

Skills for Maintaining Partnership

Heart Disease and Stroke
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Skills for Maintaining Partnerships

- Part 1 – Lifecycle of a Coalition
- Part 2 – Types of Coalitions
- Part 3 – Partnerships for Secondary Prevention of Heart Disease and Stroke

Lifecycle of a Coalition

Part 1

Lifecycle of A Coalition

- Stages of Team Growth that apply to the interrelationships among individuals who represent distinct organizations that are more complex than the single individual representing them.
- Five stages: Forming, Storming, Norming, Performing, Transforming/Adjourning

Coalition Building: A Healthy Community is Everyone's Business, Texas Department of Health Coalition Task Force, 1996

Lifecycle of Coalition - Forming

- Issue is identified
- Consciousness building begins
- Prospective stakeholders identified
- Need for coalition explored
- Purpose, tasks and roles determined
- Stakeholders contacted
- Meeting held

Lifecycle of Coalition: Storming

- Expectations and concerns shared
- Dimensions of the issue discussed
- Identification of stakeholder assets and needs
- Equal opportunity to be informed and have a voice
- Ground rules and decision making process established

Lifecycle of Coalition: Norming

- Development of coalition infrastructure
- Roles and responsibilities of members created
- Project-management structure in place
- Action plan developed

Lifecycle of Coalition: Performing

- Action plan implemented
- Coalition structure maintained
- Performance is evaluated

Lifecycle of Coalition: Transforming/Adjourning

- Review of need for coalition
- Inform of changes in coalition issues
- Inform of adjourning of coalition
- Report of coalition accomplishments
- Celebration/mourning of adjournment of coalition

Evaluation of Coalition

- Assess coalition members satisfaction
- Assess accomplishments toward intended effect
- Assess weaknesses to adjust
- Document for accountability and replication
- Document for importance and effectiveness
- Assure efficient use of resources

Types of Coalitions

Part 2

Texas Council on Cardiovascular Disease and Stroke

Texas Department of Health

Texas Council on Cardiovascular Disease & Stroke

Vision

Texans optimizing heart and brain health through education and action.

Mission

To educate, inform and facilitate action among Texans to reduce the human and financial toll of cardiovascular disease and stroke.

Texas Council on Cardiovascular Disease & Stroke

- Twelve members appointed by the Board of Health
- Current membership includes a cardiologist, neurologist, nurse, health plan representative, quality improvement representative, hospital administrator, and representatives from local public health departments, schools of public health, and consumers
- First meeting held February 2000
- Council meets at least 4 times a year

Workgroups/Strategies

- Surveillance, Data and Outcomes Management
- Health Education and Outreach
- Community Policy and Environmental Changes
- Clinical Prevention and Treatment Services

Legislated Duties: Surveillance, Data and Outcome

Management

- Collect and analyze mortality, morbidity, behavioral risk factor, hospital discharge, and community indicators
- Develop and disseminate reports
- Evaluate and enhance implementation and effectiveness of the program

Legislated Duties: Health Education and Outreach

- Conduct health education, public awareness and community outreach activities
- Coordinate with other public and private organizations
- Identify benefits of encouraging treatment, prevention and public awareness
- Recognize innovative and effective programs

Legislated Duties: Community Policy and Environmental Change

- Assist communities to develop comprehensive local CVD and stroke prevention programs
- Recognize innovative and effective programs
- Assist the Texas Education Agency and local school districts to promote a public school curriculum relating to CVD (such as CATCH)

Legislated Duties: Clinical Prevention and Treatment Services

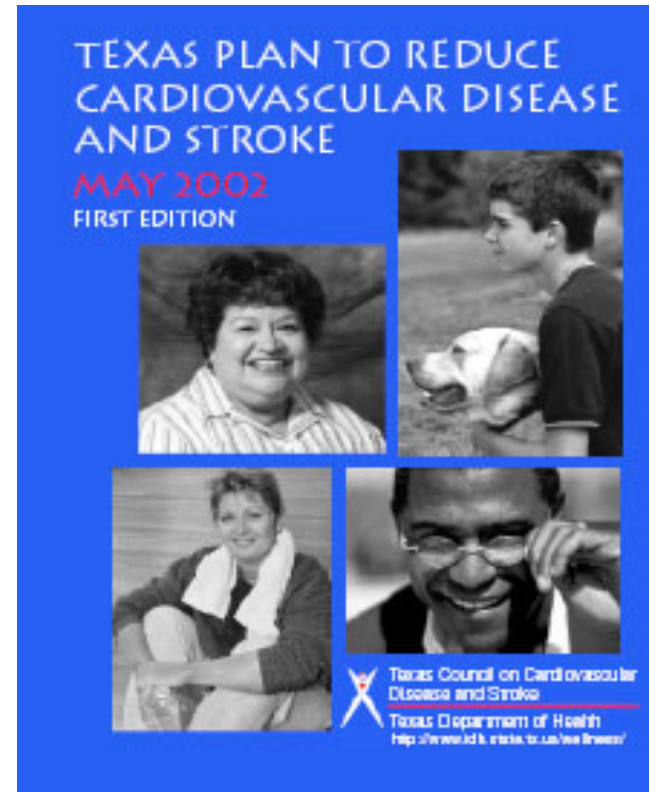
- Make recommendations for appropriate care and treatment of patients with CVD and stroke
- Provide guidance regarding roles and responsibilities of health care providers, third-party payors, patients, and families of patients
- Recognize innovative and effective programs
- Improve access to treatment for and prevention of CVD and stroke through public awareness

