

Heart Healthy and Stroke Safe: *The Business Case for Cardiovascular Health*



This issue brief summarizes information presented during the fourth in a series of Business Consultations sponsored by the Centers for Disease Control and Prevention (CDC). The National Business Group on Health, the CDC and Pfizer and AstraZeneca pharmaceuticals convened Heart Healthy and Stroke Safe: The Business Case for Cardiovascular Health, a consultation with business and health leaders, on March 19, 2003, in Washington, DC. Statistics and figures that are not annotated with a source were presented by the speakers.

Why Employers Are Committed to Promoting Cardiovascular Health

No other disease is as detrimental to American health and welfare as cardiovascular disease. At any given time, more than 73 million Americans are affected by some

form of cardiovascular disease, which claims 950,000 lives per year at a rate of 33 deaths per second. Heart disease and stroke, the two main components of cardiovascular disease, top the charts in terms of leading causes of death. The Centers for Disease Control and Prevention (CDC) report that heart disease is the nation's leading cause of death, and stroke ranks as number three. When the other components

For many people, cardiovascular disease and can be prevented through lifestyle changes.

of cardiovascular disease are added to the mix, it is clear that this is by far America's greatest health challenge. As the country's number one killer, cardiovascular disease claims more lives than the next five leading causes of death (cancer, chronic lower respiratory diseases, accidents, diabetes, and influenza/ pneumonia) combined. In addition to cutting so many lives short, it is also among the nation's leading causes of disability.

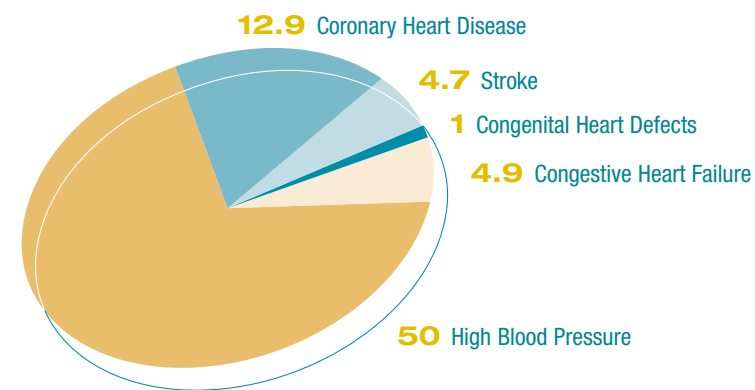
The economic implications of cardiovascular disease are just as grave as the health consequences. Given that 80% of the American population is connected to employer based benefits and services, employers have a vested interest in loosening the grip cardiovascular disease has on the nation's health. In 2003, the CDC estimates that heart disease and stroke will cost the nation \$351 billion: \$142 billion in lost productivity from death and disability and \$209 billion in health care expenditures. The resulting cost to businesses in terms of cardiovascular disease-related disability and hospitalization is tremendous and without more effective prevention and treatment efforts, the problem will only grow. Between 2002 and 2003 alone, the costs associated with cardiovascular disease rose a staggering \$30 billion.

For many people, cardiovascular disease can be prevented through lifestyle changes. Unfortunately, many of those who are at risk are unaware of the risk factors, their own risk status, possible modifications to reduce risk, and effective treatments. Prevention and wellness messages that address these issues have been successful in the workplace because employers are in a unique position to provide information to employees so they can understand how to control their risk factors and access treatments that can improve their cardiovascular health. Addressing this issue through health promotion programs, individual risk assessment, tailored health messages, and incentives to achieve and maintain a healthy lifestyle can significantly improve employee health, dramatically reduce business-related costs and effectively yield higher productivity and profits.

The National Business Group on Health is committed to providing employers with sound and practical information about the substantial benefits of promoting cardiovascular health. This report is one such resource. Here you will find information on the prevalence and health impact of cardiovascular disease, the cost to American businesses, the best practices for designing and negotiating effective benefits and wellness programs, strategies that influence health plans to improve their cardiovascular benefits and examples from several responsible employers who have benefited from offering their employees various cardiovascular benefits and programs. In addition, you will find a list of resources for further reading and information.

The Grip of Cardiovascular Disease on America

This chart illustrates the number of people (in millions) that suffer from different components of cardiovascular disease.



Source: American Heart Association, 2003.

