

Investing in Health: From Workplace to Community Well-Being



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American Heart Association_®

Who we are

The American Heart Association/ American Stroke Association is not just a charity. We are crusaders, innovators, scientists and partners.

Our Mission

To be a relentless force for a world of longer, healthier lives.





Life is why

Keeping hearts beating is what keeps our hearts pumping.



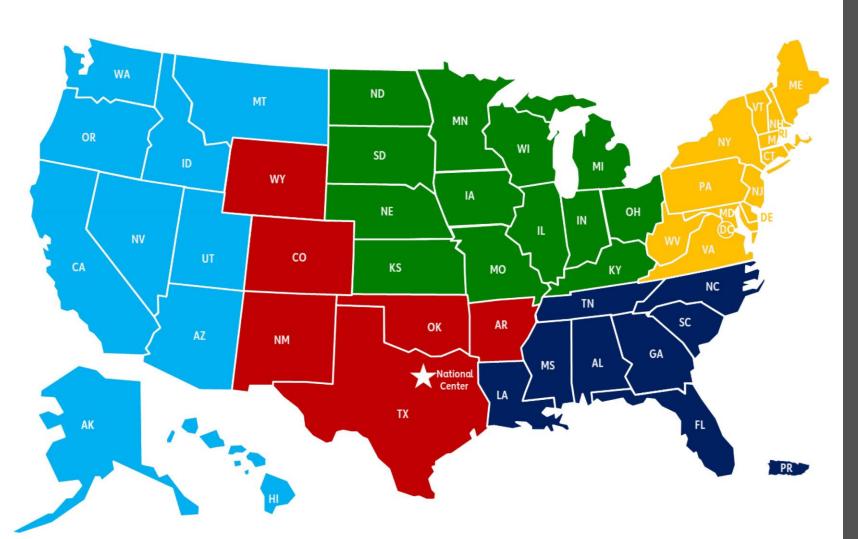








Our levels of work



National – Dallas HQ

Education & awareness
Research management
Quality & science
Advocacy agenda
Strategic partnerships & alliances

5 regions

Activate advocacy
State and affiliate education
Quality improvement
Regional projects

Local

Grassroots advocacy
Fundraising & education
Building partnerships
Recruiting volunteers
Community health



International Programs



Professional education, quality improvement programs and more are

making a global impact!

works in 46 countries to

We deliver lifesaving

Go Red For Women

raise awareness for

worldwide.

programs in 93 countries



















The impact of our work

1961

long-term

First successful

artificial heart

1956

launched

AHA's first statement of smoking and heart disease issued

1959

Cholesterol developed

1960

First successful pacemaker surgery

1961

CPR techniques & standards developed

1998

American Stroke Association formed

inhibitors

valve

2003

Drug-coated 2000 stents approved Get With The for use Guidelines

2004

Go Red For Women launched

2007

Mission: AHA Lifeline launched its formed work with precision

2014

medicine

2016

One Brave Idea launched

2017

1990

Treatment for

Infant Respiratory

Distress Syndrome

New blood pressure guidelines released

2020

COVID-19 response efforts



The Problems

The World is Facing Today



Facts about heart disease

Heart disease is the No. 1 cause of death in the U.S. and in the world.



believe that heart attacks and strokes can be prevented, but aren't motivated to do anything.

of Americans don't consider themselves at risk for heart disease.

58% put no effort into improving their heart health.



1 of every 3 deaths in the United States is caused by heart disease or stroke.

Every year, an estimated 785,000 Americans will have their first heart attack, and 470,000 will have another.

Heart attacks affect more people every year than the population of Dallas, Texas.



The Problems We're Facing Today







Compared to data from last year, we're seeing 50 more people die every day from cardiovascular disease.

Compared to data from last year, we're seeing

12 more people die every day from stroke.

Only 1 in 4 U.S. adults meet the physical activity guidelines.



The Problems We're Facing Today







Nearly half of U.S. adults have high blood pressure.

