



# Capacity Building for a State Heart Disease and Stroke Prevention Program

## Responding to a Program Announcement

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# **Program Announcement #02045**

## **Cardiovascular Health Programs**

- **Published in the Federal Register**
- **Posted on the CDC web site**
- **Mailed to State Health Departments**
- **Guidance provided on national conference call, questions and answers documented**

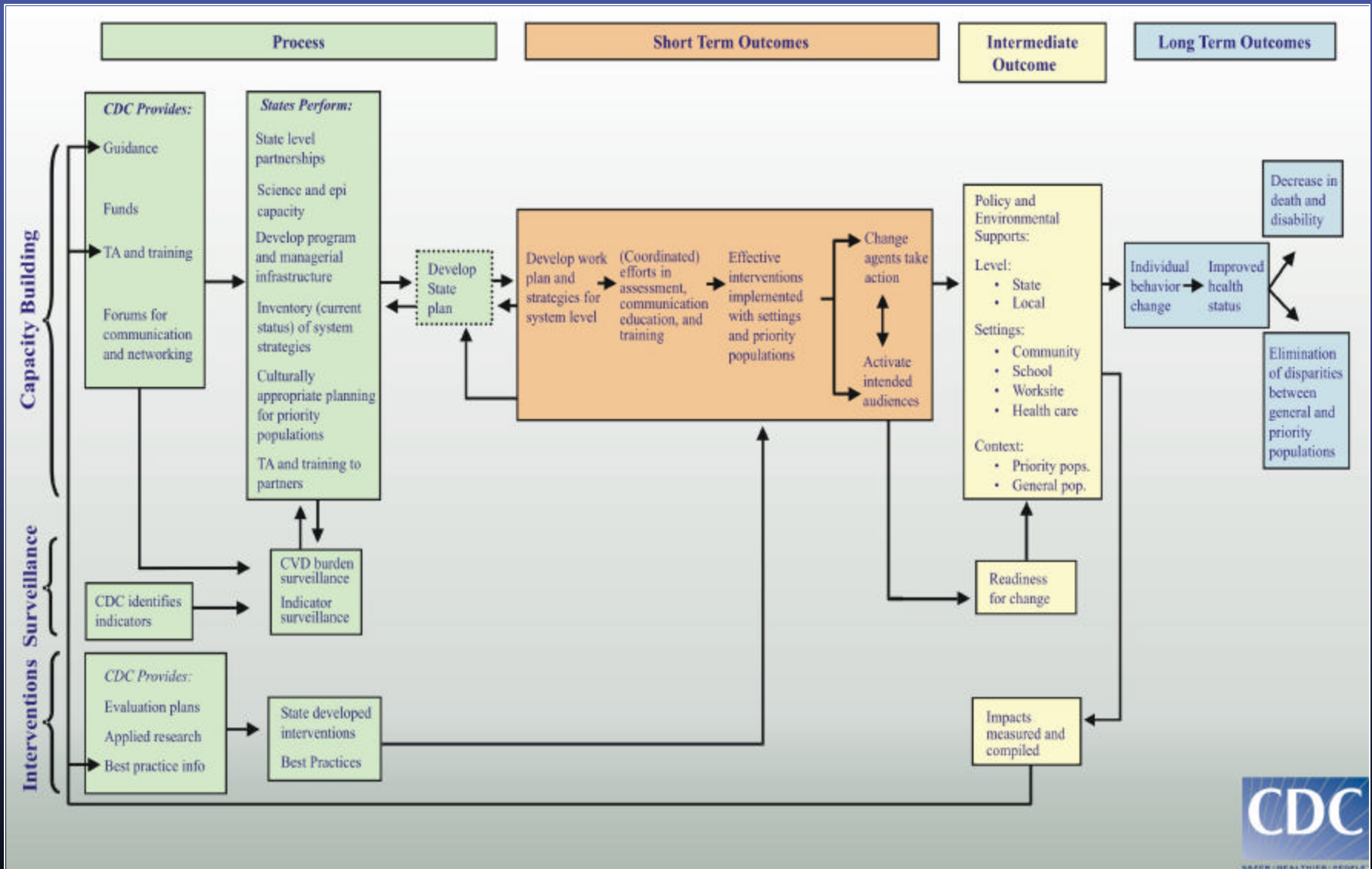
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# Capacity Building Program Activities

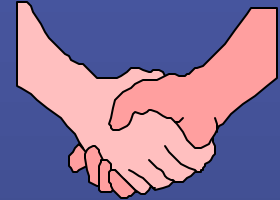
- **Develop and Coordinate Partnerships**
- **Define the State CVD Burden**
- **Inventory Policy and Environmental Strategies**
- **Develop/Update State CVH Plan**
- **Provide Training and Technical Assistance**
- **Develop Population-Based Strategies**
- **Develop Culturally Competent Strategies for Priority Populations**

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# CVH State Program Logic model