Texas Council on Cardiovascular Disease and Stroke – Key Activities

- Initiated the Texas CVD Health Promotion Awards Program in 2001 – 8 recognized
- Key Stakeholder Meeting – November 15, 2001
- Produced the Texas State Plan to Reduce Cardiovascular Disease and Stroke – May 2002
- Cardiovascular Disease and Stroke Summit – June 19-21, 2002

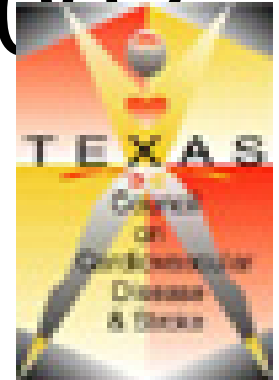
Texas State Plan to Reduce CVD and Stroke – May 2002

- Four key strategies:
- Surveillance, Data and Outcome Management
- Health Education and Outreach
- Community Policy and Environmental Change
- Clinical Prevention and Treatment Services



Texas State Plan to Reduce CVD and Stroke – May 2002

- Surveillance Data and Outcome Management



Goal: To assimilate data, monitor trends over time, evaluate effectiveness of programs and policies, and recommend new programs for enhancing outcomes.

Relevant Action Step:

- 2. Collect and review health provider data to identify current practices for management of risk factors.*

Texas State Plan to Reduce CVD and Stroke: May 2012



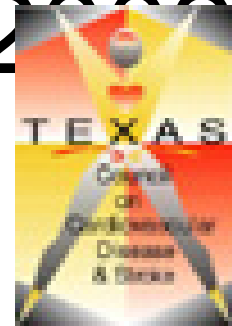
- Health Education and Outreach

Goal: To promote awareness and behaviorally-based health education to achieve cardiovascular health in Texas

Relevant Action Steps:

- 1. Use the CVH Clearinghouse to promote evidence-based standards and model programs.*
- 2. Implement awards program*
- 3. Promote dissemination of programs.*

Texas State Plan to Reduce CVD and Stroke – May 2000



- Community Policy and Environmental Change

Goal: Create local champions that can bring groups together to develop a local comprehensive plan to promote cardiovascular health and stroke prevention through policy and environmental

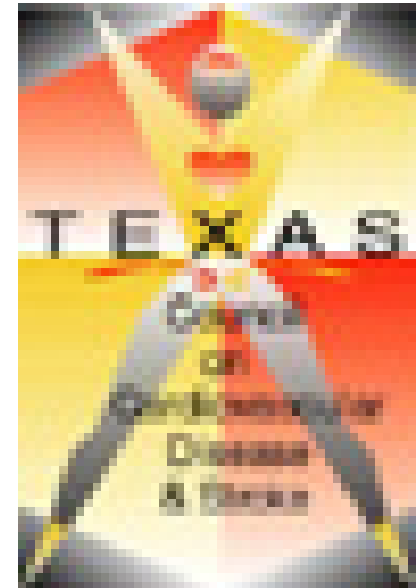
Relevant Action Steps:

- 1. Identify target communities using prevalence data*
- 2. Develop baseline data and track results*
- 3. Promote evidenced- based practices*

Texas State Plan to Reduce CVD and Stroke – May 2002

- Clinical Prevention and Treatment Services

Goal: Educate the public and health care providers on the risk factors for CVD and stroke and work to ensure that screening, diagnosis, and appropriate treatment are



Texas State Plan to Reduce CVD and Stroke – May 2002

- Clinical Prevention and Treatment Services

Action Steps:

4. Utilize TMA Heartcare Partnership, AHA Get with the Guidelines and other professional programs to ensure disease management and treatment of hypertension and cholesterol by health professionals meet NHLBI recommendations.

Texas State Plan to Reduce CVD and Stroke – May 2002

- Clinical Prevention and Treatment Services

Action Steps:

6. Increase health professional's and the public's awareness of the appropriate Medical Nutrition Therapy used in treatment of HBP and HBC.
7. Educate patients with CHD or a family history to ensure they know their lipid status and seek appropriate early treatment.