E-cigarette use among middle and high school students is reaching epidemic levels.

By 2035, nearly half of the U.S. population is expected to have some form of cardiovascular disease.



The long-term effects of COVID-19

While the need for medical equipment and supplies to fight COVID-19 is urgent, the effects and subsequent needs will be with us for years to come.



More people with heart disease, diabetes or hypertension are at risk.

- Fear of going out to get treatment/calling 911
- Hospitals at max treatment capacity
- Limited access to healthy food options/supplies
- Patients not able to get prescriptions



Increases in unhealthy stay-at-home habits.

- High stress/stress eating
- Eating more unhealthy meals
- Not being as physically active
- Higher BMI due to new lifestyle
- Future potential cases of obesity, high blood pressure and diabetes

individuals with the greatest need.

- Limited income due to furloughs/layoffs
- Lack of savings to fall back on
- Families not able to rely on free school meal program
- Restricted access to public transportation to get healthy foods/supplies



The COVID-19 Domino Effect

COVID-19 has the potential to drastically change the health and well-being of people living in the U.S. for many years, unless we work together to reduce the impact.

Patients fear getting

treatment/calling 911



healthy foods,

supplies and

prescriptions

physical activity

from being stuck

at home

PROBLEMS: Higher blood pressure rates

transportation,

lack of access to

healthy foods

Increases in obesity
Increases in heart disease,
stroke and diabetes
Fewer healthy life years
and earlier deaths

POTENTIAL FUTURE



Breaking Down the

Barriers that Exist



WHAT MAKES UP A HEALTHY COMMUNITY?



OPPORTUNITIES TO LIVE HEALTHY



A STRONG ECONOMY



STRONG EDUCATION AND TECHNOLOGY



A SOLID CITY INFRASTRUCTURE



A HEALTHY ENVIRONMENT



AFFORDABLE AND SAFE HOUSING



How to improve a person's healthy years Social Determinants of Health: 80% - 90% of factors

Clinical Care 20%

Access to Care Quality of Care



Health Behaviors 30%

Tobacco Use
Diet & Exercise
Alcohol & Drug Use
Risky Sexual Behavior



Physical Environment 10%

Air & Water Quality Housing & Transit



Social & Economic 40%

Education
Employment
Income
Family & Social Support
Community Safety

^{*} Figure adapted from County Health Rankings model



U.S. healthy years are affected by these trends



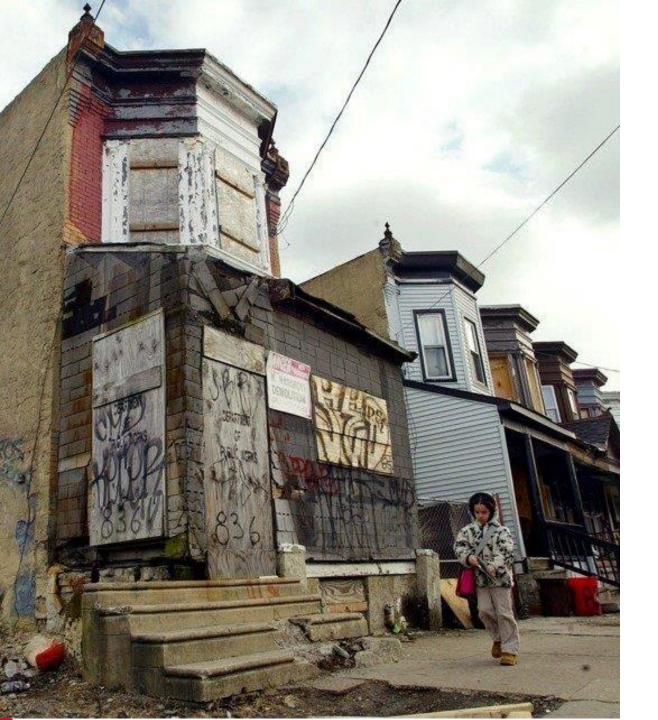
Trends working in our favor

- Lower smoking rates in adults
- Increased physical activity in adults
- Improved dietary habits in adults and youth
- Lower total cholesterol in adults and youth
- Improved blood sugar in adults



