

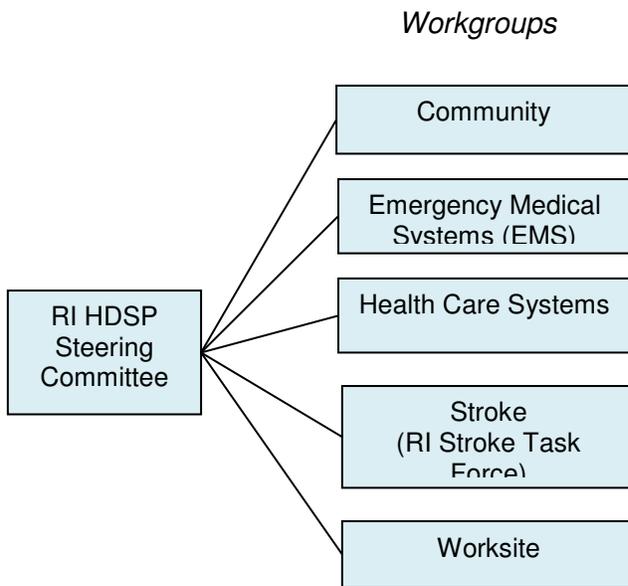


Evaluation of Partnerships in the Rhode Island Heart Disease & Stroke Program

Background

In 2007, the Rhode Island Department of Health (HEALTH) received a five-year grant from the Centers for Disease Control and Prevention (CDC) to create and build capacity in a state heart disease and stroke prevention program (HDSP). One of the programmatic requirements of the grant is to evaluate partnerships. Because the HDSP program relies on its partners to fulfill state plan goals aimed at heart disease and stroke prevention, this evaluation is intended to provide feedback to improve and strengthen partnerships.

The Rhode Island HDSP has built partnerships with key stakeholders in heart disease and stroke to develop the state plan in 2009, and workgroups to implement the plan. Specific responsibilities for each workgroup are listed in Appendix 1.



Major accomplishments of the workgroups prior to mid-2010 included the passage of the Rhode Island Stroke Prevention and Treatment Act in 2009 to designate hospitals as Primary Stroke Centers, as well as creating a stroke protocol and a drafting community resource guide for stroke services. There were also a number of public service announcements to increase awareness of stroke signs and symptoms and the importance of calling 9-1-1, known as the FAST (Face-Arm-Speech-Time) campaign, conducted in conjunction with the Massachusetts HDSP program. Three communities became designated as HeartSafe Communities (Westerly, Warwick, and South Kingstown). Further, HDSP provided a program to certify Cardiovascular Diabetes Outpatient Educators to provide one-to-one, group visits and TEAMWorks group visits for patients with cardiovascular risk

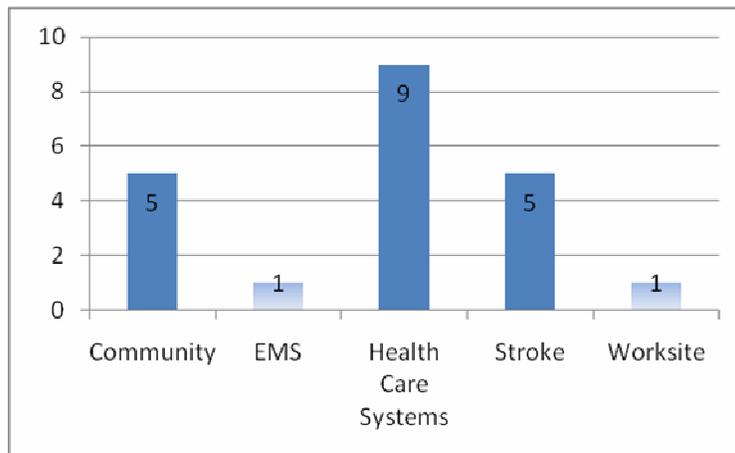
By mid-2010, momentum slowed in the workgroups, and little progress was being made toward state plan goals. In a review of staff needs, the program manager found the current staff too time-constrained to follow up and track the partnerships. Thus, a new coalition manager was hired in October 2010, Michelle Barron, to take specific responsibility over maintaining HDSP partnership relationships and to help facilitate workgroup and other meetings. Also in December 2010, a new evaluator/epidemiologist, Sylvia Kuo, Ph.D. was brought on from Brown University to reassess the situation.

