



BUILDING A CULTURE OF HEALTH: THE MISSION & TOOLS OF THE AMERICAN HEART ASSOCIATION

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Sr. Community Impact Director



MISSION

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

2020 Strategic Impact Goal

20% 2020



“By 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.”



CARDIOVASCULAR HEALTH METRICS AND

CATEGORIES

POOR

INTERMEDIATE

IDEAL

Smoking Status

Adults >20 y
Children 12–19 y

Current Smoker
Tried prior 30 days

Former ≤ 12 mos.

Never /quit ≥ 12 mos.
Never smoked a cigarette

Physical Activity

Adults > 20 y

None

1-149 min/wk mod or
1-74 min/wk vig
or 1-149 min/wk mod + vig

150+ min/wk mod or 75+ min/wk vig
or 150+ min/wk mod + vig

Children 12-19 y

None

>0 and <60 min of mod or vig every day

60+ min of mod or vig every day

Healthy Diet

Adults >20 y
Children 5-19 y

0-1 components
0-1 components

2-3 components
2-3 components

4-5 components
4-5 components

Healthy Weight

Adults > 20 y
Children 2-19 y

≥30 kg/m²
>95th percentile

25-29.9 kg/m²
85th-95th percentile

<25 kg/m²
<85th percentile

Blood Glucose

Adults >20 y
Children 12-19 y

126 mg/dL or more
126 mg/dL or more

100-125 mg/dL or treated to goal
100-125 mg/dL

Less than 100 mg/dL
Less than 100 mg/dL

Cholesterol

Adults >20 y
Children 6-19 y

≥240 mg/dL
≥200 mg/dL

200-239 mg/dL or treated to goal
170-199 mg/dL

<200 mg/dL
<170 mg/dL

Blood Pressure

Adults >20 y
Children 8-19 y

SBP ≥140 or DBP ≥90
mm Hg
>95th percentile

SBP120-139 or DBP 80-89 mm Hg or treated to
goal
90th-95th percentile or SBP ≥120 or DBP ≥80

<120/<80 mm Hg
<90th percentile

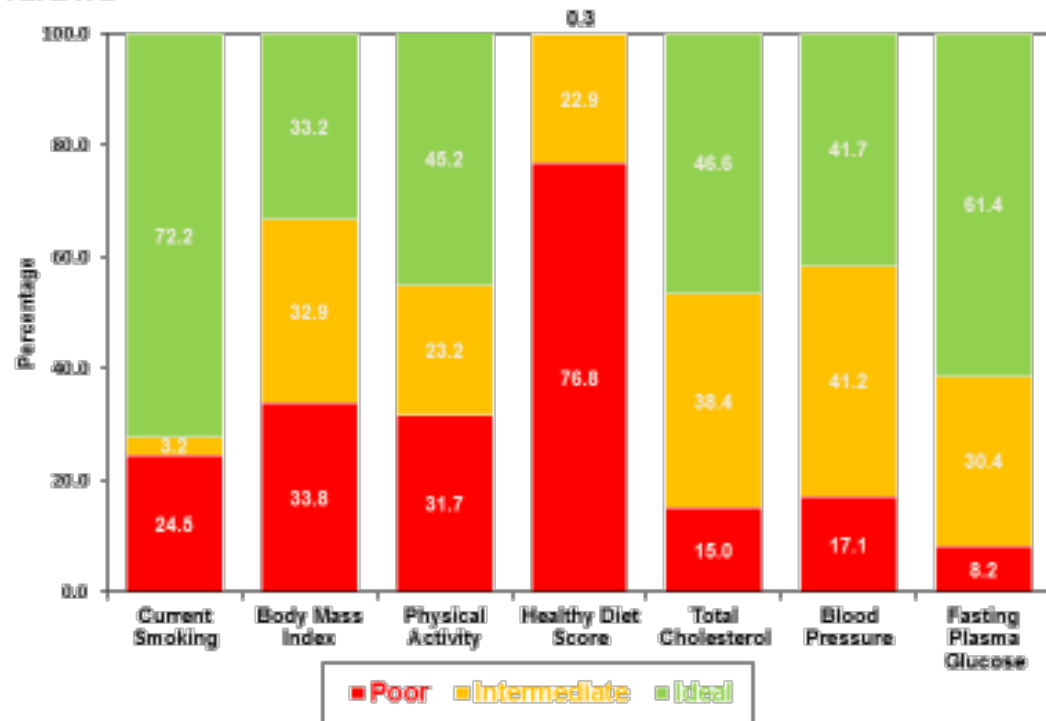
Desired: ↓

% of people in poor categories ↑

mm Hg

% of people in ideal categories

Challenge: Prevalence for CV Health Factors in U.S. Adults



Top 10 Risk Factors for Health Loss in 2010

1. Dietary risks **678,282**
2. Smoking **465,651**
3. High blood pressure **442,656**
4. High body mass index **363,991**
5. Physical inactivity **234,022**
6. High blood sugar **213,669**
7. High total cholesterol **158,431**

Estimated change to date in
cardiovascular health is 3.95%

**All data are now available to estimate current
progress towards improving
cardiovascular health**

NHANES 2013-2014 dietary data were released
in late May 2017



American
Heart
Association.