Three Key Strategies for Reducing Cardiovascular Disease

1. Promote the American Heart Association's guidelines for preventing cardiovascular disease:

- Quit smoking
- Maintain healthy blood pressure
- Eat a heart-healthy diet
- Use low-dose aspirin therapy (if at high risk for coronary heart disease)
- Maintain healthy cholesterol levels
- Engage in regular physical activity (30 minutes of moderate-intensity activity most, preferably all, days of the week)
- Maintain an appropriate weight
- Monitor and manage glucose and hemoglobin A1c levels (risk factors for diabetes mellitus)

2. Form partnerships to address any policy or environmental changes that are needed to foster greater utilization of cardiovascular disease prevention and care guidelines:

- Link health care systems with complementary resources in the community, such as community fitness centers when exercise is recommended
- Encourage physicians and other health care providers in a community who work with multiple health care plans to

communicate with each other and their plans to streamline care approaches

- Establish ties between employer health prevention plans and health care providers to ensure that wellness messages are consistent
- Empower employees to raise issues such as individual risk factors with their health care providers if the provider doesn't broach the subject

3. Support efforts on the part of state health organizations and private health plans to promote the following goals:

- Development of a state action plan on cardiovascular health promotion
- Implementation of the American Heart Association's "Get With the Guidelines" effort to prevent further disease in people who have had a cardiovascular event
- Implementation of joint guidelines for quality improvement in heart disease and stroke prevention
- Implementation of a needs assessment on heart disease and stroke prevention with providers
- Creation of a pilot project that incorporates cholesterol screening, risk appraisal, and follow-up counseling

The Grip of Cardiovascular Disease on American Public Health

During the past 30 years, the death rate from cardiovascular disease has declined due in large part to several measurable factors including progress in smoking reduction and other improved health behaviors, new medications and technologically advanced treatments. However, improvements in death rates could be short lived, as the CDC reports that the decline in cardiovascular-related deaths is leveling off. Also troubling is the projected growth in the number of people who will live with the painful and costly effects of the disease. On average, an individual who dies from cardiovascular disease will experience a 10-to-15 year illness marked by declining quality of life and productivity before their death. The American Heart Association warns that the aging of the baby boomer generation, rising rates of obesity and unchecked risk factors among youth could cause the ranks of those with cardiovascular disease to swell if effective interventions are not implemented.

In an effort to curb the global growth in the incidence of cardiovascular disease, the CDC and the international health community announced several important statements in the early 1990s. These statements were intended to inform the public and those who shape public health that: cardiovascular disease is largely preventable; the scientific knowledge to eliminate most cardiovascular disease is widely available; the public health infrastructure for prevention is lacking; and good health can contribute to sustained social and economic development.

More than 10 years later, all of these statements remain true, yet progress in decreasing cardiovascular disease in the U.S. has been slow. Across the country, established guidelines for preventing cardiovascular disease are simply not being followed in practice and community efforts to promote cardiovascular health have been limited. Despite education and awareness efforts focused on high blood pressure, the management and treatment of hypertension remain poor. Similarly, the health care system has not fully implemented guidelines for treating patients who have had a cardiovascular event or those with chronic heart failure. Alone, the public health sector cannot successfully address these and other factors that drive cardiovascular disease. For real results to occur in the reduction of cardiovascular disease, partnerships must be developed among health care providers, insurers, health policy advocates and employers.

The Grip of Cardiovascular Disease on American Business

Addressing cardiovascular disease is a public health responsibility but it is also a strategic business issue. Cardiovascular-related health care costs are responsible for almost 13% of the nation's total health care costs and are steadily rising. For U.S. businesses, the growth in resources devoted to treating cardiovascular disease has had a direct correlation on declines in company profits. Studies demonstrate that the same risk factors that lead to cardiovascular disease account for a major proportion of health care costs, workers' compensation payouts, and sick leave pay. Thus, emphasis on the prevention or modification of risk factors is a sound business decision because these efforts can reduce the burden the disease places on the workforce and thus, the bottom line.

The American Heart Association warns that the ranks of those with cardiovascular disease will swell if effective interventions are not implemented.

It is estimated that 50 million Americans have high blood pressure, a major risk factor for both heart disease and stroke. Of those who are aware of their high blood pressure, 70% do not have it under control, even though there are lifestyle modifications and medications that could help them do so. As a result, heart disease and stroke are common. Almost 13 million Americans have coronary heart disease, the leading cause of premature, permanent disability for members of the U.S. workforce and about 1.1 million new cases occur each year. Furthermore, 1.1 million Americans are currently disabled by limitations caused from stroke and an additional 700,000 people have a stroke each year. While people often perceive stroke as something that afflicts older people, many younger, working people suffer from strokes as well.