# Capacity Building Program Activities



## Develop and Coordinate Partnerships

State Health Department internal programs such as:  
Diabetes, Tobacco, Nutrition, BRFSS

Other State agencies such as:

Department of Education, Medicaid, Parks and  
Recreation, Agriculture, Department of Transportation

State-level voluntary agencies and organizations

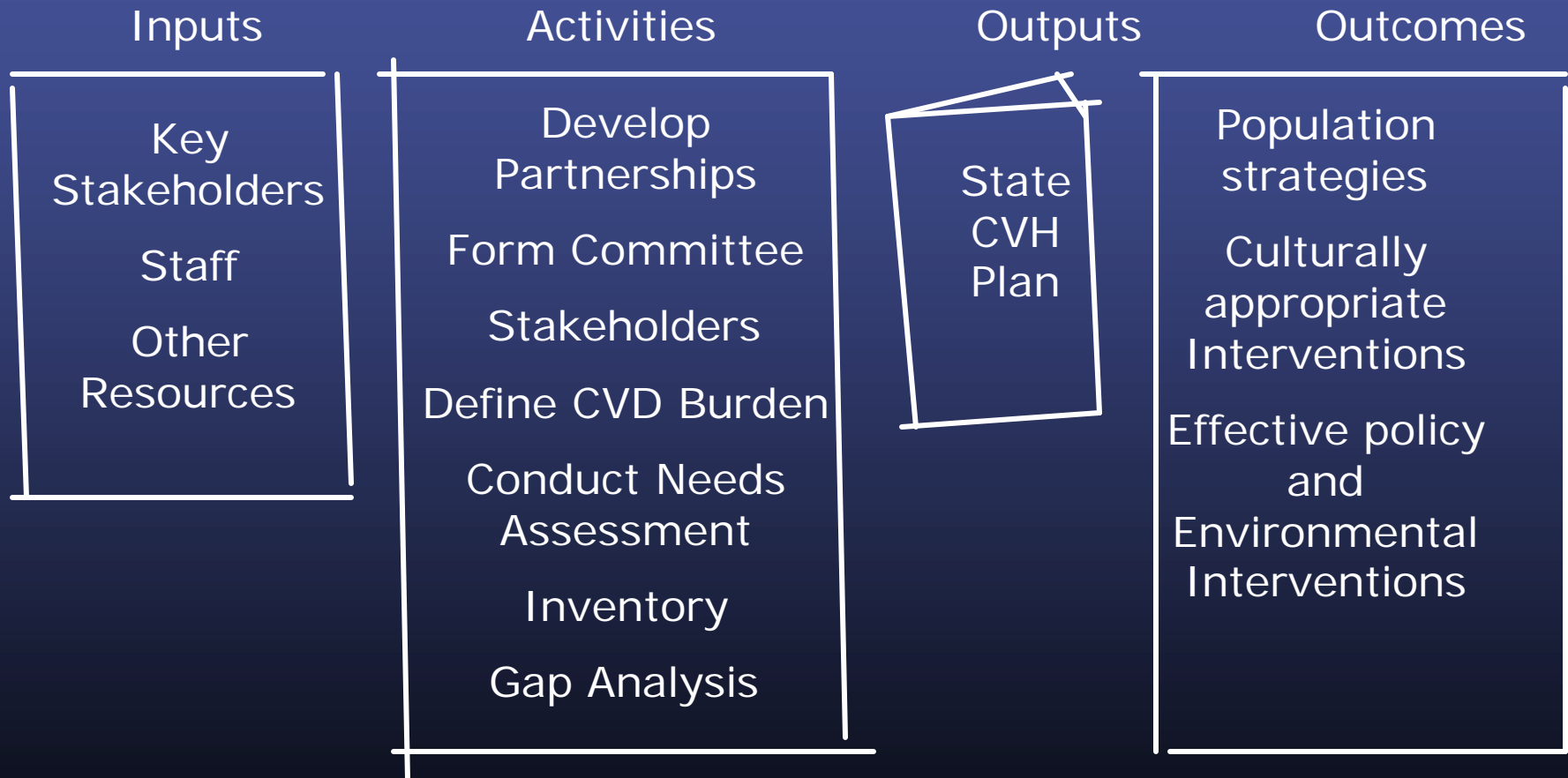
American Heart Association

Quality Improvement Organization

Organizations that relate to Priority Populations

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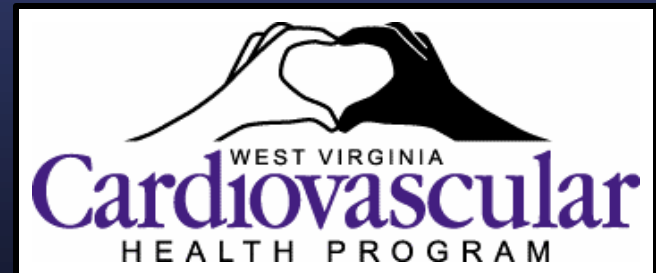
# Sample Logic Model State Partnerships