Trends working against us

- Increases in blood pressures
- Lower physical activity in youth
- Increases in BMI among adults and youth
- Worsening overweight/obesity in adults and youth



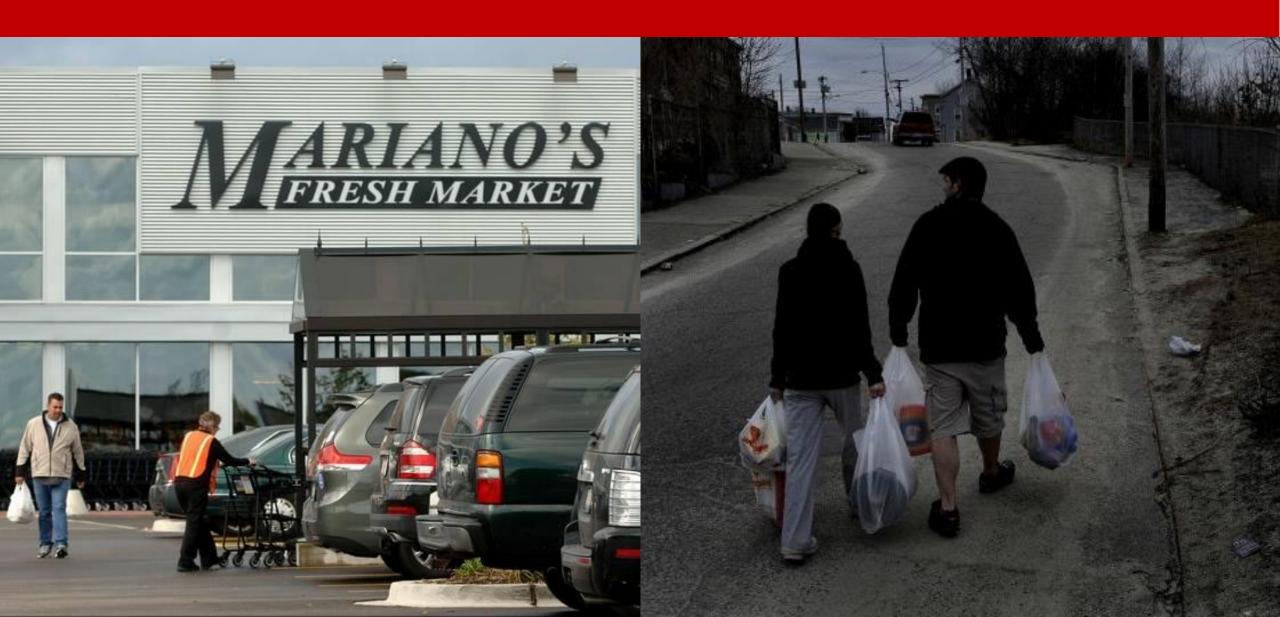
Social factors and location influence our health

50 million Americans have to choose between paying rent and purchasing medicine, healthy foods and medical care.

26 million Americans live without access to healthy foods.

7.3 million people who suffer from cardiovascular disease are uninsured.

EXAMPLE: ACCESS TO HEALTHY FOOD CAN IMPACT A FAMILY'S HEALTH.



AVERAGE LIFE EXPECTANCY

ST. LOUIS

18 YEAR
DIFFERENCE IN
LIFE EXPECTANCY





The need around social determinants

- Continue our support for affordable, accessible and quality health care.
- Keep advocating for access to healthy food for everyone in America, especially kids.
- Ensure everyone has safe places to be physically active.
- Support partners in housing, banking, education and employment.
- Invest in more research.
- Continue our community transformation work.