Favorable PROPORTIONAL Changes:

- Total Cholesterol – Adults (11.5%)
- Blood Pressure – Adults (6.8%) and Youth (9.5%)
- Smoking – Adults (5.2%) and Youth (7.1%)
- Physical Activity – Adults (3.7%)

Unfavorable PROPORTIONAL CHANGES:

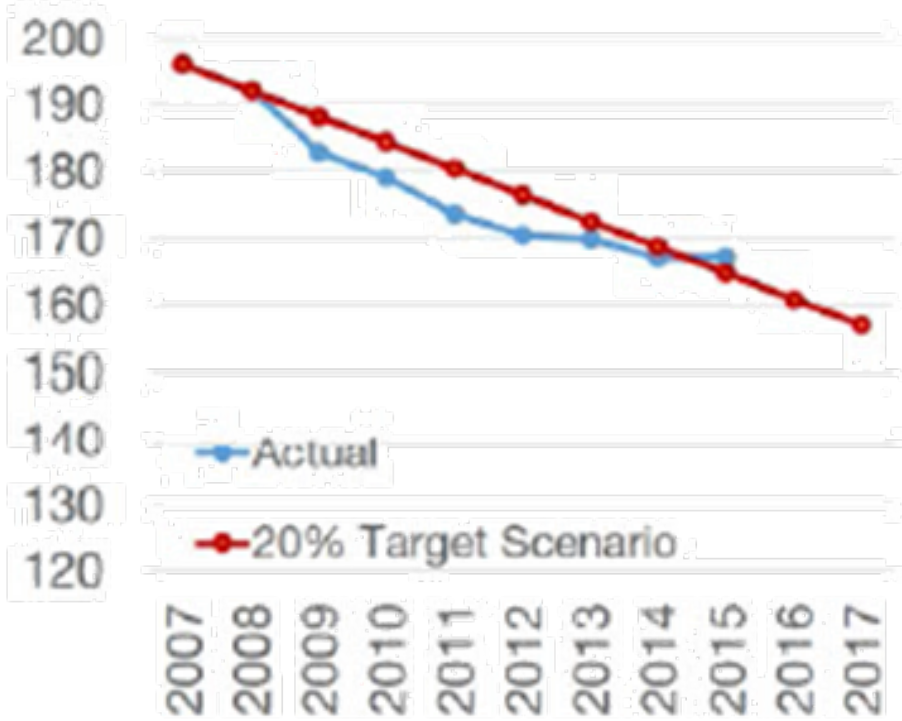
- Healthy Diet – Adults (-12.0%)
- BMI (Obesity) – Adults (-7.6%) and Youth (-2.2%)
- Physical Activity – Youth (-1.4%)
- Total Cholesterol – Youth (-1.0%)

Note*: % change is weighted averages of proportional changes in poor and ideal prevalence for each component



Heart Disease

Age-adjusted deaths per 100K



Stroke

Age-adjusted deaths per 100K



Source: NVSS 2007-2015. 1



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Heart
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In the last decade, healthcare insurance premiums have **drastically risen** for both large & small businesses.

Small Business Increase



63% Increase **\$15,849 per employee**

Large Business Increase



72% Increase **\$17,265 per employee**



The cost of high blood pressure

High blood pressure raises an employee's healthcare costs by nearly **one third**.



Hypertension-related absenteeism costs employers **\$10.3 billion per year**.



The cost of stroke

Stroke is America's **No. 1** debilitating disease. Stroke costs all payers **\$6,492 a person per year**.



Stroke leads to an average of **20 lost workdays per year** per patient.



The cost of obesity

Obesity raises an employee's healthcare costs by **27 percent**.



Obesity-related absenteeism costs employers **\$11.2 billion per year**.



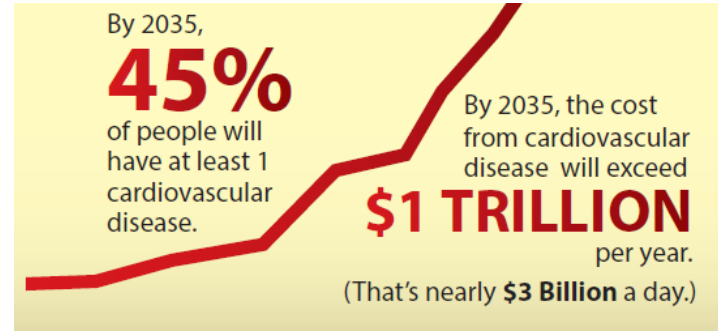
The cost of cardiovascular diseases

Employees with a cardiovascular disease

- Lost **56 hours** more per year in productivity
- Cost **\$1,119 more** per year in insurance
- Congestive Heart Failure costs all payers **\$8,332 a person per year**.



Heart disease leads to an average of **13 lost workdays** per year per patient.



The cost of physical inactivity



Physical inactivity costs U.S. employers **\$9.1 billion per year**.

Continuous Quality Improvement for Workplace Health



American Heart Association®

Workplace Health Solutions™



American
Heart
Association.

"We're having a big meeting
today to kick off our
Employee Wellness Campaign.
Did anyone remember to
bring in soda and doughnuts?"



"We have an excellent employee health plan;
we built our parking garage 2 miles
away from the office!"