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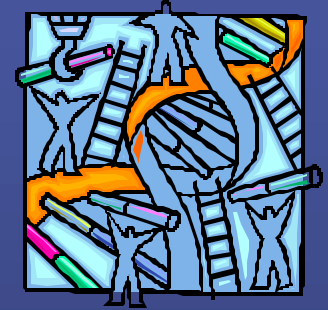
# WEST VIRGINIA CARDIOVASCULAR HEALTH PROGRAM MAP







- **SCHOOLS**
- **HEALTHCARE SYSTEM**
- **HIGHER EDUCATION**
- **WORKSITES**
- **NETWORKS**
- **PUBLIC HEALTH**



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# Need for Non-traditional Partners



-  Access different audiences
-  Gain greater credibility for messages
-  Established presence in community
-  Additional resources and means of communicating
-  Additional expertise in variety of skill areas
-  Co-sponsorship opportunities

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# Need for Non-Traditional Partners con't:



**Mobilize community assets, e.g. parks, schools, churches, meeting places**



**Build on Infrastructure, e.g. sidewalks, walking and bike trails**



**Advance goals of partner organizations and build capacity to understand health context**



**Advocacy resources**



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# Private Sector Organizations

Media/Entertainment  
Insurance Industry

Construction and Building Industry

Real Estate and Land Development Industries

Retailers

Fitness clothing/apparel

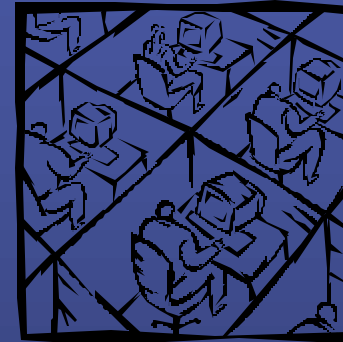
Malls

Grocery Stores

Restaurants

Advertising agencies

Smaller private business (e.g. architects)



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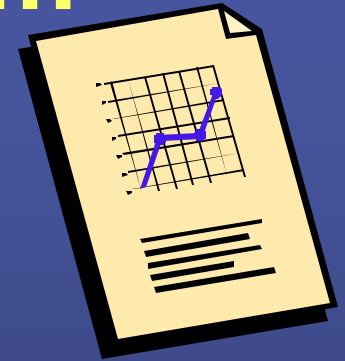
# Key Health Care Partners

- 🚑 Primary Care Centers/Community Health Centers
- 🚑 Managed Care Organizations
- 🚑 Hospitals
- 🚑 Private Practitioners
- 🚑 Quality Improvement Organizations (QIO)  
formerly Peer Review Organizations (PRO)



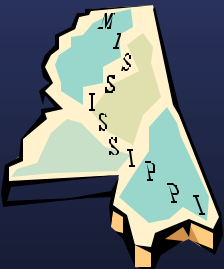
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# Capacity Building Program Activities



## Define the State CVD Burden

- Key staff:
  - Epidemiologist, BRFSS Coordinator, Vital Statistics staff
- Profile the CVD Burden:
  - SURVEILLANCE
    - Mortality and Morbidity: national and state vital statistics, hospital discharge
    - Risk Factors: BRFSS CVH related modules, national survey data
  - Evaluate prevention efforts
- Example: **State of the Heart in Mississippi**



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# Data Based Promotion of CVH

- Many useful databases available on line and by request (CDC, NCHS, CMS, State Centers for Health Statistics, Peer Review Organizations, etc.)
- Data available regarding mortality, morbidity, other outcomes, access to and quality of care, and risk factors.
- Develop relationships with state epidemiologists, PROs, MCOs
- Use data to identify opportunities for improvement and to evaluate programs

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# What is Surveillance?

**Surveillance is the ongoing, systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation and evaluation of public health practice.**