How to "Sell" Cardiovascular Wellness in the Workplace

Several companies have reported an initial investment of \$200 per person per year for targeted cardiovascular workplace wellness programs (there is evidence that per person costs may decline after the first year). In an environment where already high health care premiums are rising, some benefits managers may find that company decision makers will need concrete evidence to support any additional investment in cardiovascular disease prevention. The following strategies can help to illustrate the significant ROI that can be realized from cardiovascular programs:

- **Present data from model programs.** The success stories described in this report illustrate how programs work in real settings (see *Success Stories: cardiovascular disease Programs That Work* on p.11).
- **Cite the literature.** Several studies measure direct and indirect costs of cardiovascular disease and give concrete data about cost-to-benefit ratios of preventive programs. If possible, use examples from companies within the same industry (see *Resources* on p.14 for information on cardiovascular wellness studies).
- **Emphasize increased savings.** The cost of prevention efforts is significantly less than the cost of treating disease. In light of rising health care costs, programs

that lead to reduced medical claims, office visits, and hospitalization offer an immediate opportunity to save much-needed resources. Explain that implementing no changes will result in increased health care costs as individuals' risk factors tend to increase with age.

- **Educate decision-makers.** Explain how much of your company's health care costs go to treating cardiovascular disease and its risk factors. Present this data with information about programs that can help minimize or control these risk factors, giving examples of health care cost savings that could be realized if these programs were implemented.
- **Personalize the issue.** Almost everyone knows someone affected by cardiovascular disease. Describe an individual in your company with cardiovascular disease and the specific health care costs, lost productivity, and time away from work he or she incurred as a result. Explain how prevention programs could have reduced those costs.
- **Compare health care costs with net revenue.** Seeing the proportion of profits that go to health care spending underscores the need for strategies that reduce overall health care costs.

Programs that address these key components of cardiovascular disease are the most effective at improving health and reducing costs, yet some companies feel that the high cost of their existing health care plans precludes them from considering additional benefits or wellness programs. However, cardiovascular disease prevention is well worth the investment. A 2002 review examining 42 different peer reviewed studies of the cost-effectiveness of workplace wellness programs found an overall cost-to-benefit ratio of better than 1:5. Nineteen of the studies showed an average 28% reduction in sick leave; 23 showed an average 26% reduction in health care costs; and four showed an average 30% reduction in workers compensation and disability costs.¹ If these savings were applied to the general workforce, it could save employers \$1,685 per employee, per year.

In addition, the CDC evaluated information from nine organizations with workplace health management interventions and found a return on investment ranging from \$1.40 to \$4.90 per dollar spent. The approaches included using a health risk assessment, offering fitness facilities, providing nutrition education, and providing education programs targeted to those at high risk of disease. The CDC is also developing *Heart Check* for national dissemination, a tool for employers to assess how effective their company is at encouraging heart-healthy behavior (for more information, visit www.cdc.gov/cvh/state_program/ny.htm).

Opportunities to cut the costs of providing health benefits have diminished.

Implementing comprehensive cardiovascular disease prevention and wellness programs offers an excellent opportunity to improve employee health and reduce health care costs.

Coke and Verizon: Targeting Programs to Populations

The Coca-Cola Company offers its employees a range of medical services, a health center, and various health promotion programs including cardiovascular disease risk management programs. A survey of 340 employees conducted during a health fair at Coca-Cola headquarters in Atlanta, GA, revealed a number of racial/ethnic, gender and economic disparities relative to cardiovascular disease. Of the findings, Coke noted two of particular concern: 21% of employees did not take part in preventive health services offered or were not sure such services were offered; and use and knowledge of preventive services was lowest among Asian American and Hispanic employees. Further, 37% of employees found their written health plan information difficult to understand. Based on these findings, Coke is pursuing better communication of services to ensure that more employees take part in wellness initiatives and use their health plan benefits efficiently.

At Verizon, health benefits managers tailor programs to specific work sites to ensure that employees' different health needs are met. To guide them, 13 employee resource groups representing diverse populations provide input to the company on addressing population-specific issues, including targeted wellness programs.

Creating Successful Programs

Simply providing health information to employees is not enough to spur the lifestyle changes that are necessary to combat cardiovascular disease. The foundation of a successful cardiovascular benefits and wellness program combines health education with "active recruitment," which starts with a health risk assessment to identify an individual's risk factors.