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POINT OF ENTRY

Data Insights

Assess



Recognize

Guidance

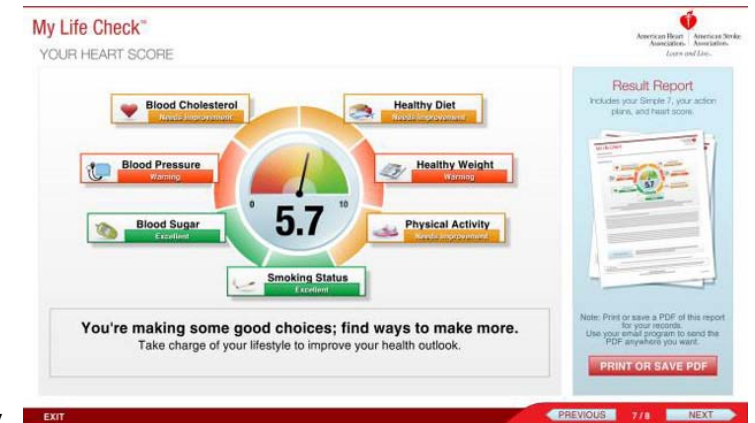
Implement, Improve and Re-assess



- 55 process questions completed online organized around seven best practice categories.
 1. Leadership
 2. Policies and Environment
 3. Communications
 4. Programs
 5. Engagement
 6. Partnerships
 7. Reporting Outcomes

**Yearly Deadline:
March 31st**

- Performance measures based on aggregate Life's Simple 7 data imported from an employer's existing data or by offering AHA's My Life Check health assessment to employees
- Receive a report on total score, score for each best practice category and score for each performance measure
- Admin portal always open. Companies encouraged to reassess and update on a continual basis.
- Index scores captured on March 31st of each year for determining AHA recognitions in mid-summer
 - Opportunity for Gold, Silver and Bronze recognitions



- **Structure & Process**

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

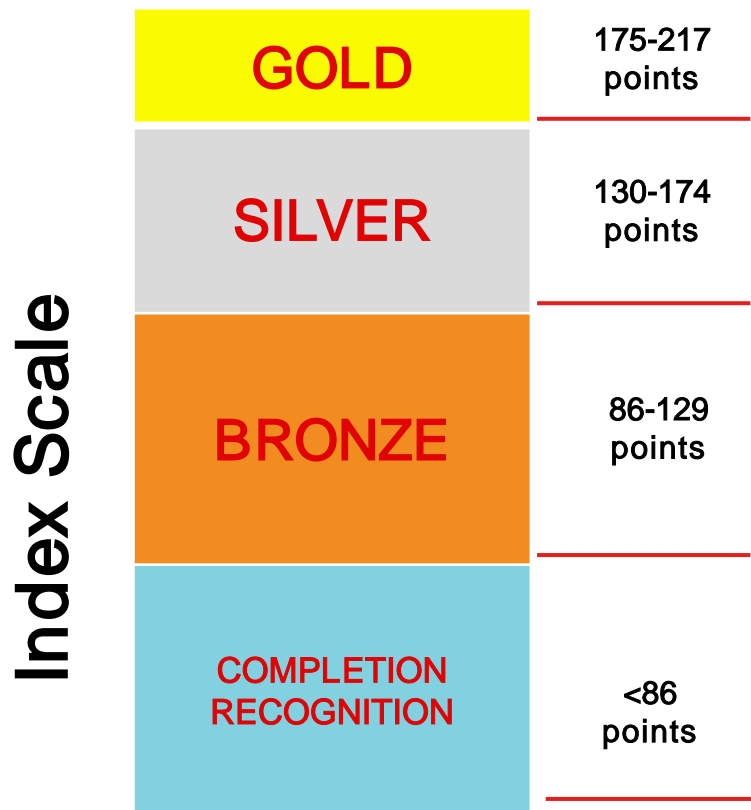
“Workplace culture of health”
Do we have a healthy
workplace?

- **Performance**

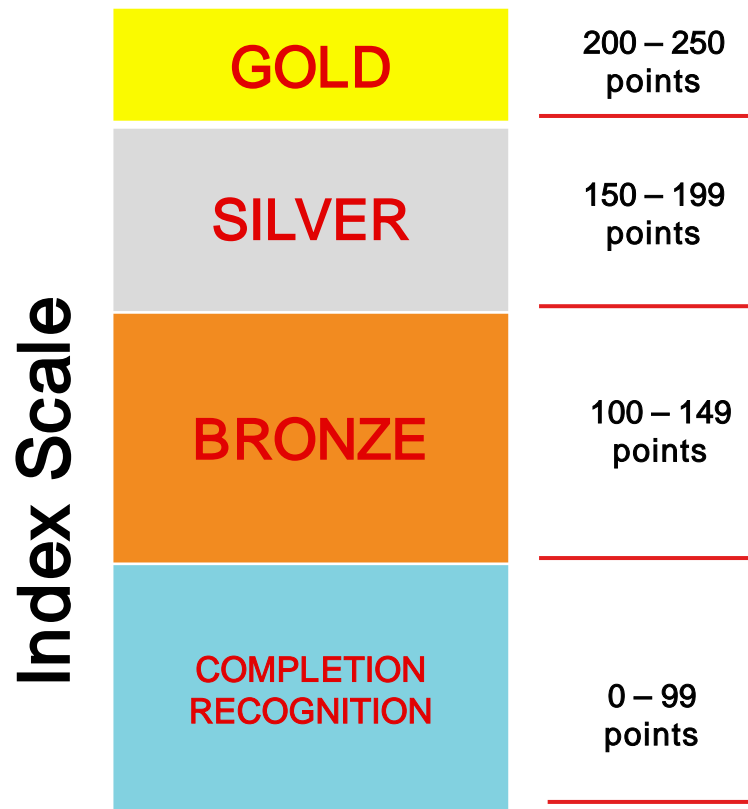
Do we have a healthy
workforce?



