



Massachusetts Department of Public Health

Heart Disease and Stroke Prevention and Control Program



Partnership for a Heart Healthy and Stroke Free Massachusetts

Not Mandated by legislation

- Initial partners: MDPH, MassPRO and American Heart Association
- Organizations came together to develop a statewide plan
- Now a formal partnership implementing statewide plan

Guiding Principles for a Statewide Action Plan

Developed by partners

Based on data

Clear and defined process that can be evaluated and duplicated

Compatible with other MDPH chronic disease action plans

Living document: reflects what will be implemented - adopted by partners - sustainable and used





Infrastructure for Developing a Statewide Action Plan

Steering Committee

- Members were AHA, MDPH (lots of programs), MassPRO, co-chairs of standing committees, advisory groups and others as identified
- Planned all aspects of Statewide meetings
- Identified participants for the meetings and eventually lead partners for objectives
- Developed logic models and timelines
- Determined initial activities for each component of program – advisory groups, standing committees, ad hoc committees
- Reviewed and approved format for statewide plan
- Met with other chronic disease coalition steering committees to integrate
- Developed and reviewed mission, guiding principles, Partnership structure

Infrastructure for Developing a Statewide Action Plan

Advisory Group

- Developed surveys to assess existing policies and systems within venue
- Members represented organizations within the venue - in the trenches
- Directed analysis of survey results
- Developed focus group and key informant questions
- Identified relevant HP2010 objectives
- Identified participants
- Participated small group and statewide meetings

Infrastructure for Developing a Statewide Action Plan

Standing Committees

- Members were experts
- Surveillance, Evaluation and Monitoring guided the development of the burden document
- Health Communication and Evaluation developed the format of the burden document and venue documents, the name of the Partnership, vision and mission statements
- Policy, Advocacy and Systems guided the assessment of statewide existing legislation



Infrastructure for Developing a Statewide Action Plan results

- over 110 organizations involved
- representatives attended over 100 meetings
- Statewide Plan has 20 objectives
 - 17 objectives have a lead partner
 - 60 organizations have committed as a lead, supporting or endorsing partner
 - HSPC is lead partner for 3 objectives

What we did - on purpose or by accident

- Whenever possible, meetings were not held at MDPH
- Facilitators of meetings changed, especially at the statewide meetings
- Meetings were organized, productive, jammed-packed; participants were relied on for input; minutes, action items were sent; participants were held accountable; meetings were cancelled if no agenda or purpose identified
- New participants were recruited individually
- There were multiple meetings to prepare for statewide meetings
- MDPH did not make decisions without input
- Partners told *not* to expect funding from MDPH
- Statewide plan is owned by the Partnership, not by MDPH
- Did not use a listserv

