



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

**Cardiovascular and Stroke Practitioner's  
Institute**

**September 2005**



# 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

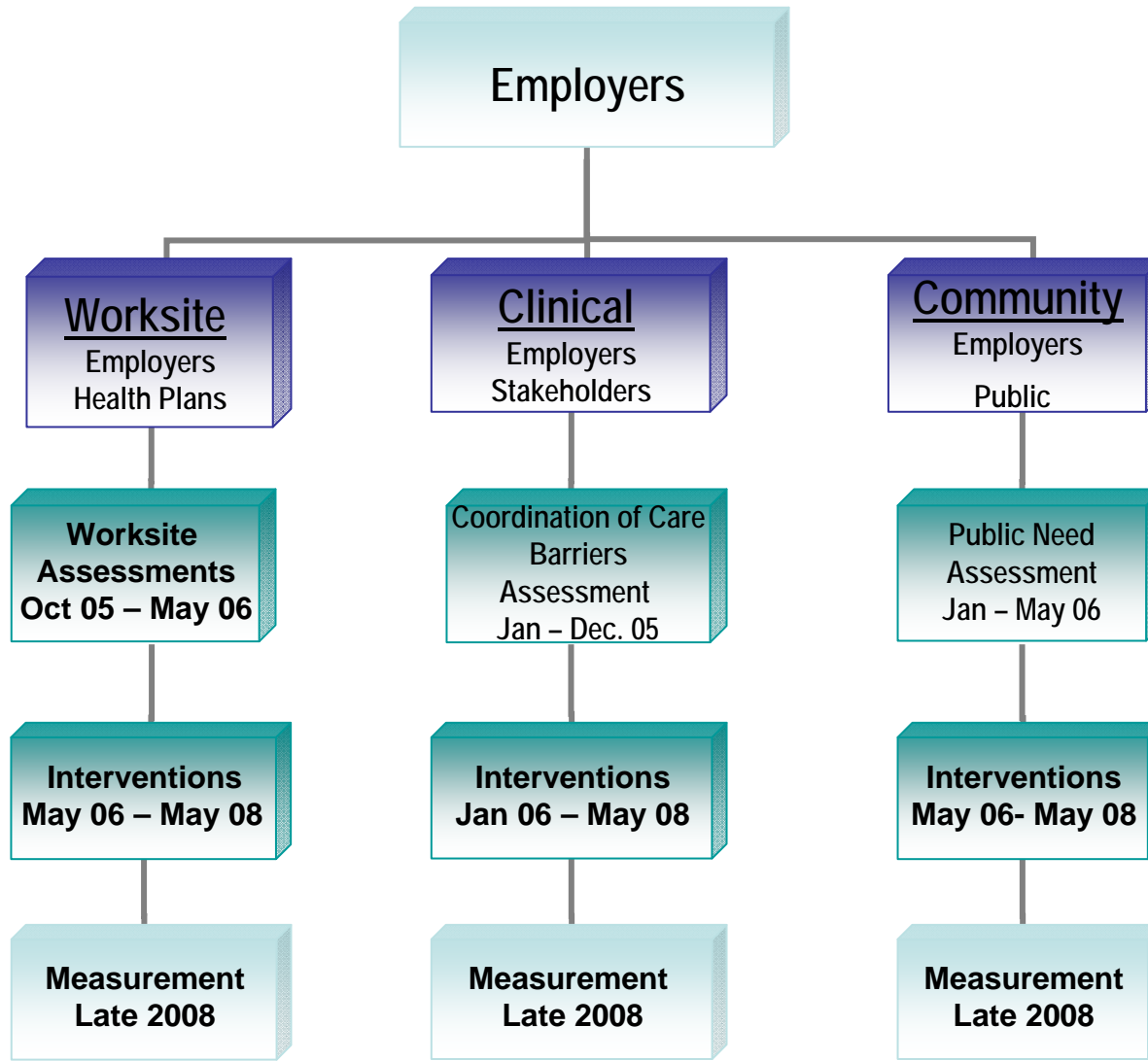


# Why CV and Stroke?

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*
  - What does this look like?

# Mid-America Coalition on Health Care Community Initiative on Cardiovascular Health and Disease





# 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
- 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

- 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