Company's First Cycle



Subsequent Cycles



www.heart.org/playbook



Leadership



Policies & Environment



Communications



Programs



Engagement



Partnerships



Evaluation & Reporting Outcomes



Black River Memorial Hospital
CESA #1
Children's Hospital of Wisconsin
Chr. Hansen, Inc.
Froedtert Health
Group Health Cooperative of Eau Claire
School District of Onalaska
The Starr Group
West Bend Mutual Insurance Company
Wolter Group, LLC



Beaver Dam Community Hospitals Inc.
First Business Bank
Goodwill Industries of SE Wisconsin, Inc.
Grunau Company, Inc.
Milwaukee Public Schools
MPC, Inc.
Omni Glass & Paint
SMT



Alliant Energy
Associated Banc-Corp
Core Creative
County of Milwaukee
Halvor Lines
Independent Care Health Plan
MillerCoors, A Molson Coors company
Quest CE
School District of Cudahy
West Allis West Milwaukee School District



A.C.E. Building Service
Cardinal Components
Hays Companies
Northwire, Inc.
Richland Hospital, Inc.
VJS Construction Services, Inc.

Nationwide, 1036 employers completed the process; 75% earned medal recognition.



HEALTH SCREENING SERVICES™

Administered by a Licensed Laboratory Services Provider



Life's Simple 7[®] Journey to Health™

Science Based • Evidence Informed

Take the Integrated Health Assessment
My Life Check[®] Enhance

Select a Health Screening

Onsite
Laboratory

Provider
Pharmacy



Know Your Numbers

Workplace Health Achievement Index

Science-based performance measures
Pre-populated aggregate data reporting



Benefit from Health Actions
Consumer activation and engagement
35 actions to help improve health



Overall Health Improvement



Incentive Management • Data Analytics

HEALTH SCREENING SERVICES™

Administered by a Licensed Laboratory Services Provider



It's never too late to make better health choices.
We know that even simple, small changes can make a big difference in living healthier.

Scheduling Tool

Pricing model: no site minimums and fully bundled pricing
Retail pharmacy voucher program and LabCorp voucher program
Staffing model: always send extra staff (3:1 ratio) and no agencies
Flexible implementation
Transmit results to multiple parties
Types: onsite, PCP, lab, retail Rx, home test kit

My Life Check Enhance Health Assessment

Science-based Life's Simple 7 health assessment tool
Pre-populated lab values from screenings
Health actions provided to Focus and Improve health in needed areas as identified by the assessment

Biometric Screenings

Highly customizable online registration experience
Online HIPAA authorization
Communication engine to drive participation
ADA compliant

Interactive Online Reporting

Point & click functionality with interactive map
Cohort analysis (year over year analysis of population health change)
Evaluation of specific wellness programs
Age, gender, and employee classification-specific views
Import historical biometrics, program participation and claims data

Incentive Management

Incentive tracking: participation-based, percent improvement, progress-based, Appeals handling
System flexibility: thresholds, test menu, activity based
Intuitive work flow & incentive scorecard





Check. Change. *Control*.®
**Self-Monitoring Blood
Pressure Control**



American
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The American Heart Association & American College of Cardiology

have updated the guidelines for hypertension control

Notably, the guidelines **eliminate** the **diagnosis of pre-hypertension** and identifies anything greater than 130 or 80 as Stage 1/Elevated hypertension.

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Heart disease and stroke risk is **doubled** at **130/80** compared to BP below 120/80.

100+ million American adults have HBP and approximately **46% are uncontrolled**.

Strong correlation between **HBP** and **Type 2 Diabetes**. These comorbidities impact health outcomes. **HBP increases insulin resistance**.

By **2035**, HBP will cost employers **\$154 billion** in **direct costs** and **\$67 billion** in **indirect costs**.

Hypertension is both a measure of and a catalyst for cardiovascular health.



Top 5 Takeaways from new HBP Guidelines

- 1. Classification of Blood Pressure:** Four new BP categories based on the average of two or more in-office blood pressure readings.
- 2. Prevalence of High Blood Pressure:** Substantially higher prevalence of HTN under the new guideline, 46% of U.S. adults vs 32%, based on JNC 7.
- 3. Treatment of High Blood Pressure:** All patients with blood pressures > normal should utilize nonpharmacological interventions. Use of BP-lowering medications is recommended based on stage of HTN, individual medical history or est. CVD risk $\geq 10\%$ using the ACC/AHA Risk Estimator.
- 4. Blood Pressure Goal for people with High Blood Pressure:** For adults with confirmed hypertension and known CVD, or 10-year ASCVD event risk of 10% or higher, a BP goal of less than 130/80 mm Hg is recommended.
- 5. Use Self-measured Blood Pressure Monitoring (SMBP) to Diagnose, Reassess, and Activate Patients with High Blood Pressure. *Especially when combined with educational tools/resources.***





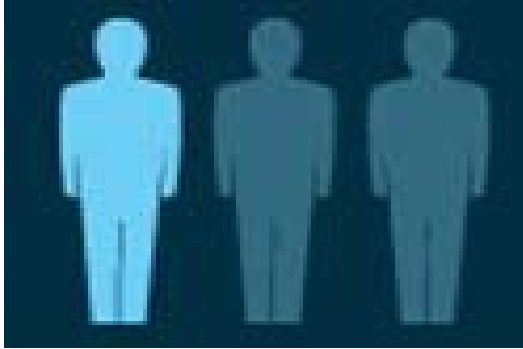
KEY LIFESTYLE OPPORTUNITIES TO LOWER YOUR BLOOD PRESSURE:

- REDUCE WEIGHT** ↓ 5-20 mmHg
- PHYSICAL ACTIVITY** ↓ 4-9 mmHg
- ADOPT D.A.S.H. EATING PLAN** ↓ 8-14 mmHg
- MODERATION OF ALCOHOL CONSUMPTION** ↓ 2-4 mmHg
- LOWER SODIUM INTAKE** ↓ 2-8 mmHg

WHAT DO THESE RESULTS MEAN?