# Uses of Public Health Surveillance for Capacity Building

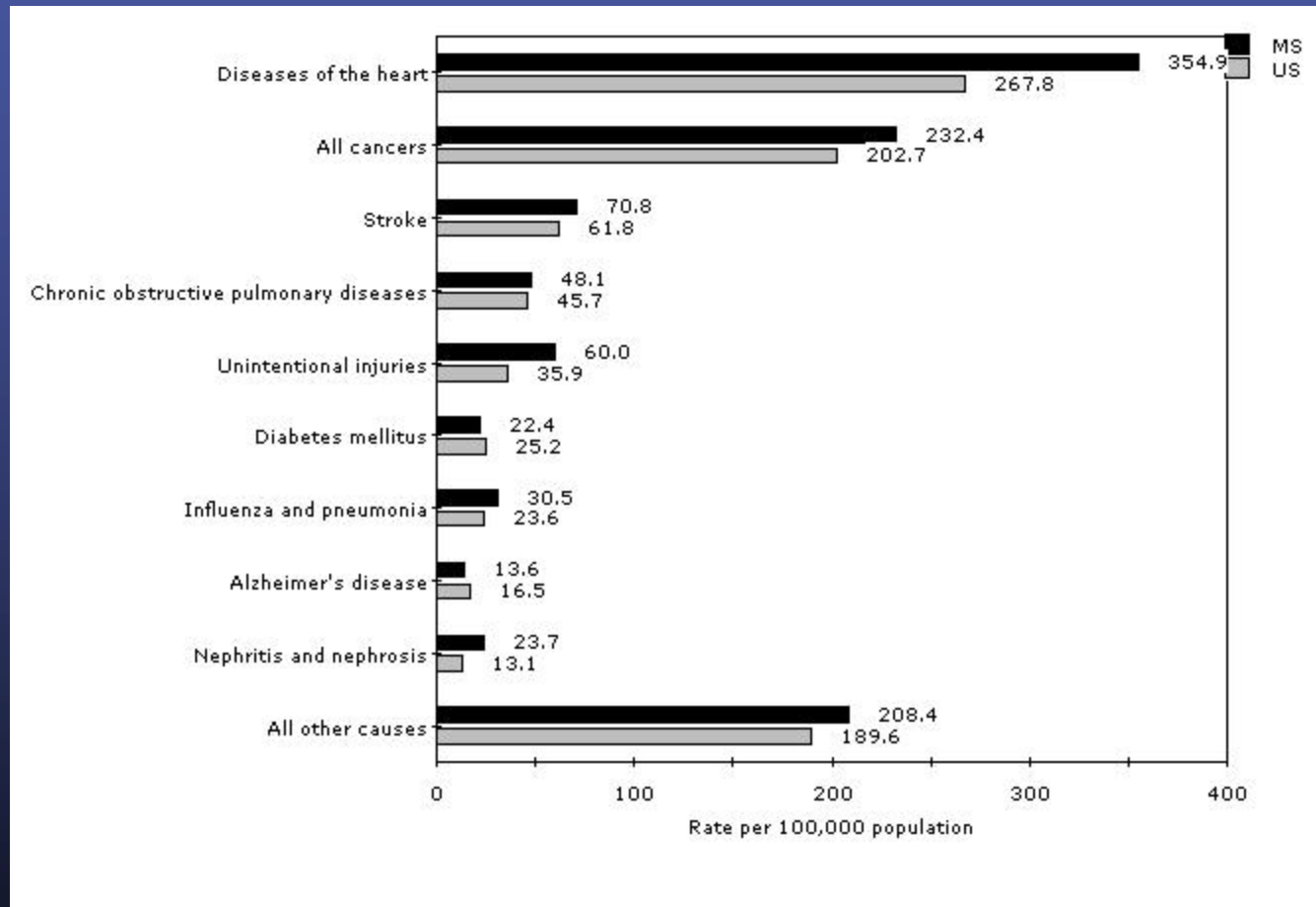
- Estimate magnitude of the problem
- Determine distribution of risk factors and disease
- Monitor changes in risk factors and disease
- Facilitate planning

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# Mortality Data Sources

- **CDC WONDER**
  - <http://wonder.cdc.gov/>
  - <http://wonder.cdc.gov/mortsql.shtml>
- **National Center for Health Statistics**
  - <http://www.cdc.gov/nchs/>
- **State Centers for Health Statistics**
- **CDC(&P) Atlases**