A partnership evaluation survey was drafted in November 2010. From December 2010 to February 2011, Ms. Barron conducted a phone survey with target number of 30 partners (across different workgroups, across different levels of participation). She obtained responses from 20 partners. The survey asked partner perspective on barriers to action on state plan items, priorities for the final grant year, potential barriers to continued participation, and other ideas on how to improve the process (see Appendix 2 for the survey).

Survey results

The survey had a response rate of 67% (20 out of 30). Figure 1 shows the distribution of the respondents by workgroup, noting that the numbers add to 21 since one person participated in two workgroups.

Figure 1. Survey respondents by workgroup (N = 21 person)



Findings

1. Virtually all members were willing to continue to participate in the RI HDSP program, even though they have time constraints and are busy with their regular jobs. Members also felt that the meetings need to have more focus and direction (roles, leadership, goals) to make it worth the effort to find time (see Figure 2).

2. Despite repeated distribution of specific targets from the state plan to each workgroup, goals were not well-articulated. Many issues reported by workgroup members as the most important thing to accomplish before the end of the grant were not the state plan goals pertaining to their specific workgroup.
3. Leadership and structure were very important to energize the workgroup members, who then accomplish goals, which then feed into more momentum. In particular, the stroke group was among the most accomplished having gotten legislation passed to designate local hospitals as Primary Stroke Centers. They were also a legislated group (the Rhode Island Stroke Task Force) which gave them more direction, legitimacy and ownership. Members of the community group also specifically pointed to their chair as being a strong leader.
4. The Health Care System group had the most diffused focus as there was no consensus about priorities. This group also accounts for all who responded that their participation in the workgroup did not benefit their organization (Figure 3). Some felt that they had insufficient participation in order for their organization to benefit. There is interest by members in continuing to participate but roles, direction and goals need to be clarified.

Figure 2. Is there anything that would prevent you from continuing with [committee/workgroup] moving forward? (N = 20)

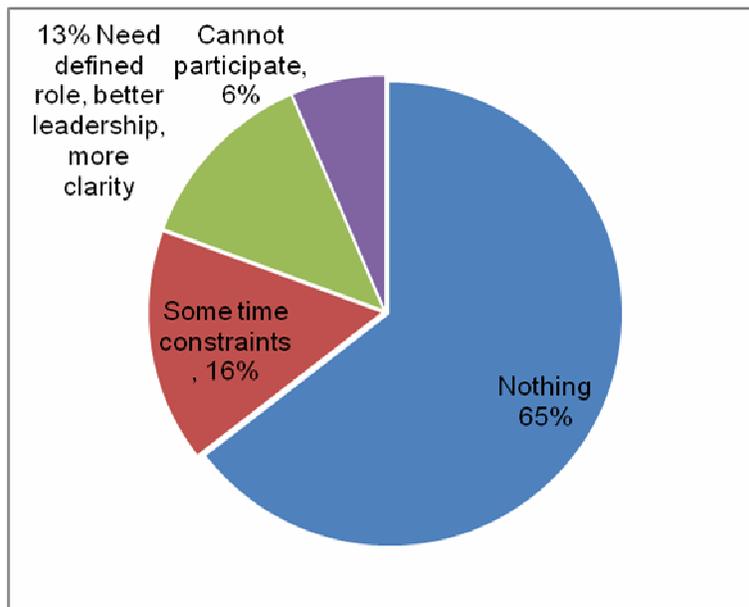
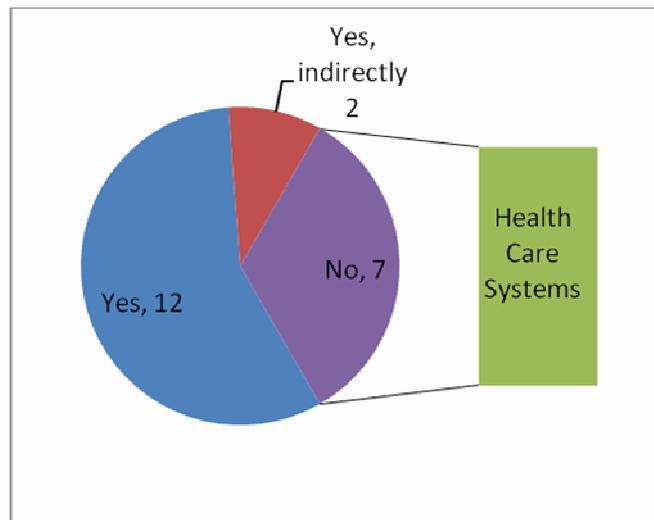