Also, a 5mmHg reduction in systolic blood pressure would increase the prevalence of ideal blood pressure from 44.26% to 65.31%

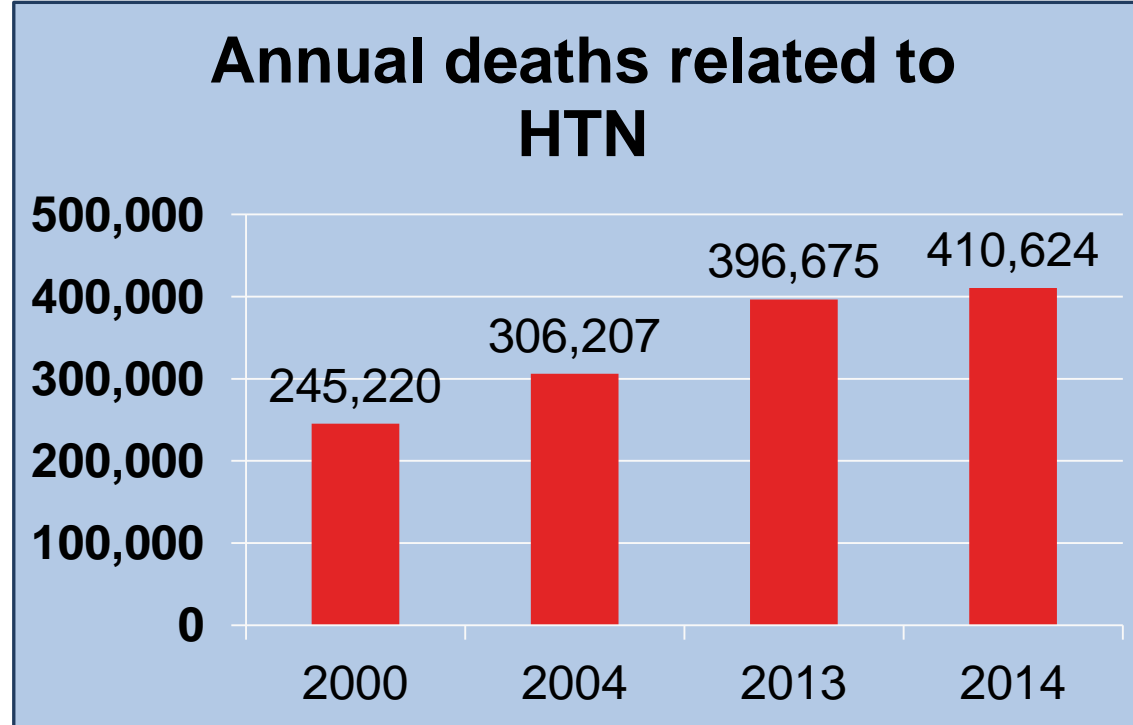


46% are uncontrolled

Most adults with uncontrolled HTN have health insurance and a usual source of care.

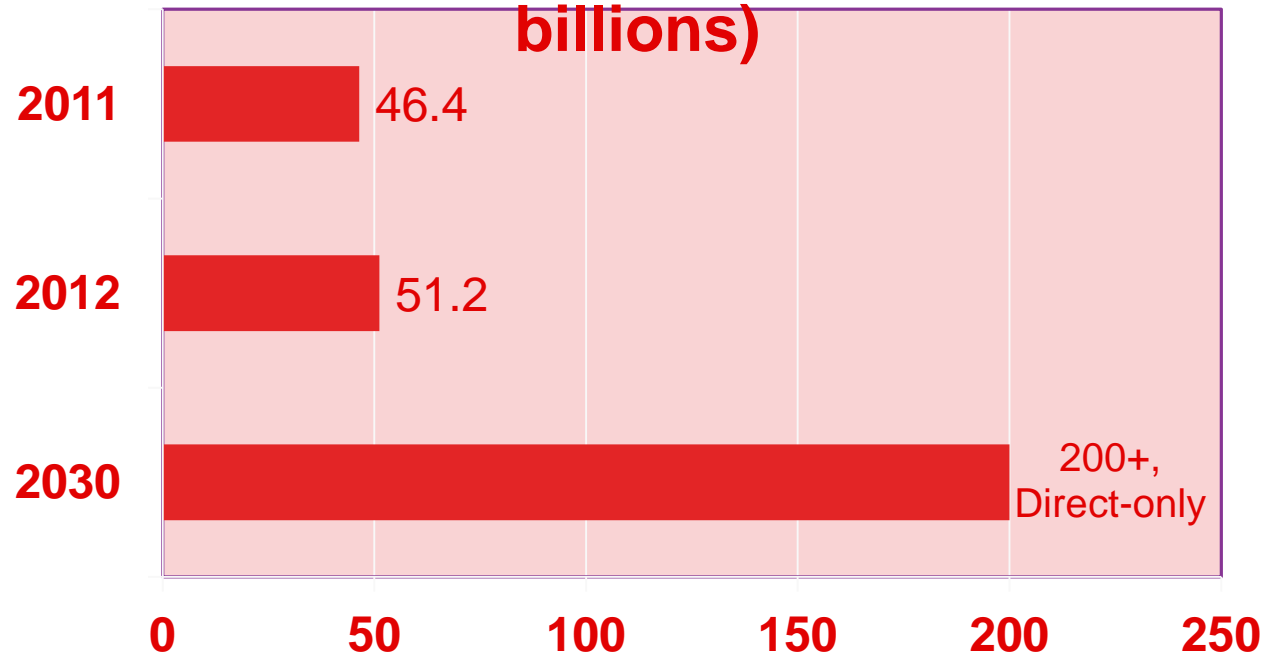
2015 – Prevalence rate 33%

2030 – Prevalence rate 41% (projected)