# 10 Major Causes of Death in Mississippi and in the United States

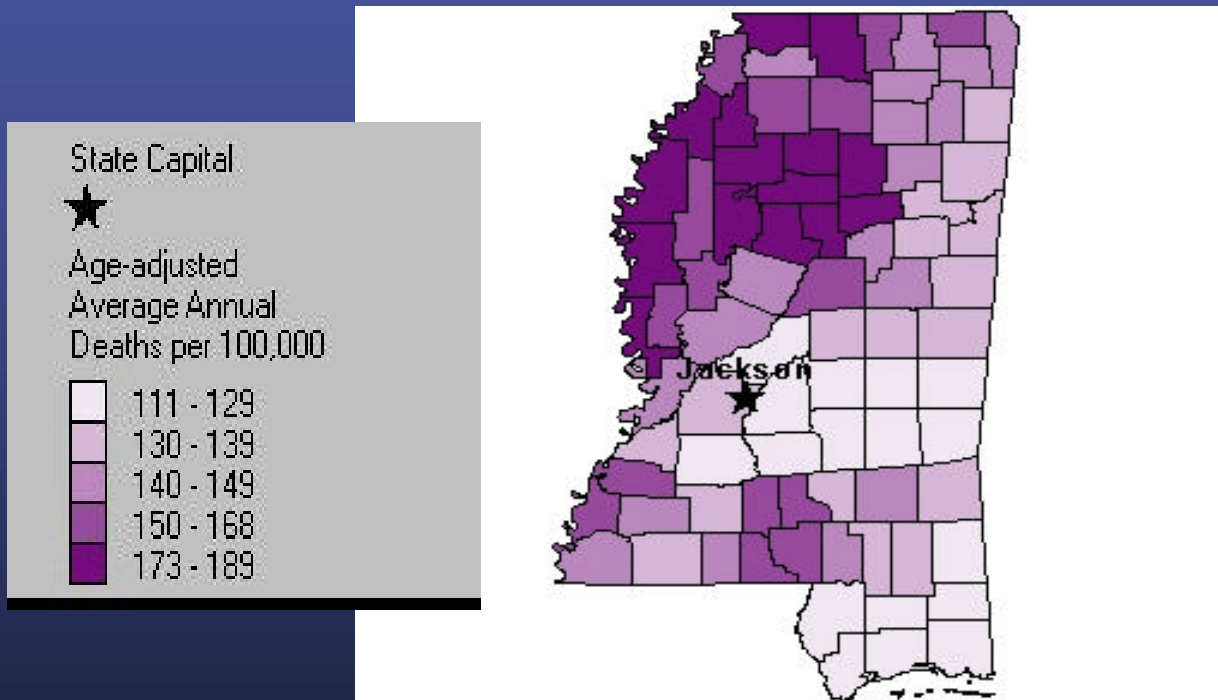


<http://apps.nccd.cdc.gov/BurdenBook/DeathCause.asp?State=MS#CausesChart>

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# Mississippi, Total Population, Ages 35+ Stroke Death Rates, 1991-1998



*Atlas of Stroke Mortality: Racial, Ethnic and Geographic Disparities in the United States. First Edition* Map depicts spatially smoothed, age-adjusted, average annual death rates per 100,000. ([www.gis.cdc.gov/cvd](http://www.gis.cdc.gov/cvd))

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# Morbidity/Outcomes/Quality of Care

- National Health Care Survey
  - <http://www.cdc.gov/nchs/nhcs.htm>
- Medicare/PROs
- Medicaid
- Managed Care Organizations
- HEDIS
- AHA Get With The Guidelines
- BRFSS
- NHANES
- Registries

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# Medicare Data: CCP

- **Design:**
  - Center for Medicare and Medicaid Services (CMS) QI project with baseline measurement, feedback, remeasurement and comparison samples
- **Participants:**
  - All Medicare patients in Alabama, Connecticut, Iowa, and Wisconsin with principal dx of AMI: June - Dec 1992 and Aug-Nov 1995
  - External Comparison: Random sample of rest of nation: Aug-Nov 1995

Marciniak TA, et al. JAMA 1998;279:1351-1357.

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# Medicare Data: CCP

- **Intervention:**
  - Data feedback by peer review organizations
  - Hospital-specific plans
- **Outcome measures:**
  - Processes of care
  - Length of stay
  - Mortality

Marciniak TA, et al. JAMA 1998;279:1351-1357.

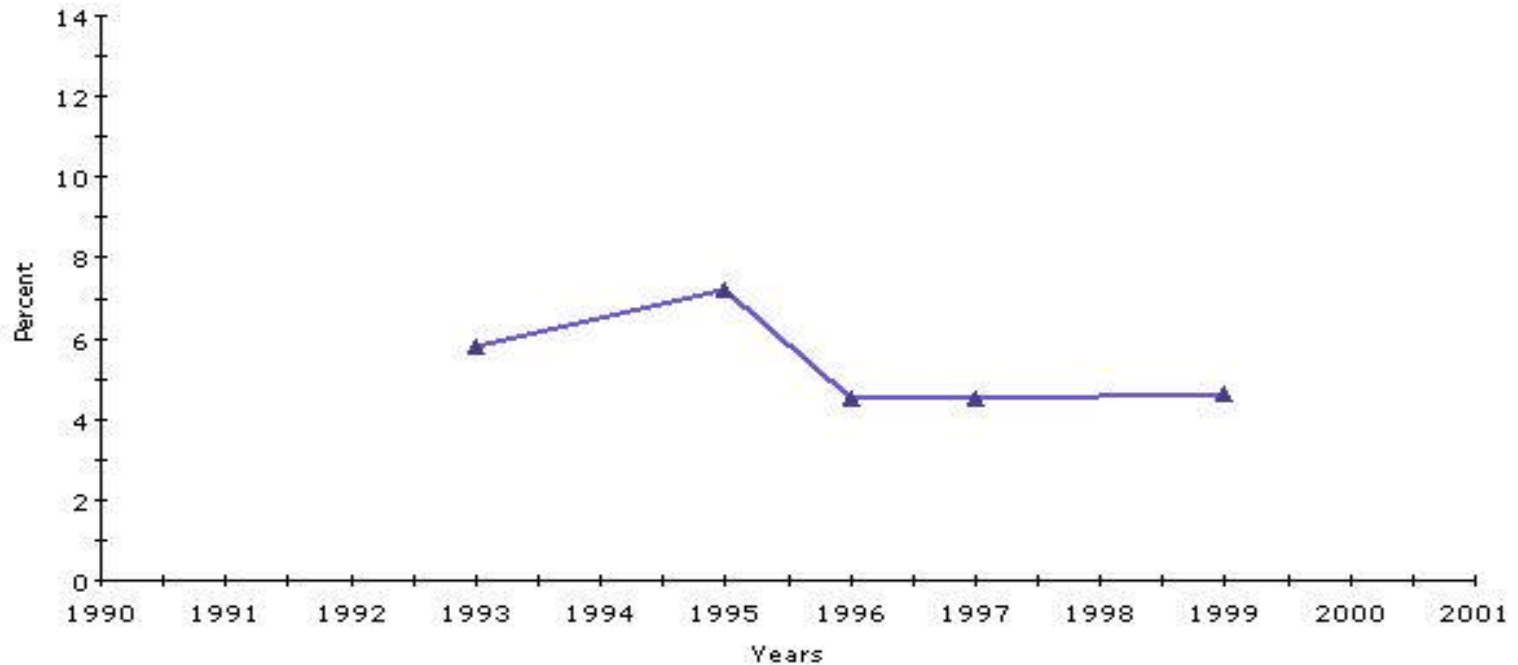
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# Use BRFSS Data for Multiple Years