Texas State Plan to Reduce CVD and Stroke – May 2002

- Clinical Prevention and Treatment Services

Action Steps:

9. Promote physician education of state-of-the-science treatment of stroke.
12. Target Mexican American women to increase awareness of HBP, its treatment and control.

Heart Healthy/Stroke Free Community Program

- Ten community indicators have been identified that support a heart healthy and stroke free lifestyle.
- Communities will be assessed to determine if they meet the ten indicators and recognized appropriately.

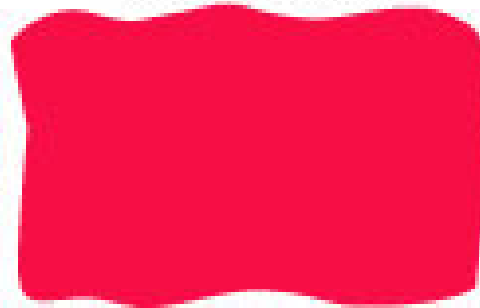
Heart Healthy/Stroke Free Community Program

- Example Indicators:
 1. CVD and stroke media messages are provided
 2. Community designates and promotes accessible areas for physical activity
 3. Worksites with 50+ employees are tobacco free
 4. Adults and high school students are trained in CPR
 5. Each hospital that treats CVD and stroke implements a structured secondary prevention program utilizing the AHA/ACC guidelines

TDH Cardiovascular Health and Wellness Program



**Cardiovascular
Health
and
Wellness**



CHW Program Strategies

- Surveillance, Data and Outcome Management
- Health Education and Outreach
- Clinical Prevention and Treatment
- Community Policy and Environmental Change

- The CHW program provides administrative oversight, facilitation, technical assistance, and funding support to the council and its activities.

Clinical Prevention and Treatment

- Work with providers to incorporate primary and secondary prevention guidelines for CVD and stroke
- Promote primary and secondary prevention tools, such as AHA Get With the Guidelines, TMA HeartCare Partnership, and Put Prevention Into Practice

Contact Information

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Montana CVD/Obesity Prevention Task Force

Montana Dept. of Public Health
& Human Services

Montana CVD/Obesity Prevention Task Force

- Not mandated – funded by CVH/NAPA programs
- Original function: state plan input, position for grant
- Current function: advisory council, CVH focal point

Types of Coalition Members

- Movers and shakers
- Sunday-go-to-meeting members
- On the border
- In name only



Disadvantage of relying on movers/shakers?

- Hard to transfer leadership
- Burnout
- Lack diversity



Advantage of “Sunday-go-to-meeting” members

- All kept informed of coalition objectives, progress
- Advisory role
- Members feel their organization is represented

Advantage of keeping “on the border” members

- Fund selected projects
- Disseminate materials to members' organizations
- Involve in future projects
- Politically correct to keep them as members

How to Motivate and Involve Members

- Identify projects of interest
- Lead sub-committee
- Assign to do's
- Groom for leadership
- Obtain buy-in
- Periodically ask for recommitment
- Offer the negative alternative of dissolving the group

Partnerships for Secondary Prevention of Heart Disease

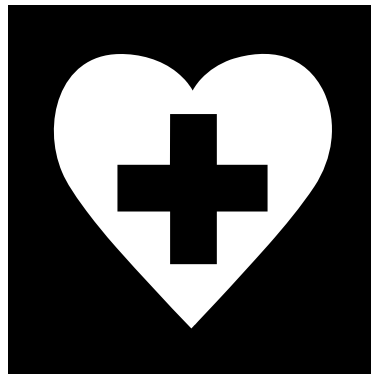


AMI Guidelines Applied in Practice

- Led by CVH Program and American College of Cardiology
- Quality Improvement Organization partner
- Began as part of the AHA/Pharmaceutical Roundtable grant

AMI GAP Objectives

- Improve care of heart attack patients according to ACC/AHA guidelines
- Utilization of GAP tools in participating hospitals



Drivers

- Outgoing state ACC Governor - task force member
- National ACC leader ex-Montanan
- RESOURCES:
Funding available
- PROCESS & STRUCTURE/
PURPOSE: charter
- Current state ACC Governor - champion for 2nd project & statewide expansion

CVH Program Role in GAP

- Facilitator/convener
- Funding for consultant, training, auditing chart abstractions, GAP speaker
- Part of oversight committee

Other CVH Program Roles

- In-kind administrative support
- Issue press releases
- Provide incentives
- Liaison
- Data analysis/project evaluation
- Lead planning committees

Case Study



EAT RIGHT MONTANA

A coalition promoting healthy eating and active lifestyles

Contact Information



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