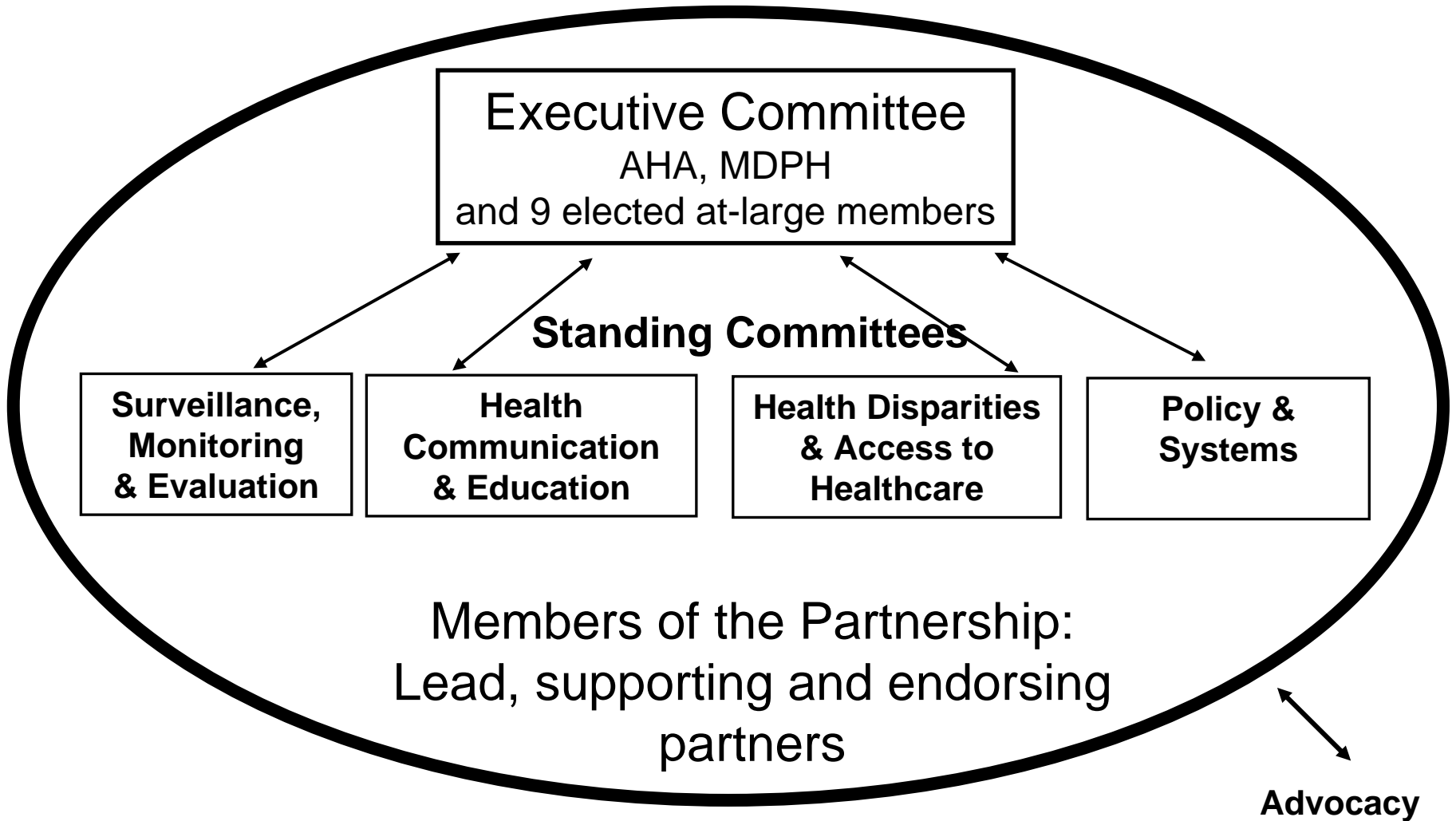
What we could have done better

- Sent out fewer emails
- Recruited more members to the coalition
- Communicated via website (we don't have one - yet)
- Met with other coalitions and served their needs
- Be more streamlined - omit some of the standing committees and meetings



Partnership for a Heart Healthy and Stroke Free

Massachusetts





Roles and Responsibilities of the Partnership

Meet twice a year

Exists to prioritize, endorse and coordinate policies and systems to improve heart and stroke prevention and treatment in Massachusetts.

Identifies and assigns duties of standing committees and work groups as required to accomplish the mission and vision of the Partnership

Elects at-large members of the Executive Committee

Decides major policy or funding issues affecting the Partnership

Submits new ideas to the Executive Committee

EXECUTIVE COMMITTEE

- Recommend guidelines and governance for the Partnership
- Oversee the work of the Partnership
- Act on behalf of the Partnership between Partnership meetings
- Provide guidance to the Partnership members to ensure implementation of the statewide action plan
- Set priorities and guides the development of an overall work plan for the Partnership on an annual basis
- Coordinate an annual review of the statewide plan and present proposed changes to the Partnership members
- Coordinate semi-annual Partnership meetings

New Areas for Growth and Decisions

- Developing funding sources
- Developing reporting and communication mechanisms
- Communicating - among Executive Committee, Standing Committees, Lead and Supporting Partners
- Growing toward one Chronic Disease Coalition
- Adding new objectives - deleting others
- Joining Standing Committees
- Ask me next year - there will be more

Groups for Implementing HSPC-Lead Objectives

- Advisory Groups, e.g., Signs and Symptoms of Stroke
- Core Partnerships, e.g., Coverdell Stroke Registry, worksite initiative
- Collaboratives, e.g. Coverdell Stroke Registry
- Internal Integration, e.g., Health Access and Health Disparities; language access, Thursday morning group