- [www.cdc.gov/brfss](http://www.cdc.gov/brfss)
  - Choose trend tables from the menu
    - Choose state (Mississippi)
    - Choose risk factor (blood pressure screening)
  - Result: Mississippi's prevalence estimates over time (1990-1999) for "having blood pressure checked in the two last years"
    - » Table format
    - » Graphic format

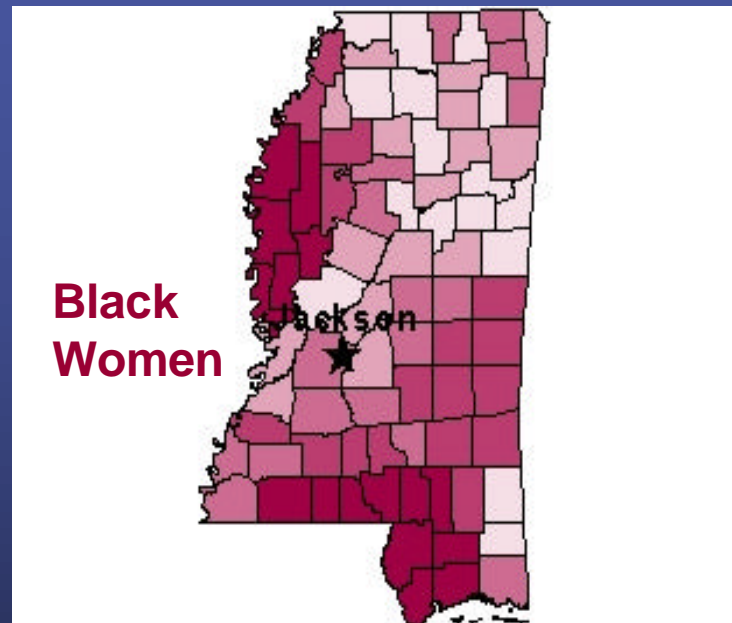
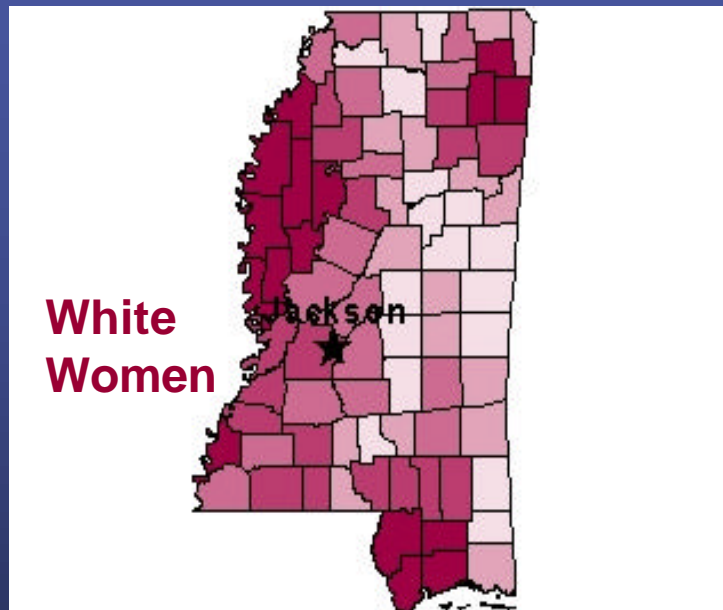
## No Blood Pressure Check Within 2 Years Mississippi



<http://apps.nccd.cdc.gov/brfss/Trends/trendchart.asp?qkey=10040&state=MS>

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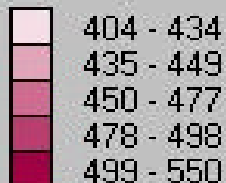
# Heart Disease Death Rates, 1991-1995 Mississippi Women, ages 35+, by race