Examples of Rural Barriers to Health



Individual Health Factors
Tobacco & Nicotine Use
Physically Inactive
Diabetes, Obesity &
Cholesterol
Depression, suicide &
substance abuse



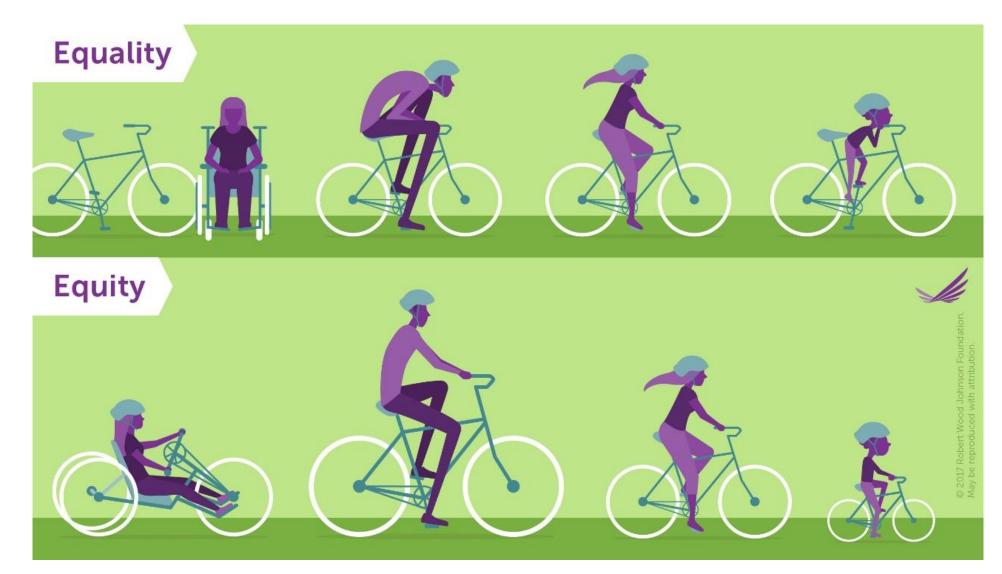
Social Determinants of Health
Lower income & poverty
Education
Unemployment
Housing inequities
Transportation
Food insecurity



Rural hospitals struggle
Hospital distance
Lack of outpatient &
post-acute care
Health care hiring
Uninsurance



Health equity is better





Well-being

Well-being is more than just the absence of disease. It includes:

- Being satisfied with life
- Not being overly depressed or anxious
- A feeling of fulfillment
- Being able to function well

Even before COVID-19, 4 in 10 Americans were struggling or suffering with low well-being.



Those with lower well-being are more likely to have a higher risk of cardiovascular disease or other illness.



Opportunities to Engage Employees & Communities



Healthy For Good

Healthy For Good inspires individuals to create lasting change in health and life, one small step at a time.

We focus on four key areas:













Improving Health



Check. Change. *Control.* & Target: BP

Nearly 86 million

Americans have high blood pressure.

500,000 +

People have participated in Check. Change. *Control.* program to lower their blood pressure



Check. Change. *Control.*Cholesterol

40% of Americans have high cholesterol.

Our goal is to move

9 million

Americans to healthier cholesterol levels by 2020.



Heart-Check Mark

More than 900 products carry the Heart-Check mark





Know Diabetes By Heart

We're working alongside the American Diabetes Association and others to combat the growing threats from diabetes and cardiovascular diseases.

30 million American adults

have diabetes, including 7.2 million who are undiagnosed.

Cardiovascular disease is the

leading cause of death

For people living with type 2 diabetes.





Together to End Stroke

Every

40 seconds someone has a stroke.

We Prevent Stroke: by empowering Americans to live healthier lives.

We Treat Stroke: by empowering Americans to live healthier lives and protect their brains.

We Beat Stroke: by enhancing support for survivors, loved ones and caregivers.



You're the Cure - Advocacy

Through our advocacy efforts:

3.8 million

babies are screened for congenital heart defects.

210 million

Americans live in smoke-free communities.

2.5 million

students are trained in CPR every year.





What can employers do?



