I tried to change their behavior by repetitive advising. Then, with permission from the authorities, I created a Nicotine Dependency Center. From a small ambulance for inpatients area (secondary prevention) it has transformed into one of the seven biggest Nicotine Dependency centers in the country with more than 100 outpatients per year. As many of my patients tried very hard to change their lives, they were often disappointed by weight gain or a lack of social activities to participate in. In this program, I helped my patients completely change their lifestyle by participating in physical activities and by the consumption of fruits and vegetables. In the midst of this, I very often had to correct medication for hypertension or hypolipidic treatment.

Over time, the running of this smoking cessation clinic attracted the attention of my colleagues and many of their attitudes have changed from complete refusal of acknowledgement to appreciation. Associate professor Dr. Tomas Kara told me about the project *CardioVision 2020* run by our partner Mayo Clinic, Rochester, MN. After that, I was invited there for one week and saw in person the team of *CardioVision 2020* and their work in the Division of Cardiovascular Diseases and Internal Medicine. With a team of my colleagues (associate professor of Public Health, smoking cessation specialist and medicine of sports, statistician, and sociologist) we started our preparative work for a sister project *KardioVize Brno 2030*. We have already informed

our authorities including The Ministry of Health, The Municipality of the city of Brno and the largest health insurance companies with good results.

American Partner

My American partner is Mayo Clinic, a not-for-profit organization and an internationally renowned medical practice and medical research group located in three metropolis areas: Rochester, Minnesota, Scottsdale/Phoenix, Arizona, and Jacksonville, Florida.

Mayo Clinic specializes in hard-to-treat diseases, and is well-renowned for innovative and effective treatments for diseases that have gone undiagnosed or under-treated in the same patients with other doctors. Mayo Clinic is also known for being at or near the top of most all accredited quality standard listings. For example, it has been near the top of the US News and World Report of Best Hospitals for 20 years. In 2009, Mayo Clinic, Rochester, was ranked as the #2 overall hospital in the United States by U.S. News & World Report.

My other partner is CardioVision 2020. In order to improve the health status of the Olmsted County Minnesota residents, a group of individuals (mostly employees of Mayo Clinic) who live and work in Olmsted County began organizing CardioVision 2020 in 1996. The program was introduced to the public in June of 1999. Social modeling and diffusion of innovations are the primary theoretical models of the project, and the North Karelia Project is the primary model of practical application.

The overall goal of CardioVision 2020 is to stimulate community-wide intervention to make Olmsted County the healthiest county in the United States by the year 2020. This goal will be achieved by changes in four broad areas: elimination of tobacco and tobacco smoke, improved nutrition, increased physical activity, and improved health services for the primary and secondary prevention of cardiovascular disease. This vision for Olmsted County in the year 2020 includes a public environment that is free of tobacco smoke, promotion of tobacco products, and the sale of tobacco products to youth; nutritious foods that are clearly labeled, readily available, and widely promoted; widespread and widely promoted opportunities for physical activity; and clinical care systems for the secondary prevention and treatment of elevated risk factors. In addition to these goals for the community environment, individuals are encouraged to adopt five personal goals:

1. To be free from exposure to tobacco smoke and the use of tobacco.
2. To consume a total of five servings of fruits and vegetables per day and only lean or extra-lean meats.
3. To have a total cholesterol level <5,2 mmol/l if no coronary heart disease exists or LDL cholesterol < 2,6 mmol/l if coronary heart disease is present.
4. To have a systolic blood pressure <130 mmHg and a diastolic blood pressure <85 mmHg.
5. To perform 30 minutes of physical activity on most , if not all, days of the week.

Currently, CardioVision 2020 produces television programs, radio interviews, and newspaper feature articles in the model of "behavioral journalism", an intervention technique that publicizes the healthy behavior of real people who live in the community. CardioVision 2020 also sponsors short-term contests for smoking cessation, physical activity, and weight control. Behavioral change competitions in a particular area (the Quit-And-Win competition for smoking cessation) are conducted simultaneously with environmental change campaigns (e.g., the campaign for smoke-free restaurants and bars) because they support and reinforce each other.

To my knowledge, there are no other comparable programs in the area of cardiovascular prevention.