State Capital



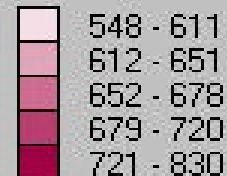
Age-adjusted  
Average Annual  
Deaths per 100,000



State Capital



Age-adjusted  
Average Annual  
Deaths per 100,000



# **National Health Care Survey (NHCS)**

- **The survey is a source of a wide range of data on the health care field and a significant resource for monitoring health care use, the impact of medical technology, and the quality of care provided to a changing American population.**

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# National Health Care Survey

- **Existing surveys**
  - National Hospital Discharge Survey (NHDS)
  - National Ambulatory Medical Care Survey (NAMCS)
  - National Nursing Home Survey
  - National Health Provider Inventory
- **New survey components**
  - National Survey of Ambulatory Surgery
  - National Hospital Ambulatory Medical Care Survey
  - National Home and Hospice Care Survey
  - National Employer Health Insurance Survey

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## Useful Websites for Obtaining State-based Data on Heart Disease and Stroke and Their Risk Factors

- [www.cdc.gov/MMWR](http://www.cdc.gov/MMWR) (State-Specific Trends in Self-Reported Blood Pressure Screening and High Blood Pressure --- United States, 1991—1999)
- [www.cdc.gov/NCCDPHP](http://www.cdc.gov/NCCDPHP) (The Burden of Chronic Disease and Their Risk Factors – National and State Perspectives, 2002)
- [www.cdc.gov/CVH](http://www.cdc.gov/CVH) (State and county level maps of heart disease and stroke)
- [www.cdc.gov/brfss](http://www.cdc.gov/brfss) (prevalence of risk factors by state and year)

# Capacity Building Program Activities

## Inventory Policy and Environmental Strategies

- Assessment of existing policies and environments
- State-level, and in communities, health care settings, work sites, and schools
- Inventory will impact program planning
- Example of tool:

- **Heart Check**

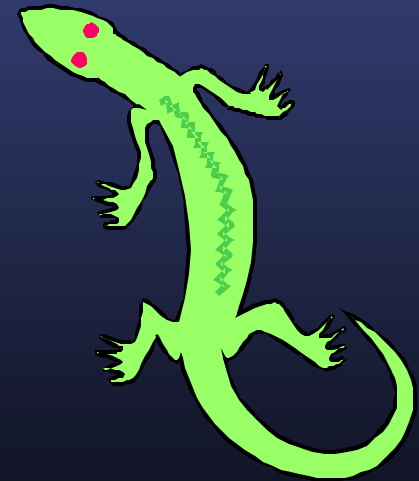


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# THE CHAMELEON THEORY

- “People will change behavior to reflect their environments.
- Therefore, if you want healthy people, create healthy environments”

*Thomas Golaszewski, Ed.D.  
Associate Professor  
SUNY Brockport*



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# Heart Check Background

- **Contains sections on: smoking, nutrition, exercise, stress, screening, administrative support and organizational foundations**
- **Criteria modeled after the National Survey of Worksite Health**

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# Heart Check: Administrative Support

- wellness committee
- organizational objectives for health promotion
- employee health in mission statement
- family member access
- health promotion professional
- program evaluation
- program logo and theme
- health communications
- wellness coalition membership

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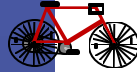
# Heart Check: Screening



- blood pressure, cholesterol and blood sugar screening and follow-up
- incentives for normal levels
- HRA assessments
- availability of blood pressure self-monitoring
- screening communications

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# The Inventory



## COMMUNITY POLICY AND ENVIRONMENTAL INVENTORY

### Physical Activity

- |  | <i>sure</i> | Yes                      | Not applicable/<br>No Not |
|--|-------------|--------------------------|---------------------------|
| 1. Thinking about traffic, is it safe to walk, run or bike in your community?<br><input type="checkbox"/>  |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 2. Thinking about criminal activity, is it safe to walk, run or bike in your community?<br><input type="checkbox"/>  |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 3. Is it pleasant to walk, run or bike in your community (enough trees, no graffiti, no abandoned buildings, proper lighting, etc.)?<br><input type="checkbox"/>   |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 4. Are there sidewalks in most areas of your community?<br><input type="checkbox"/>  |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 4a. If YES, are the sidewalks well-maintained?<br><input type="checkbox"/> <input type="checkbox"/>  |             |                          | <input type="checkbox"/>  |
| 5. Are there working crosswalk signals at busy intersections?<br><input type="checkbox"/>  |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 6. Are there any walking or biking trails in your community?<br><input type="checkbox"/>   |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 6a. If YES, are the trails a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?<br><input type="checkbox"/>       |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 7. Are there any parks in the community where you can walk, run or bike?<br><input type="checkbox"/>   |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 7a. If YES, are the parks a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?<br><input type="checkbox"/>        |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 8. Do you have access to <i>public</i> outdoor exercise facilities (e.g., tracks, tennis courts, swimming pools)?<br><input type="checkbox"/>  |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 8a. If YES, are these facilities a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?<br><input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 9. Do you have access to <i>public</i> indoor facilities such as school gyms?<br><input type="checkbox"/>  |             | <input type="checkbox"/> | <input type="checkbox"/>  |
| 9a. If YES, are these facilities a safe, pleasant, and convenient place to be physically active (e.g., well-lit, clean, adequately maintained, suitably located, morning/evening hours available, etc.)?<br><input type="checkbox"/> |             | <input type="checkbox"/> | <input type="checkbox"/>  |

