

Maine

Employer Incentive Program

Public Health Problem

In the United States, employers are a principal provider of health insurance and are therefore good candidates for employee programs that promote health and prevent disease. Because of this, state heart disease and stroke prevention (HDSP) programs promote the adoption of insurance policies inclusive of prevention services among employers.

Program Example

For several years, the Maine HDSP program staff has promoted linking the cost of health insurance premiums with employer-sponsored health improvement programs (i.e., employers that promote health and wellness programs are eligible to receive a reduction in their insurance premiums). Through the HDSP program's work and its partnership with the Maine Council for Worksite Wellness, a large health insurer piloted this strategy with Maine employers.

In November 2006, a large Maine insurance carrier launched a new program that granted a 2% reduction in premiums to small businesses (2–50 employees) or self-employed people that met several health promotion criteria. This program was promoted through the Maine State Chamber of Commerce to members of local or regional chapters of the Chamber participating in one of five products offered by the carrier. To be eligible for the reduction, businesses had to increase employee participation in certain activities, such as health-risk appraisals. This program is a way of rewarding employers for taking disease prevention seriously. It also sends a strong message that worksite health promotion is an effective tool for managing medical costs.

Implications and Impact

This policy change illustrates that state programs can influence employer-based health plan coverage for prevention.

Massachusetts

Awareness Campaign to Help Increase Early Identification of Strokes

Public Health Problem

To avoid duplication of services and fragmentation of resources when there are multiple public health programs targeting the same focus areas.

Program Example

In Massachusetts, the state Coverdell Registry program is successfully integrated into state Heart Disease and Stroke Prevention and Control (HSPC) program's activities, supporting the development of a statewide stroke system of care.

The State HSPC Program developed the Stroke Heroes Act FAST educational campaign that provides community education on the signs and symptoms of stroke. Massachusetts has an innovative state program that certifies and designates acute care hospitals as Primary Stroke Services (PSS) facilities. By providing the signs and symptoms campaign materials to PSS hospitals at no cost through the HSPC program, the MA Coverdell Registry program has helped all 57 Coverdell enrolled hospitals reach their communities with an effective awareness campaign to help increase early identification of strokes. Early community identification of stroke, coupled with an appropriate clinical response from hospitals is crucial to reducing deaths and disability from strokes.

Implications and Impact

More communities were reached with a local Act FAST campaign. Coordination of these efforts will lead to an increased ability to monitor the impact of campaigns, most notably on the mode of transportation patients used to get to the Emergency Room and the time from symptom onset to treatment. Through this integrative effort, both programs work synergistically to maximize their resources, support hospital efforts to improve quality of care, and evaluate the impact of the statewide stroke system of care.

New York

Stroke Awareness Campaign

Public Health Problem

Community awareness of stroke signs and symptoms is essential to reducing the time between onset of stroke and treatment. The New York Healthy Hearts Program (NYHHP) implemented a stroke awareness campaign in the Capital Region of the state. Staff conducted focus groups which showed that awareness of stroke symptoms was relatively high but that awareness of the need to receive treatment within 3 hours was low. Other barriers to seeking care immediately included the cost of an ambulance if the symptoms turned out not to be stroke-related.

Program Example

On the basis of the focus group findings and guidance from the Capital Region Stroke Task Force, NYHHP began a multi-media awareness campaign. This campaign was designed to describe stroke symptoms using the FAST acronym (i.e. face, arms, speech, and time), urge people to call 9-1-1 within 1 hour of the appearance of symptoms, and inform people that stroke symptoms are often not painful but can still be serious. Program staff purchased media time on television and radio and placed advertisements on buses and in bus shelters. Six area hospitals contributed to the cost of running the advertisements. Members of a Stroke Task Force made numerous community presentations.

Implications and Impact

Results from a pre- and post-campaign evaluation in the Capital Region compared to another region that did not receive the stroke messages found that the Capital Region had a significantly greater increase in the percentage of people who said they had seen television advertisements about stroke (80 % vs. 55%) and in the percentage of people who correctly responded that they would call 9-1-1 if they or someone they knew was experiencing stroke symptoms. For instance, after the campaign, the percent in the Capital Region who would call 9-1-1 for arm weakness in themselves was 40% vs. 28% in the control community. To determine whether the campaign affected behavior, the NYHHP is collecting data from one of six area hospitals to determine the time it takes for patients to arrive at the hospital from the onset of their symptoms. Preliminary results from Get with the Guidelines data in the Capital Region found a statistically significant increase in the percentage of stroke patients arriving by ambulance (56% at follow up vs. 48% at baseline). Data on changes in the percentage of stroke patients arriving within two hours of the onset of symptoms is still being collected and analyzed.

Oregon

Reimbursement for Costs of Chronic Disease Self-Management

Public Health Problem

The goal of stopping cardiovascular events is urgent. Policies that support self-management of chronic disease are necessary to make this happen.

Program Example

The Oregon Heart Disease and Stroke Prevention (HDSP) program and other chronic disease programs support a train-the-trainer approach to Living Well, a chronic disease self-management program based on the Stanford Chronic Disease Self-Management Program. This program focuses on self-management of chronic conditions such as high blood pressure and high cholesterol.

Promotion of the Living Well Program by the Oregon HDSP program and its partners has led to the adoption of this program by several major health insurance carriers in the state. Because of its recognized success in keeping people's conditions managed, along with decreased emergency room visits, insurance plans now offer reimbursement for members who participate in the Living Well self-management workshops. They cover rural Oregonians, the state's high risk population, and those with pre-existing conditions. In addition, the state's largest Medicaid insurance contractor is pilot testing reimbursement for its members who attend the workshops at clinics of one large county's health department. Promotion of Living Well by the Oregon HDSP program and other partners has resulted in articles in member newsletters produced by Oregon's chapter of the AARP and the Family Health Insurance Assistance Program.

Implications and Impact

State programs can influence health insurance policies to support chronic disease self-management. Using evidence-based programs, such as the Stanford Chronic Disease Self-Management Program, is key to garnering support from the insurance carriers.