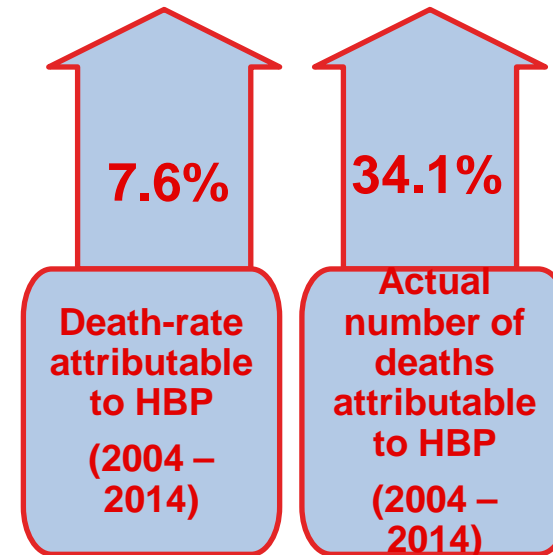


Source: CDC, AHA

Estimated Annual Avg. Direct and Indirect Cost of HBP (In billions)



AHA 2017 Statistical Update



- Evidence based BP management program
- Tracker to empower patients SMBP; encouraging weekly/biweekly readings.
- 4 month education tools around BP control, physical activity, nutrition, stress, etc.
- Focus groups: Corporate and School-site Employees, patients in clinics focusing on HBP control, community sites with opportunity to reach individuals on a continuous basis



- Reduces variability and provides more reliable BP measurement – preventing both “white coat syndrome” and “masked hypertension”
- Provides better assessment of hypertension control
- May improve medication adherence
- Empowers patients to self manage their HTN

...improves BP control



- **Enrollment: 50,364 individuals**
- **Blood Pressure Readings: 163,522**

AVERAGE DROP IN SYSTOLIC & DIASTOLIC BLOOD PRESSURE

Fiscal Year	Average Drop in Systolic BP	Average Drop in Diastolic BP
Aug. '12-June '13 (Heart360 Campaigns)	11.20 mm HG	4.31 mm HG
July '13-June '14 (Heart360 Campaigns)	12.69 mm HG	8.12 mm HG
July '14-June '15 (Heart360 Campaigns)	11.96 mm HG	9.10 mm HG
July '14-June '15 (iHealth sites)	12.82 mm HG	9.47 mm HG
July '15-June '16 (Heart360 Campaigns)	11.99 mm HG	8.67 mm HG

Key Evidence-Based Scientific Principles

Self Monitoring Makes a Difference

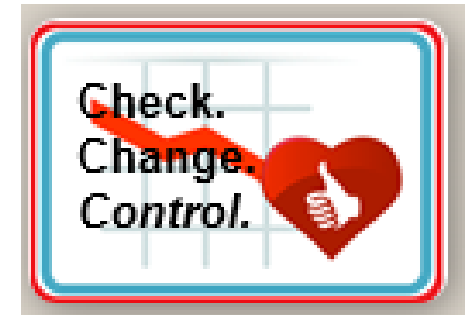
- Proven track record for taking blood pressure readings at home or outside of the healthcare provider office setting.
- Use of digital self-monitoring and communication tool
- Charting & tracking improves self-management skills related to blood pressure management.

Personal Interaction Makes a Difference

- Coaches can motivate and encourage participants.

Multicultural Program Investments Make a Difference

- Hypertension creates a health disparity for African-Americans.



Welcome to the American Heart Association's Check. Change. Control.® Tracker

Check Change Control uses self-monitoring and tracking of blood pressure readings at home to help you achieve and maintain a healthy heart. Sign up today to start managing your heart health!

To begin taking positive steps towards blood pressure control, sign up for the Check. Change. **Control.**® Tracker at www.heart.org/ccc

Register using Campaign Code: **XXXXXX**



- Dashboard
- Blood Pressure
- Search Volunteers And Providers
- My Volunteers And Providers
- Messages
- Alerts
- My Profile
- Reminders
- Reminders
- Help
- Logout



CREATE A NEW PARTICIPANT ACCOUNT [← GO BACK](#)

UserName
JaymeAnn
Numbers and letters are allowed.

Email
jayme.keithley@heart.org

Password

6 character minimum.

Confirm Password

6 character minimum.

Full Name
Jayme Keithley

Birth Year
1970

Gender
Female

Country C...
+1

Mobile Number
7703801718

Ethnicity
White

Enter Zip Code
75225

State
Texas

City
Dallas

Enter Campaign Code
AHA88

By checking this box I acknowledge that I have reviewed and I agree to the terms and conditions outlined in the [subscription agreement](#), [terms of service](#), and [privacy policy](#).

Register

Signing up as a participant is simple: enter a UserName, email address, password, mobile number and campaign code. Check the box to agree to terms and conditions, click Register and account is created.