Why Workplace Wellbeing?

155 million working age adults in the U.S.

7.6 average hours spent at work, 2nd only to sleeping

Working age adults account for 67% of cost of treating chronic conditions

The workplace is an ideal setting to engage adults in health and wellbeing promotion.



AHA's CEO Roundtable

Leadership Learning Collaborative: 45 of nation's largest employers with >11m reach

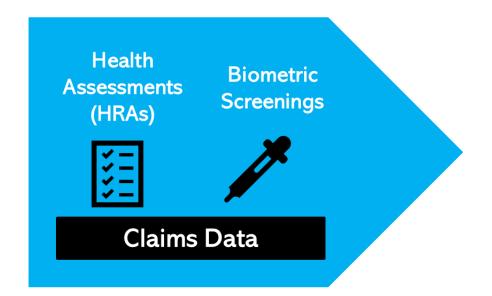




Traditional Wellness Programs

Wellbeing Support

Risk Identification





There has been a shift from "wellness" (physical and mental health) to holistic "wellbeing" (addressing the broader context)



Comprehensive Design

Percent of companies that have comprehensive wellbeing programs: Rose from 6.9% in 2004 to 17.1% in 2017.

Supportive Environments Health Education Social and environmental Skill development and lifestyle policies promoting healthy behavior change along with behaviors awareness building Wellness **Screenings** Linkages **Program Integration** Links between health Integrating wellness into benefits, HR, and safety promotion and related programs like EAP initiatives



Life's Simple 7[®] Journey to Health™

Workplace Health

We work with thousands of employers to help them improve the health of their workplace and their workforce.

An integrated solution with one-stop shopping:

- ✓ A simple way for employers to target and implement best-practice strategies for improved health.
- ✓ Easy-to-use online aggregate data reporting to see the health of your workforce.
- ✓ Seamless data flow from health screenings to health assessments to the Workplace Health Achievement Index.
- ✓ Opportunity for national recognition from the American Heart Association.





Workplace Health Achievement Index

Structure & Process

- 1. Leadership
- 2. Organizational Policies & Environment
- 3. Communications
- 4. Programs
- 5. Engagement
- 6. Community Partnerships
- 7. Reporting Outcomes

Performance

- Life's Simple 7®
 - My Life Check®
 - AHA Health Screening Services
 w/ My Life Check Enhance
 - Aggregate Data Upload

"Workplace culture of health"

Do we have a healthy workplace?

Do we have a healthy workforce?



Organization self-assessment: how healthu is mu workplace?

55 questions that are grouped into 7 best-practice categories.

- Leadership
- Policies and Environment
- Communications
- Programs
- Engagement
- Partnerships
- Evaluation & Reporting Outcomes



Organization and Demographic Information

- Organization Information (Required)
 includes name, address, type, industry, size
- Workforce Demographic Info (Optional) includes aggregate employee characteristics, such as gender, age, ethnicity, job type, work status, annual income, education level, languages spoken, turnover rate



Performance measures; how healthy is my workforce?

Aggregate employee health data based on Life's Simple 7 metrics is used to assess:

- Completion: How many of my employees know their numbers?
- Heart Health Score: How healthy is my workforce?
- Relative improvement: Has the health of my workforce improved over time?

Methods to submit Life's Simple 7 data:

- My Life Check (free)
- My Life Check Enhance
- Health Screening Services
- Aggregate data report



Case Study



Business:

Insurance

• **Founded**: 1956



- The Starr Group offers a comprehensive approach to supporting the health of its employees with resources, regular health events and ongoing opportunities for employees that include:
- Annual biometric testing and health risk assessments: These results determine aggregate areas of risk, which informs wellness programming.
- Health coach review and ongoing health coaching: Anyone who scores below "Good" on the annual biometric testing, or who is considered to be at a pre-disease state, is required to have individual health coaching to be eligible for a reduced medical premium.
- Lunch and Learns and challenges: Approximately 15 to 18 Lunch and Learns and six to eight challenges each year focus on providing tools and education to help minimize the primary areas of risk for the group, which include sedentary lifestyle, BMI, high cholesterol, hypertension, diabetes, breast cancer, accidents and injuries.
- Lunch and Learn topic examples include:
 - Eat Right for Life
 - Preventable Diseases
 - Diabetes Prevention
 - Stroke Awareness
 - Healthy Cooking Demo
 - Dance Your Way to a Healthy Heart
 - Meditation Techniques
 - CPR

