



Heart Healthy & Stroke Free Worksite: A Bi-State Public-Private Partnership

**Cardiovascular and Stroke Practitioner's
Institute**

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Presenters

- **KS Heart Disease and Stroke Program**
 - Misty Jimerson, MS – Program Manager
- **MO Heart Disease and Stroke Prevention Program**
 - Judy Alexiou, RN, BC, MPH – Program Manager
- **Center's For Disease Control**
 - Sherene Brown, MPH, CHES – Public Health Educator
- **Mid-America Coalition on Health Care**
 - Teresa Titus-Howard, MSW, MHA – Vice President



Today's Objective

To discuss:

- Capacity building and implementation strategies for establishing a bi-state public-private partnership.
- How a collaborative employer-driven regional health care Coalition can aide in establishing the partnership.
- Roles and responsibilities of key players in the partnership.
- The building blocks for developing a comprehensive work place wellness initiative.



Centers for Disease Control and Prevention

- Division for Heart Disease and Stroke Prevention
 - Mission: To provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke.
- Six Program Priorities
- Capacity Building State Responsibilities
- Basic Implementation State Responsibilities



Kansas

- **KS Department of Health and Environment**
 - Heart Disease and Stroke Program
- **A Capacity Building State**
- **CVH Program Priority Areas**
 - To understand the burden of heart disease and stroke in Kansas - Kansas Heart Disease and Stroke Burden document
 - To facilitate the development of state plan for the prevention and control of heart disease and stroke - partnering with stakeholders
- **Program Funding**
 - CDC-CVH capacity building grant
- **Program Staff Resources**
 - 2 FTE 's + 5 employees part-time equivalent to 1 FTE
- **Six employers in the Bi-state Initiative**



Missouri

- MO Department of Health and Senior Services
 - Heart Disease and Stroke Prevention Program
- A Basic Implementation State
- CVH Program Priority Areas
 - High blood pressure and cholesterol
 - Signs and symptoms of heart attack and stroke
 - Knowing when to call 911
 - Improving emergency response and quality of care
 - Eliminate disparities due to CV disease
- Program Funding
 - CDC CVH Grants
 - General Revenue
 - Prevention Health and Human Services Block Funds
- Program Staff Resources
 - 7 FTE 's
- Seven employers in the Bi-state Initiative



Mid-America Coalition on Health Care

- An employer-driven coalition – 501(c)(3) – non-profit
- Mission
- Projects and Initiatives
 - Administrative Simplification Projects
 - Claims Complexity Committee
 - Clinical Initiatives
 - *Community Initiative on Depression*
- Public-Private Partnerships
 - DHSS - CDC, CMS
 - States of KS and MO



Why CV and Stroke?

An evolving interest

- 1999 Employer BRFSS results
- 2004 Coalition Strategic Planning Survey
- 2004 Current KC area statistics
- Interest of states of KS and MO engaging employers on worksite issues
- Developing *Community Initiative on Cardiovascular Health and Disease*
 - How do we define community?



In beginning...

How did the partnership form?

- Coalition meets KDHE representative
 - Did you know about?
 - CDC's *Heart Healthy and Stroke Free Worksite* Kit
- Chronic Disease Coalition Meeting
 - Excitement generated!
 - We need MO, too
- Initial Work Group Call – Nov. 2004



Work Group Roles

- Coalition
 - Facilitator
 - Employer advocate
 - Access to regional stakeholders
 - KC region reputation
- State Representatives
 - Expertise
 - Resources
 - Leadership
- CDC
 - Our “*Guiding Light*”
 - National ties
- Kansas Health Institute
 - Literature Review
 - Research design



Work Group Structure

- Phases I, II, III and IV
 - Phase I – Information Gathering
(January - June, 2005)
 - Phase II – Employer Buy-in and Design
(Fall 2005 – early 2006)
 - Phase III – Implementation
(2006-2008)
 - Phase IV – Measurement
(2008-2009)
- Bi-weekly conference calls
- Regular deliverable reporting



Initiative Funding

- Employers
- State of Kansas
- State of Missouri
- Sunflower Foundation
- Pharmaceutical
- In-kind
 - Local academic researchers
 - Professional Associations (e.g. AHA)



Phase I: Information Gathering

- Work Group Activities
 - Literature Review – Published within and outside of the tool kit.
 - Tool Kit Literature Summary
 - Establishment of relationships with local and national experts and associations
 - Meta-Analysis of Employer Best Practices in Tool Kit
 - BRFSS data analysis
 - **Employer 1:1 Interviews**
 - Thirteen employers participated in interviews
 - Critical: Ask them!
 - “Themes” and how overlap with CDC priorities



Phase II: Employer Steering Committee

Meeting 1

- Report summary of Employer 1:1 interviews
 - Identify Themes (see handout)
 - Employee participation
 - HR Mgrs – “What works”
 - CV Cost Driver and “burden” measurement
 - Leadership
 - Corporate Culture
 - Benefit Design
 - CV Risk Factors a “thread” through themes
- Build consensus
- Introduce further assessment activities
- Invite them to Meeting 2



Phase II: Employer Steering Committee

Meeting 2

- Finalize recommendations for assessment activities
 - CardiovascularCalculator.com
 - Leadership Survey
 - *Healthy Lifestyles Employee Attitudinal Survey*
 - Employer Worksite Wellness/Environment Inventory
 - Cardiovascular Benefit Design Survey
- Begin to identify potential worksite interventions
 - E.g. Employee education on signs and symptoms of heart disease and stroke
- Finalize business case argument
 - Provide tools or documentation to take back to CFO/CEO
- “Offline” follow-up and secure commitment



Phase III: Implementation

- Employer Steering Committee Recommendations
 - Joint assessment activities
 - Potential Joint and Individual Interventions
- Employers will establish specific CICV Goals, Objectives and Outcome Measures



Phase IV: Outcomes Year 1-2

- Secure commitment
- Complete employer education
- Complete assessments and baseline measurements
- Share best practices
- Complete initial employee education
- Increase employee participation
- Identify high risk employees



Phase IV: Outcomes Year 2-3

- Reduction in percentage of high risk employees
- Improvement in employer baseline assessments
- Improved or enhanced health plan benefits
- Others yet TBD



Conclusions

- Public-Private Partnerships can work!
- Be willing to learn from each other
- Don't assume employer viewpoints or concerns
- MO and KS States Perspective
- CDC Perspective

Questions