American Heart Association American Stroke Association Check, Change, Control.™

- Dashboard
- Blood Pressure
- Search Volunteers And Providers
- My Volunteers And Providers
- Messages
- Alerts
- My Profile**
- Reminders
- Resources
- Help
- Signout

Full Name: Velvet Heart UserName: VelvetH

Email: VelvetHeart@hotmail.com Birth Year: 1970

Gender: Female Country Code: +1 Mobile Number: Ex. (202 555 0137)

Ethnicity: White Zipcode: 75206

City: Dallas State: Texas

Update Profile

Communication settings and preferences: Emails and Texts (SMS)

STEP - 1 STEP - 2 STEP - 3

Enter your mobile phone number for text (SMS) features including, alerts, communications, and add BP readings.

Country Code: +1 Mobile Number: Ex. (202 555 0137)

PROCEED



SET UP REMINDERS

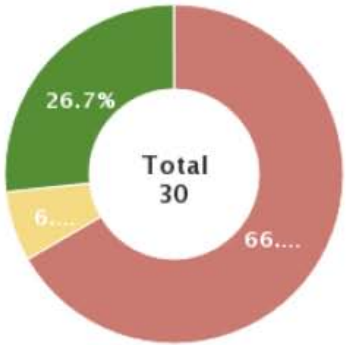
You can set up reminders through Check Change Control (CCC) Tracker alerts, emails, and texts (SMS) on the day/times you choose. Once you have activated your mobile number, you can add your BP readings to CCC Tracker by sending a text (sms) with the following format: bp systolic diastolic. Example: bp 120 80

FUNCTIONALITY	ENABLED	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
In-Platform Alerts	Yes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails	Yes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text (SMS)	Yes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4:30 PM

SUBMIT **CLEAR ALL**

Participants can set up Text (SMS), email or in-platform reminders here from the Reminders section

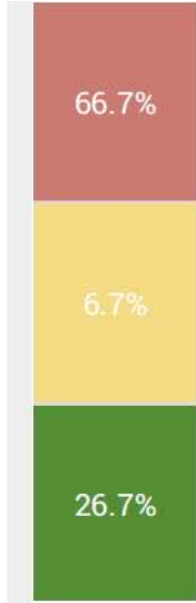
Blood Pressure



● Hypertension
● Elevated ● Normal



TOTAL NUMBER OF PARTICIPANTS
30



HYPER TENSION
20

Participants with a first BP reading that have a systolic reading ≥ 130.0 mmHg AND/OR a diastolic reading ≥ 80.0 mmHg

ELEVATED
2

Participants with a first BP reading that have a systolic reading between $120.0 - 129.0$ mmHg AND a diastolic reading of less than 80.0 mmHg

NORMAL
8

Participants with a first reading that have a systolic reading < 120.0 mmHg AND a diastolic reading < 80.0 mmHg

SYSTOLIC			DIASTOLIC		
12	-14.2 mmHg	-10.5 mmHg	18	-8.9 mmHg	-7.4 mmHg
# of Participants with at least 2 readings 7 days apart who had systolic improvement (decrease in systolic bp) > than or = to 10 mmHg	Average decrease in Systolic blood pressure for users who had had decrease in systolic bp with at least 2 readings 7 days apart	Average change in systolic blood pressure for users with at least 2 readings 7 days apart	# of Participants with at least 2 readings 7 days apart who had diastolic improvement (decrease in diastolic bp) > than or = to 4 mmHg	Average decrease in Diastolic blood pressure for users who had had decrease in diastolic bp with at least 2 readings 7 days apart	Average change in diastolic blood pressure for users with at least 2 readings 7 days apart

DROP IN SYSTOLIC blood pressure

5 mmHg

9% REDUCTION IN heart disease mortality

14% REDUCTION IN stroke mortality





Check.
Change.
Control.™



HarryHeartful
601333DBAB28

DASHBOARD

5
PARTICIPANTS
[+ INVITE BY EMAIL](#)

10
GROUPS
[+ CREATE GROUP](#)

0
UNREAD MESSAGES
[+ SEND MESSAGE](#)

HYPERTENSIVE CRISIS PARTICIPANTS: **0**

Systolic Greater Than **180** Diastolic Greater Than **110**

HYPERTENSION STAGE 2 PARTICIPANTS: **0**

Systolic Greater Than **160** Diastolic Greater Than **100**

HYPERTENSION STAGE 1 PARTICIPANTS: **1**

Systolic Greater Than **140** Diastolic Greater Than **90**

PRE-HYPERTENSION PARTICIPANTS: **3**

Systolic Greater Than Equal To **120** Diastolic Greater Than Equal To **80**

NORMAL PARTICIPANTS: **1**

Systolic Less Than **120** Diastolic Less Than **80**

COMMUNICATE WITH PARTICIPANTS All

- Hypertensive Crisis
- (Hypertension) stage 2
- (Hypertension) stage 1
- Prehypertension
- Normal

PENDING INVITATIONS



Check.Change.Control.®

Toolkit for Implementation

PROMOTION PHASE

Promotion Message 1

- Introducing Check. Change. Control.®
- **Message 1** [Should be sent 2-3 weeks prior to Kickoff]

Introducing Check. Change. Control.®
Message 1

SUBJECT: Exciting New Opportunity with the American Heart Association
Dear Employees:

I'm excited to let you know that [Insert: Company Name] is partnering with Heart Association to offer an evidence-based wellness and blood pressure program called Check. Change. Control. ALL staff members are encouraged regardless of whether they have high blood pressure or not! This education focuses on simple changes you can make to improve your overall health a tuned for more information in the coming weeks about how you can sign u

Call to Action: In the meantime, follow this [link](#) to get your heart health sco takes less than 5 minutes and gives you your personal heart health score 10 with 10 being "ideal heart health." Don't worry if you don't get a 10, th offers suggestions on how to improve your score!