Figure 3. Did participation in your workgroup benefit your organization? (N = 21)



Conclusion and Next steps

The survey results suggested the workgroups need more assistance and support from the HDSP team at HEALTH, particularly when a strong leader does not exist. The workgroups needed to be streamlined, with more focus and clarity of purpose and a few key goals and clear designation of roles for members. Thus, we reviewed the membership of the workgroups relative to getting the state work plan accomplished and consolidated the Worksite and Community workgroups. To help the workgroups focus on a few key goals for the final year, we reviewed workgroup accomplishments relative to state plan goals and highlighted a few areas for workgroup chairs. Additionally, on an ongoing basis, Ms. Barron has been providing more meeting support by making the process more systematic which will help the workgroups stay on target while getting continuous feedback. This support includes: (a) scheduling meetings at regular times or far in advance; (b) creating agendas for each meeting (in conjunction with the chair); and (c) maintaining membership roles. Twice a year, we will also review the status of the workgroups to make sure that they stay on target and to determine if other support is needed.

Appendix 1. Rhode Island state plan responsibilities by workgroup

COMMUNITY WORK GROUP

- Tobacco – Goal 2 (pg 16) 2A+2B [In partnership with HEALTH's Tobacco Control Program www.health.ri.gov/tobacco]
 - Promote strategies as outlined in the *RI Tobacco Control Program Annual Action Plan 2008-2009* and the *2006 Strategic Plan for Eliminating Tobacco-Related Health Disparities in Rhode Island*.
 - Discourage the sale of tobacco products by increasing sales tax.
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 - Continue to raise public awareness about the health hazards of tobacco and promote quitting.
 - Increase funding for state prevention and cessation initiatives, including smoking cessation support services.
 - Identify and promote strategies to decrease disparities among populations at high risk for tobacco use.
- Nutrition – Goal 2 (pg 16) 2C [In partnership with HEALTH's Initiative for a Healthy Weight Program www.health.ri.gov/healthyweight]
 - Support the strategies of *Rhode Island's Plan for Healthy Eating & Active Living 2006-2012*.
 - Increase options for obtaining healthy foods in low-income communities, targeting Warwick, Central Falls and Newport.
 - Promote the development of and increased use of Farmers' Markets in all communities.
 - Increase the number of communities that have community garden programs.
 - Provide training for food service providers at worksites regarding how to determine and post key nutrient information.
- Physical Activity – Goal 2 (pg 17) 2D [In partnership with HEALTH's Initiative for a Healthy Weight Program www.health.ri.gov/healthyweight]
 - Support the strategies to increase physical activity as outlined in *Rhode Island's Plan for Healthy Eating and Active Living 2006-2012*.
 - Educate employers about the positive aspects of offering benefits that reduce the cost of physical activity (e.g., reduced sick time).
 - Educate the public on the importance of weight maintenance and physical activity and their role in heart disease and stroke prevention.
 - Develop and disseminate a worksite physical activity toolkit.
 - Encourage communities to provide free or low-cost opportunities for structured physical activity.
 - Advocate for communities to have land management systems that support physical activity.
- Awareness/Signs and Symptoms – Goal 4 (pg24) 4A – 4B
 - Support a Public Service Announcement (PSA) plan that will focus on increasing awareness of stroke and heart attack signs and symptoms and the importance of calling 9-1-1.
 - Identify appropriate informational materials and develop a production and distribution plan. This plan may include incorporating heart attack