Depending on a company's resources, benefits or programs can be offered to all employees or only to those with varying degrees of risk. Individuals at highest risk for disease incur the highest costs, so it makes sense to target resources to this group. Those who are healthy but have some risk factors or even moderate risk may be at the tipping point and can benefit from efforts to prevent a course toward developing cardiovascular disease. Even those at low risk can benefit from programs that help them establish and maintain healthy lifestyles so that their risk remains low.

Know Your Numbers

Some of the key health goals for cardiovascular health can be measured by numbers that report an individual's blood pressure, body mass index (BMI), cholesterol and glucose levels. Cardiovascular wellness programs should emphasize the significance of understanding and tracking these numbers to help employees self-monitor their risk and success at reducing risk. Target goals for these key numbers vary according to an individual's risk. Employees and their dependents should be encouraged to discuss their individual risk factors with a health care provider, who will set target goals for blood pressure, BMI, cholesterol and hemoglobin.

Blood Pressure

Normal blood pressure is below 120 systolic and below 80 diastolic.²

Body Mass Index

The BMI categories are: Underweight = less than 18.5; Normal weight = 18.5-24.9; Overweight = 25-29.9; Obesity = BMI of 30 or greater.³

Cholesterol Levels

A high level of low-density lipoprotein (LDL) or "bad" cholesterol (160 mg/dL and above) reflects an increased risk of heart disease. High-density lipoprotein (HDL) is known as "good" cholesterol. A low HDL level (less than 40 mg/dL) indicates a greater risk. A low HDL cholesterol level also may raise stroke risk.⁴ Excess triglycerides are linked to the occurrence of coronary artery disease in some people. The National Cholesterol Education Program guidelines for triglycerides are: Normal = less than 150 mg/dL; Borderline-high = 150 to 199 mg/dL; High = 200 to 499 mg/dL; Very high = 500 mg/dL or higher.⁵

Glucose Levels: Hemoglobin A1c

According to guidelines established by the American Diabetes Association, 7% is the upper limit of normal, and action should be taken if HbA1c is over 8%.

Successful Employer Approaches to Prevention and Wellness

- Use “active recruitment,” in which employees provide their health information and the program provides targeted information to those identified as being at risk. This approach yields a 1:6 cost-to-benefit ratio versus the 1:3 cost-to-benefit ratio realized by traditional, “passive recruitment” methods that simply make wellness information available to all employees.
- Encourage a health risk appraisal whenever health plan re-enrollment occurs and assure participants that their private health information will be kept confidential.
- Link your wellness program with a larger, on-site program when your site or business is too small to support such services on your own.
- Develop an integrated structure to support the program that combines health assessment, counseling, phone support, access to information, and follow up.
- Offer a variety of programs and allow individuals to choose programs on the basis of their own interests and risk factors
- Give employees monetary incentives to comply with prevention and treatment measures.
- Pair participants with mentors who have succeeded in modifying their own cardiovascular risk factors.
- Provide some form of one-on-one counseling.
- Create an environment that supports healthy lifestyles (e.g., offer healthy foods in the cafeteria and snack areas, provide access to exercise equipment).
- Encourage employees’ dependents to participate in programs.
- Reward health care plans for meeting National Committee for Quality Assurance goals (See *Resources* on p.14).

Successful Health Plan Approaches to Prevention and Wellness

- Develop systems that provide physician reminders about cardiovascular disease guidelines and facilitate accurate documentation in charts using standard and automated record systems that provide tailored feedback on patients (e.g., prescription refills).
- Establish multidisciplinary quality care teams of health care providers (not just physicians) that follow guidelines for primary care prevention and comprehensive risk assessment and reduction. This team can provide individual patient care including routine screening, assessment, counseling and follow-up telephone calls for risk factor control.
- Offer patient health education programs to improve self-care combined with quality improvement goals consistent with nationally accepted guidelines. Education should go beyond patient brochures, such that providers work with patients to develop a health plan that is achievable and then follow up with patients through office visits, or more economically, via phone counseling.
- Give feedback to health care providers on their performance that includes comparison with peers at local and national levels.
- Offer screening for depression as a comorbid condition in patients with cardiovascular disease or risk factors.
- Track blood pressure measures, high cholesterol levels, patient’s weight, compliance with interventions as well as other factors through routine assessments.

After risk has been established, the employee or dependant ideally receives individualized feedback. If the employee’s health risk assessment includes screening tests, the employee should be given the results to take with him or her to a visit with a health care provider. In addition to a provider referral, employers could recommend specific lifestyle modifications. In support of a provider’s care, an employer can offer information on risk factors, healthy diet, smoking cessation or starting an exercise regimen.