Sincerely,
[Name, Title]



Healthy Living™

Date: _____

Food Diary

Time / Meal	Food / Beverage (type and amount)	Calories	Notes
Breakfast	bananas	100	
	black coffee (no sugar)	5	
	cereal and skim milk (1/2 cup)	180	
Snack	muffin	440	grabbed on the way to work
Lunch	tuna sandwich	300	w/ low-fat mayo on wheat bread
	broccoli (1 cup)	30	leftovers from dinner
	soda	155	
Snack	corn chips	320	got hungry, had a big bag
Dinner	chicken breast	280	no skin or sauce
	green salad (1 cup)	35	romaine
	salad dressing	150	ranch
Snack	2 chocolate chip cookies	250	small
TOTAL CALORIES:		2269	

CONSEQUENCES of High Blood Pressure



High blood pressure is often the first domino in a chain or "domino effect" leading to devastating consequences, like:



STROKE
HBP can cause blood vessels in the brain to burst or clog more easily.

VISION LOSS
HBP can strain the vessels in the eyes.

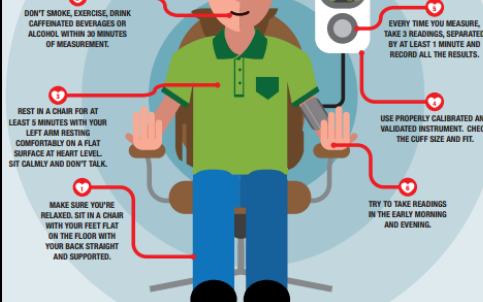


HEART FAILURE
HBP can cause the heart to enlarge and fail to supply blood to the body.

HEART ATTACK
HBP damages arteries that can become blocked.



BLOOD PRESSURE MEASUREMENT INSTRUCTIONS



SEASONS of eating



- Your heart-healthy recipes will taste even better with seasonal produce.
- | | | | |
|--|---|---|--|
| SPRING
Artichokes
Asparagus
Chives
Fava Beans
Green Onions
Leeks
Lettuce
Parsnips
Peas | SUMMER
Berries
Corn
Cucumbers
Eggplant
Figs
Grapes
Green Beans
Melons
Peppers | FALL
Apples
Brussels Sprouts
Dates
Hard Squash (Acorn, Butternut, Spaghatti)
Pears
Pumpkin
Sweet Potatoes | WINTER
Bok Choy
Broccoli
Cauliflower
Celery
Citrus Fruit (Clementines, Grapefruit, Lemons, Limes, Oranges, Tangerines)
Collard Greens |
|--|---|---|--|



American Heart Association.

Check, Change, Control for an Employer/Organization

The American Heart Association provides at no cost:

- ♥ Online Blood Pressure tracker for individuals
 - ♥ Ability to track offline as well
- ♥ Strategic support to ensure maximum effectiveness
- ♥ A structured communication/educational timeline for participants
- ♥ Aggregate summary of host data

Host companies/sites provide:

- ♥ An onsite champion for coordination
- ♥ The physical environment and blood pressure monitors for use
- ♥ (Optionally) Incentives for participating

CCC can be part of a comprehensive wellness program

More than just a 'program,' CCC has the ability to impact change across the pillars of workplace health.

1. **Leadership** – Easy for leaders to model participation. Template communications provided for messaging from leadership.
2. **Policies and Environment** – Positioning monitors at work eliminates barriers/creates a healthy environment. It can also be supported by healthy food policies.
3. **Communications** – Supports communication through a variety of channels, platforms, and methods, including, optionally, by health coaches. Also includes some tools for demographic specific messaging.
4. **Partnerships** – Opportunities to partner with local university nursing programs, health care providers, fitness facilities, chefs, etc.
5. **Reporting Outcomes** – Provides data for both individuals and organizations on blood pressure results.



- **Complete set of tools to transform vending, meeting, and “general office” food culture. Includes:**



- **Nutritional standards for the different areas**
- **Checklists for evaluating current status**
- **Communication samples to employees and vendors**
- **Recognition available for implementation**



Recipe Hub. Access 1000s of heart-healthy recipes at <http://recipes.heart.org>. Filters by diets, budget-friendly, type of food, etc.

Toolkits of resources/communication around:

- Eat Smart Month (November)
- American Heart Month (February)
- Move More Month (April)
- American Stroke Month (May)
- National CPR/AED Week (June)
- NEW! Resiliency in the workplace

EmpoweredToServe. A variety of health messages for diverse audiences including downloadable Lunch & Learns.

Answers By Heart/Infographics. Simple explanations of complex CVD risk factors, warning signs, and more.





Stopping the Pain Without Pills:

Reducing Opioid Prescriptions for Your Workforce

Wednesday, October 3rd

7:30 am **Networking/Breakfast**

8:00 - 9:00am **Presentation/Discussion**

Brookfield Sheraton

375 S. Moorland Rd

or connect via **Phone/Skype**

2019 Wisconsin Workplace Health Symposium

February 19, 2019

7:25 to 12:00 pm

**“Building Employee Engagement
with a Culture of Health.”**

Brookfield Sheraton

Cost prior to 1/1/19 - \$35/person

Presented By

BizTimes
MILWAUKEE BUSINESS NEWS

US HealthCenter
Population Health Management



American
Heart
Association.

QUESTIONS?

Tim Nikolai, Sr. Community Impact Director

Tim.Nikolai@heart.org / 414.502.8780



THANK YOU

life is why



we are building a culture of health.