- awareness into the “CPR Anytime Program”, requesting the Red Cross to add heart attack awareness to CPR classes, and making heart attack and stroke educational materials available to senior center.
- Support the implementation of the FAST campaign in Rhode Island by assisting with the dissemination of campaign materials. The work group will also develop a production and distribution plan to identify other appropriate stroke –related information. This plan may include requesting the incorporation of stroke awareness into the “CPR Anytime Program”, requesting that the Red Cross include stroke awareness in its CPR classes, and making FAST wallet cards available at senior centers.
 - Emergency Response – Goal 4 (pg27) 4I
 - Support a HeartSafe Community Pilot Project... Assist with on-going regular check-ups with the pilot communities to assess their needs and progress... The work group will recruit new cities and towns and roll out the program statewide.
 - Cardiac Post-Event – Goal 5 (pg28) 5B
 - Create and disseminate a RI HDSP Community Resource Guide. The work group will review similar existing products; identify partner organizations who should be involved in the project; adopt the priority areas identified in the objective; identify additional content areas that will be included in the guide; identify lead partners to collect information; invite identified partner organizations to share information; and compile collected information into the guide.
 - Stroke Post-Event – Goal 5 (pg30) 5I
 - Create and disseminate a RI HDSP Community Resource Guide. The work group will assess existing products; identify partner organizations; select content areas; collect information; and compile the guide.

EMS WORK GROUP

- Emergency Response – Goal 4 (pg26) 4C – 4F, 4G + 4H [In partnership with HEALTH’s Division of EMS www.health.ri.gov/hsr/professions/ems]
 - Pilot of the Emergency Medical Dispatch (EMD) with the City of Warwick Fire Department. Identify a certified EMD system, approach the RI Interlocal Risk Management Trust as a potential funder, and work with community partners to plan the pilot.
 - Assist in the evaluation of the existing RI E-911 Interpreter Resources to determine the most efficacious way to meet demand for interpreter services. This will include an investigation of whether a call can be transferred to a local/municipal dispatcher while the interpreter is on the phone line. The work group plans to meet with the Executive Director of RI E-911 and/or the appropriate technical support person to discuss the availability of existing interpreter resources. The work group will investigate ways in which first responders could access interpreter services, including exploring modifications to existing contracts.

- Assist in the development of an EMS strategic plan. As a first step, the work group plans to work with HEALTH'S Division of EMS Physician Medical Consultant to review the current status of EMS and create a plan to better align RI with national standards.
- Update the STEMI and Stroke protocols to define the facilities that are most appropriate and reflect hospital by-pass. The work group will work with the Ambulance Service Advisory Board (ASAB) and HEALTH's Division of EMS Physician Medical Consultant to: update the STEMI protocol to reflect hospital by-pass to Percutaneous Coronary Intervention (PCI) Centers, pending approval of the ASAB, update the stroke protocol to reflect hospital by-pass to a designated "primary stroke center"; and support the inclusion of 12 lead Electrocardiograms (ECGs) in ambulances statewide.
- Develop a Phase 1 plan for data tracking to secure funding through the EMS data grant and connect collected EMS data to hospital data.