- Challenge examples include:
 - American Heart Association's Check. Change. Control.®
 - Healthy Cooking Challenge
 - 12 Week Step Equivalent Challenge
 - Rest and Restore
 - Gratitude Challenge





New Approach: Shared Value

Creating Shared Value = Competitive Advantage Through Social Impact





BEYOND THE FOUR WALLS:

Why Community Is Critical to Workforce Health



The Role of a Trusted Convener in Building Corporate Engagement in Community Health Initiatives

by Nico P. Pronk, Ph.D., FACSM, FAWHP

"Change moves at the speed of trust."

—Gary Gunderson

NTRODUCTION

Improving the health of large populations is increasingly being recognized as a shared responsibility. No single entity, organization, or sector in the community has complete ownership, accountability, or capacity to improve population health and well-being by themselves. Rather, it requires broad stakeholder engagement, multisector participation, and the creation of multiple social forces to generate meaningful progress toward successful outcomes.

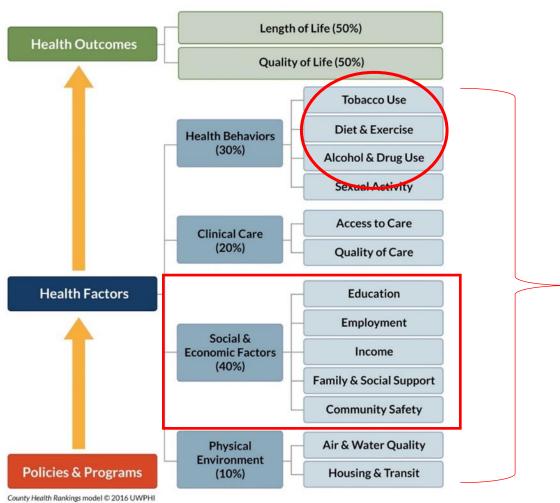
and well-being of their employees and the communities in which their business operates. However, they are less clear about how to affect, influence, or impact on the factors that may be causally related to community's overall well-being. For this to occur in a coordinated and effective manner, companies are recognizing the important role a convener of such efforts plays.

WHAT IS MEANT BY A CONVENER?

A convener, or sometimes referred to as an *integrator*, is a person, company, or entity that commands mutual respect, has established a substantial level of trust, and is able to bring



What Affects Community Health? County Health Rankings Model



Work-related Health & Social Factors



Case Study: Food Insecurity



Business: Manufacturer of organic packaged foods

Founded: 1987

Sales: \$200m annually

Employees: < 1,000

Community: Portland, OR

Community mission:

"We believe that everyone deserves access to delicious, healthy foods"

Social Factor: Poverty and Food Insecurity

Internal Strategy:

- Created community store to provide company products at cost
- Provided all new employees with \$75 food voucher to purchase food

External Strategy:

- Discover that 81% of a local elementary school were too hungry to learn
- Employees volunteer to pack food boxes to provide free meals (100k in 2017)
- Partnered with Oregon Food Bank to provide meals to food insecure families (\$1m in food donated)





Other Examples

Froedtert is latest health care system to target \$15 minimum wage •





Facebook Matches Google's \$1B Housing Donation

Facebook is donating \$1 billion during the coming decade for California affordable housing, on the heels of Google's announcement earlier this year of a \$1 billion housing stipend to help with the affordability crisis.