I had the unique possibility to meet many times with Prof. Ivana Croghan, M.D., responsible for the research on Nicotine Dependency Clinic, National Center of Excellence at Mayo Clinic, Rochester, MN. We have common interest in dealing with smoking cessation treatments in minorities.

Objectives

The objective of my observership is to:

1. Learn the know-how of the team of *Cardiovision 2020* (learning by doing, hands on project); and
2. To establish a link between the team of *CardioVision 2020*, respectively the Division of Cardiovascular Diseases and Internal Medicine Mayo Clinic, Rochester, MN and the 1st Department of Internal Medicine – Cardioangiology in St. Ann's University Hospital, Brno, Czech Republic.

From patients' point of view, this cooperation could offer citizen (meaning also clients or patients) from the Brno area the most advanced and the most sophisticated methods of intervention techniques available. The final goal of this cardiovascular preventive project, as of every primary prevention should be, in an increased responsibility of the individual for his behavior and his health. Naturally, we would also work to publish articles together in scientific journals with the impact and factors that we find.

Detailed Description

My planned observership program will take place in Mayo Clinic, Rochester, MN in the autumn of 2010. The observership will be endorsed by the Division of Cardiovascular Diseases and Internal Medicine. The theoretical part will consist of seminars, clinical discussions, conferences, and teaching sessions. The practical part will take place in the Gonda Building or in terrain: such as participating in stimulating smoking cessation clinics, losing weight, or organizing spots at television or radio stations.

If AFCLS permits a budget increase, I would like to visit the Director and Social Marketing Consultant Karen K. Gutierrez from the Global Dialogue for Effective Stop-Smoking Campaigns in St. Paul, MN. (approximately 100 dollars per round trip).

Also, I would like to visit Dr. Tom Kottke, MD, FACC, founder of *CardioVision 2020*. Dr. Kottke is actually working at Health Partners Research Foundation in Minneapolis, MN (approximately 100 dollars per round trip).

During my stay in Minnesota, I would like to actively participate on the 2011 Society for Research on Nicotine and Tobacco Annual Meeting from February 16-19, 2011 in Toronto, Canada with my work concerning the Gypsy minority in the Czech and the Slovak Republics and their Nicotine Dependency (approximately 1,000 dollars round trip, 3 nights in hotel 300 dollars, registration fee 500 dollars).

Organization and Time Schedule

I was invited by Professor Francisco Lopez-Jimenez to come between September 1, 2010 and August 20, 2011. I am seeking to find grants for another 6 months to enlarge my stay at Mayo Clinic, Rochester, MN, During this year I am also suppose to come to The Czech Republic for a short period one or two times because of my duties in Kardiovize Brno 2030.

Program Cost

I kindly ask the American Fund for support of my proposed program which will last about six months.

Item	Cost in US\$
Executive training seminars	0
Internship	0
Administrative fees (visa, registration fees, etc.)	700
International travel	2,000
Local transportation	40 (x6)= 240
Medical insurance	600
Monthly maintenance	1200 (x6) = 7,200
Contingency	500
Total	11,240

Program Benefits

Mayo Clinic, Rochester MN offers a valuable education in their Division of Cardiovascular Diseases and Internal Medicine. Not only for the research, but especially also for individual patient as well as public health care and education. The observership at an institution like Mayo Clinic, Rochester MN is not only about learning theoretical knowledge. It is also about getting an insight into strategy. It is about learning ways how to communicate together and how to educate a population, as well as health professionals in order to enhance the level of preventive cardiology in the Czech Republic. I am persuaded that medical professionals with such experience like the team of *CardioVision 2020* are the ones who could provide me clearest information and finest training for our own preventive cardiovascular project for the Brno area.

My attendance to the observership program could enlarge further cooperation between the CardioVision 2020 and Kardiovize Brno 2030. Such cooperation would surely lead to publications in scientific journals and an impact on the factors and application of new ideas into the public health and management in the Czech Republic.

Every activity in the field of preventive cardiology in the Brno area should be evaluated as a tremendous shift from “defending strategy” of mainly secondary prevention to “active” primary prevention, which is currently sparse, weak, isolated and without any conception.

Risks

World recession might destroy any support of health insurances for preventive cardiology and of course lead to reduced budgets of the Ministry of Health. More than ever cost-effective programs like Kardiovize Brno 2030 might have financial problems and it would negatively influence implementing my new insights at home. The only way is to continue our fundraising and look for other possible partners.