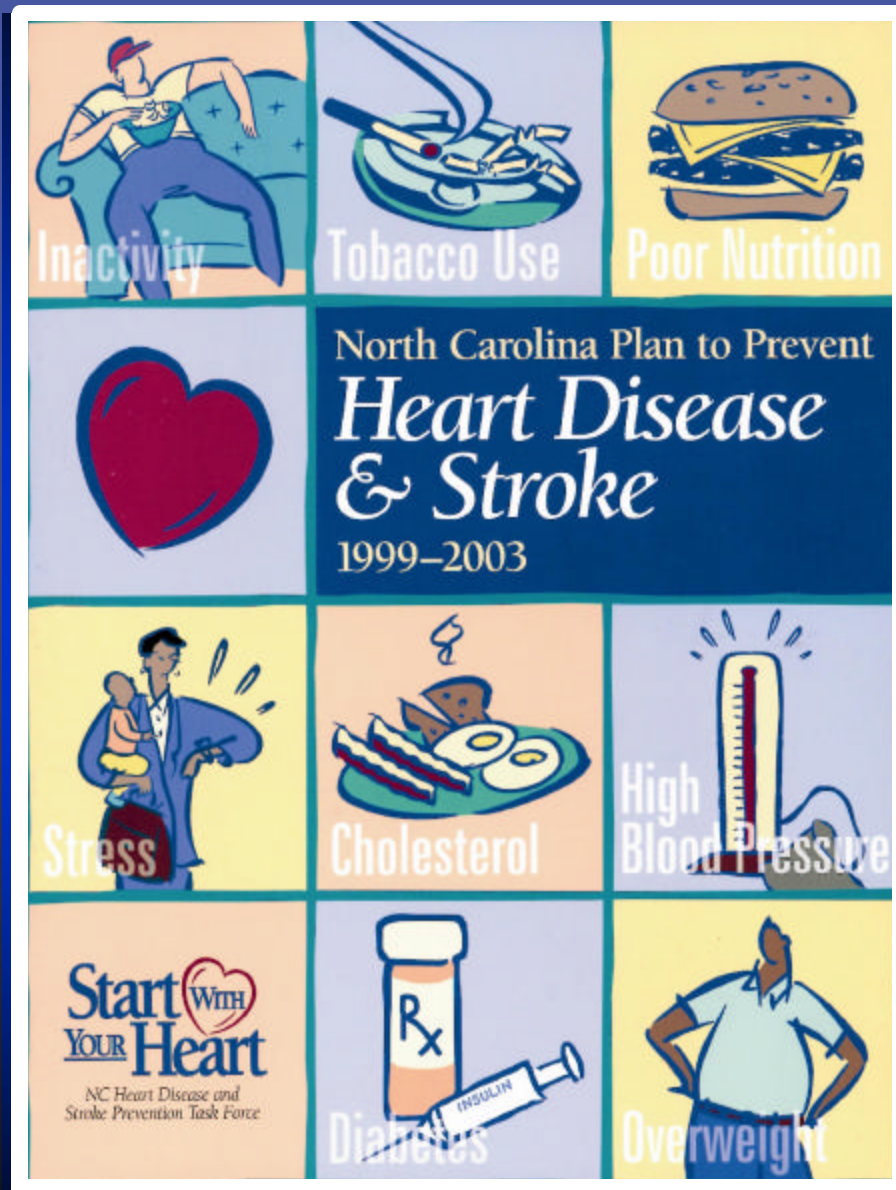


# Capacity Building Program Activities

## Develop/Update State CVH Plan

- ☐ Be comprehensive and inclusive
- ☐ Address the burden and primary and secondary prevention
- ☐ Include population-based, policy and environmental strategies
- ☐ Address Priority Populations
- ☐ State CVH Plan will impact development of a basic implementation program

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# Capacity Building Program Activities

## Provide Training and Technical Assistance

- Audiences: staff, partners, general public, health care professionals
- Topics: awareness of CVD burden, role for policy and environmental strategies, signs and symptoms of heart attack and stroke
- Promote use of the Guidelines for primary and secondary prevention of CVD

Example: West Virginia  
CVH in Appalachia:  
Partnering for Change



# Capacity Building Program Activities

## Develop Population-Based and Culturally Competent Strategies for Priority Populations

- Create awareness of importance of CVD and the need for heart healthy policy and environmental supports
- Advocate for policy and environmental changes to reduce heart disease and stroke.
- Empower consumers of health care
- Ensure culturally competent planning

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