HEALTH CARE SYSTEMS WORK GROUP

- Hypertension - Goal 3 (pg18) 3A/3A1 – 3B/3B1
 - Provide standards of care for hypertension to Primary Care Physicians (PCPs) in the state, which will include identifying standards of care, drafting a letter to PCPs, identifying a mailing list of PCPs and disseminating the letter to PCPs.
 - Create a high blood pressure social marketing campaign, which will involve the creation of a work group, the identification of messages and development of a communications plan, the identification of resources to support the implementation and evaluation of the campaign.
- Cholesterol – Goal 3 (pg20) 3E/3E1
 - Monitor the data of the RICCC CVD program and the Chronic Care and Obesity social marketing campaign.
- Diabetes – Goal 3 (pg21-23) 3G – 3N
 - Monitor the data of the RICCC Diabetes Program and the Chronic Care and Obesity social marketing campaign.
 - The Health Care System Work Group will collaborate with HEALTH's Heart Disease and Stroke Prevention (HDSP) Program and the Diabetes Prevention and Control Program to train and certify diabetes educators to provide cardiovascular and diabetes education.
- Cardiac Post-Event – Goal 5 (pg28) 5A, 5C – 5F
 - Develop and disseminate a standardized discharge packet to acute-care hospitals statewide.
 - Identify and recruit partners from the local organizations who have expertise in the adherence to scientific guidelines. Together with these partners, the work group will develop a plan for evaluating compliance and performance, including a standardized data platform to track adherence.

- Identify a screening tool that is evidence-based and consistent with JCAHO standards and assist in the plan for dissemination of the tool to hospitals statewide.
- With HEALTH's Heart Disease and Stroke Prevention (HDSP) Program will work closely with their partners in the rehabilitation community to create a plan for adopting statewide mechanisms to ensure that hospitalized cardiac event patients are referred for appropriate post-event care. Steps will include identifying best practices, surveying hospitals to understand current practices, and providing survey results and best practice information to hospitals statewide.
- Rehabilitation – Goal 5 (pg31) 5M
 - With the HDSP Program will work with members of the Stroke Work Group/RI Stroke Task Force and partners in the rehabilitation community who operate in accordance with JCAHO and CARF standards to develop guidance aimed at improving compliance and a plan for disseminating guidance to rehabilitation facilities and evaluating compliance.

STROKE/RI STROKE TASK FORCE

- Emergency Response – Goal 4 (pg26) 4F
 - Identify internal and external resources to assist in the implementation of the Stroke Prevention and Treatment Act of 2009.
- Stroke Post-Event – Goal 5 (pg30) 5G – 5L
 - Support the adaptation of “Get with the Guidelines”, an evidence-based program for in-hospital quality improvement, as well as JCAHO and CDC education measures. The work group also supports an increase from zero to 40% in the number of hospitals that use the statewide discharge packet. The group will work with the RI Stroke Coordinators Network to adopt the education measures as the statewide standard; review hospital discharge packets from around RI; identify additional content areas and materials that should be included in the packet; conduct a baseline survey to determine which hospitals statewide are currently using materials that meet the standards for discharge education; and conduct a bi-annual check to assess progress with the creation and implementation of a standardized discharge packet.
 - Identify appropriate partners in the acute-care hospital community and begin outreach to establish a plan for meeting the objective. The initial focus of the work group's efforts will be to help hospitals reach a consensus on a coordinated method for addressing stroke and then develop oversight capacity and recruit rehabilitation partners.
 - Propose the inclusion of a standardized data platform in the Primary Stroke Center Designation Legislation. The work group will include the adoption of a statewide data platform in the legislation; meet with potential legislative sponsors; identify a champion; and track legislation through the end of the legislative year.

- Identify appropriate partners in the rehabilitation community and begin outreach to establish a plan for meeting the objective (Adopt a standardized rehabilitation screening tool that is consistent with national guidelines for hospitalized stroke patients).
- Identify appropriate partners in hospital and rehabilitation communities and begin outreach to establish a plan for meeting the objective (Adopt statewide mechanisms, such as JCAHO or CARF standards, to ensure hospitalized stroke patients are referred for post-stroke care). The initial focus will be to help hospitals reach a consensus on a coordinated method for addressing stroke and then develop oversight capacity and recruit rehabilitation partners.