By Lisa Brown October 24, 2019 at 04:00 AM

Portland

Kaiser Permanente will donate \$5.1 million to help homeless people with disabilities find stable housing in 2020

Updated Jan 20, 2020; Posted Jan 20, 2020



FILE — A homeless tent camp is seen in Portland on September 16, 2015. Kristyna Wentz-Graff/Staff

Advertisement



Determinants vs. Needs

Social Determinants of Health

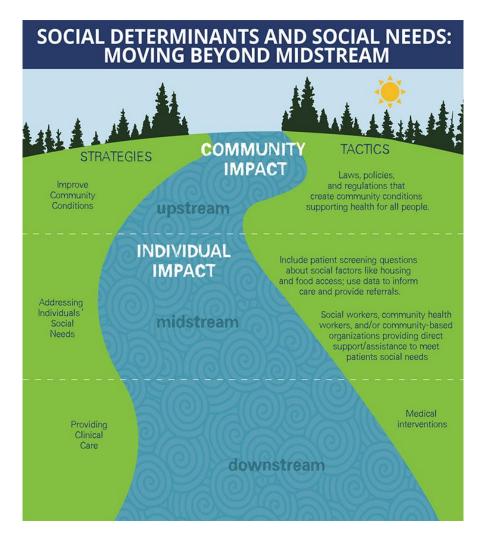
- A wider set of forces, <u>systems and structures</u> that shape the conditions of daily life
- E.G. food *policy*, housing *policy*
- Society-level and community-level

Social Risk Factors

- Adverse <u>social conditions</u> associated with poor health
- E.g. food insecurity, housing instability
- Community-level

Social Needs

- Immediate needs based on poor health
- E.g. Lack of sufficient food, lack of stable housing
- Individual level



Source: Castrucci and Auerbach, Health Affairs, 2019



Employer Programs & Approaches

Root Cause	Worksite Interventions
1. Un(under)employment	Change management / downsizing policies
2. Poor built environment	Complete streets / food financing partnerships
3. Food insecurity	Subsidized healthy foods / Food Bank partnerships
4. Housing insecurity	Community housing initiatives
5. Adverse early life experiences	Stress and resiliency tools
6. Social exclusion	Social support programs (employee resource groups)
7. Poverty / income	Living wage policy / student debt relief programs
8. Poor education	Worksite training / career development programs
9. Discrimination	Diversity and inclusion
10. Gender inequality	Flexi-time for women and men; female leadership and mentoring programs



Employers and Community Health

Community Health - Employer Strategies and Tactics	Percentage
Social events in the community	75%
Mission or business objectives include references to improving community health	45%
Technological improvements and infrastructure development	43%
Health fairs for disease prevention e.g. blood pressure check ups etc.	39%
General education programs e.g. tutoring, college counseling	23%
Early childhood development programs	21%
Assess the impact of your health and well-being programs on community health	21%
Affordable housing development	10%

Sample = 1,017 national companies

Source: Kyle et al. Milbank Quarterly, 2019



Role of Employers

- 1. Promote leadership awareness of social needs and health equity
- 2. Use data to understand employee challenges and design interventions
- 3. Train all employees on health equity
- 4. Listen and learn about employee financial challenges
- 5. Review employee pay schedules based on work location
- 6. Review employee health care benefit offerings
- 7. Help employees become financially literate and self-sufficient
- 8. Promote higher education attainment and additional skill building
- 9. Require more of Employee Assistance Programs
- 10. Measure and evaluate employee health equity annually
- 11. Address social risks through community-based initiatives
- 12. Advocate for social determinants of health policies at local, state and federal level



Key Take Aways:

- The workplace is an ideal setting for health and wellbeing promotion
- Social risk factors create immediate social needs for employees
- Larger social determinants of health impact community health
- Employers have an opportunity to work across levels using different strategies
- Employers can address individual social needs through company policies, programs, and benefits design
- Employers can partner with community organizations to address social risk factors that negatively impact health and productivity
- Employers can use their influence to advocate for local, state, and federal policies to address social determinants of health that can promote community health and well-being



Thank you. Questions?

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Thank you!

www.heart.org