WORKSITES WORK GROUP

- General Cholesterol – Goal 3 (pg20) 3D/3D1 + 3F
 - Propose statewide implementation of annual cholesterol screening a worksites. Successful implementation of worksite screening will involve engaging business owners and educating them about the benefits of worksite wellness initiatives. These initiatives will include providing employers and employees with educational materials on heart disease and stroke prevention, including wellness tool kits addressing cholesterol, glucose and blood pressure, and potentially offering on-site screenings. The Worksites Work Group will identify and recruit partners critical to the success of the planned initiative, specifically seeking employers in racially and ethnically-diverse communities and whose employees tend to have less than a high school diploma.
 - Work with HEALTH’s Diabetes Prevention and Control Program to propose a statewide implementation of annual diabetes screening at worksites. Successful implementation of worksite screening will involve engaging business owners and educating them about the benefits of worksite wellness initiatives; providing employers and employees with educational materials on heart disease and stroke prevention, including wellness tool kits addressing cholesterol, glucose and blood pressure, and potentially offering on-site screenings. The Worksites Work Group will identify and reach out to partners critical to the success of this planned activity.
- Awareness/Signs and Symptoms – Goal 4 (pg24) 4A + 4B
 - Distribute linguistically appropriate educational brochures and posters to RI businesses that describe the five heart attack warning signs and symptoms and the importance of calling 9-1-1. The work group will identify and reach out to partners critical to accomplishing the objective (18% of RI adults aged 18 and older in at-risk groups will know heart attack warning signs and symptoms of heart attack and the importance of calling 9-1-1).
 - Distribute linguistically appropriate educational brochures and posters associated with the FAST campaign to worksites statewide. The work group will identify and reach out to partners critical to accomplishing the

objective (18% of RI adults aged 18 and older in at-risk groups will know heart attack warning signs and symptoms of stroke as described in the FAST campaign, including the importance of calling 9-1-1).

Appendix 2. Partnership evaluation survey

**Rhode Island Heart Disease and Stroke Prevention Program
Partnership Evaluation**

Introduction: Hello my name is Michelle Barron and I am the newly hired part-time Coalition Manager for The Heart Disease and Stroke Prevention Program with the RI Dept. of Health. RI's Heart Disease and Stroke Prevention Program is getting ready to bring its partners together for the next meetings of the Steering Committee and Work Groups. Before that happens I hope to take a few minutes of your time to get your ideas on how we could build a stronger Steering Committee and Work Groups that will guide our Program through the next two years of grant funding. This should only take 5-7 minutes of your time. Can I ask you a few questions now? [If no → set day/time.]

Name of person being interviewed: _____

Date of interview: _____

Approximate time of interview: _____

1. What were your reasons for joining the RI Heart Disease and Stroke Prevention Program Steering Committee / Work Group?
2. What did you see as your role on the Steering Committee / Work Group?

Probe:

2a. Do you have a copy of the RI Heart Disease and Stroke Prevention State Plan? → If yes: ask 2b

2b. Have you had a chance to review the State Plan? → If yes: ask 2c

2c. Do you have any comments/questions about the content of the State Plan?

3. Looking back over the meeting notes for the Steering Committee / Work Group, I see that we completed a lot of planning based on the State Plan. However, there is not a lot of movement forward from planning to putting the State Plan into action. Are there any issues or obstacles that you see in going from planning to action?

4. What do you feel is the most important activity, policy, and legislation that the Steering Committee / Work Group can achieve by the end of our current grant funding in June 2012?

5. Does your involvement on the Heart Disease and Stroke Prevention Steering Committee and/or Work Group benefit the organization you work for?
6. Is there anything that would prevent you from continuing with the Steering Committee / Work Group moving forward?
7. Is there anything you would like to share with me that would help us build a stronger Steering Committee and Work Groups?

Conclusion of Call:

Thank you very much for your time, I look forward to working with you in the near future.