Additional education and support could be provided through a Web site, e-mail, mailed materials or via automated telephone messages and telephone counseling. Coaching or mentoring by individuals who have already succeeded in making lifestyle changes can also be helpful.

The foundation of a successful benefits and wellness program combines health education with “active recruitment,” which starts with a health risk assessment to identify an individual’s risk factors.

As the workforce ages, cardiovascular wellness programs should adapt to address the needs of older workers. The literature demonstrates that older workers are more likely to take part in wellness programs and are more likely to comply with health advice. Better health in later years, even after

retirement, offers not only improved quality of life for the individual but less burden on the health care system in terms of disability and long-term care.

Employers, employees, and their families benefit most when cardiovascular wellness is approached as an ongoing effort, not a one-time or discrete treatment. The worksite, as part of a community, can be a driving force in promoting cardiovascular wellness. In DeSoto, Missouri, employers, hospitals, and other stakeholders have joined together to promote a culture of wellness. Such community efforts have already been successful in promoting safety. Additionally, 28 states and the District of Columbia have received funding from the CDC to build capacity and further the efforts of state health plans to identify the health risks in their states and those populations at high risk. Employers can increase their ROI from cardiovascular programs by partnering with state health departments and others to move cardiovascular health promotion beyond the workplace and into their communities.

How Businesses Can Influence Quality of Care

The risks of cardiovascular disease can be decreased by lifestyle modifications, medications, and medical technology. Still, national guidelines for prevention have not translated into routine medical practice, and the quality of health care has suffered. As the purchasers of health benefit plans, companies can influence the quality of care by promoting and encouraging efforts by health care plans to implement national cardiovascular guidelines. Purchasers working together are a stronger force for change than individual purchasers. Coalitions of purchasers and health care providers can encourage the development of standards, develop evaluation tools, define goals, and leverage economies of scale.

For example, General Motors uses a rating system to assess the various health care plans it offers its employees. Quality and cost are taken into account, and the employee's contribution is lowered for those plans that provide the best quality for the cost. Thus, employees tend to migrate to the plans that GM has found to offer the best quality for the price. As a result, the proportion of money spent on the plans that offer the most value increases (i.e., the health care plan is rewarded for providing good quality).

Measurement tools have been developed to help purchasers and consumers assess health care quality:

- **The National Committee on Quality Assurance (NCQA)** evaluates health care through accreditation, HEDIS[®] measurements, and a comprehensive member satisfaction survey. Almost 90% of all health plans measure their performance using HEDIS[®]. For more information, visit www.ncqa.org/Programs/HEDIS.
- **The Leapfrog Group**, a coalition of more than 135 public and private organizations that provide health care benefits, was created to mobilize employer purchasing power to improve health care safety and to give consumers information to make more informed hospital choices. Leapfrog emphasizes that advances in patient safety and customer value will be recognized and rewarded with preferential use and other market incentives. For more information, visit www.leapfroggroup.org.
- **The National Business Coalition on Health** developed the eValue8 initiative as a tool for measuring quality in a health care plan and rewarding plans for good performance. eValue8 is a coalition of employers, health care plans, and others that is attempting to standardize what purchasers want from their plans: value, accountability, performance improvement, and resources that meet the needs of employees. For more information, visit www.nbch.org/documents/evaluate8brochure.pdf.

- **The Alliance of Community Health Plans (ACHP)** promotes health care quality and health improvement through collaborative learning, innovation, and advocacy. The ACHP originated HEDIS[®] (Health Employer Data Information Set)—the most prominent system of measuring the effectiveness of health care plans. For more information, visit www.achp.org.

To improve cardiovascular care, purchasers can approach health care plans with the results of evaluation (e.g., HEDIS[®] measures, eValue8 scores) and identify areas for change. Additionally, employers can partner with local and state public health departments to develop local data sets and identify meaningful interventions.

Success Stories: Cardiovascular Programs that Work

Union Pacific Railroad

Project Health Track

Through Union Pacific's Project Health Track, employees undergo a voluntary health risk appraisal and are categorized by their number of risk factors for cardiovascular disease. To increase participation in the health risk appraisals, Project Health Track offers employees a menu of wellness interventions and allows them to choose a program that best suits them. Participants receive telephone health counseling immediately and are encouraged to complete the risk appraisal to identify risk factors and areas for health improvement. Those with the most risk factors receive the most intensive interventions, all of which include frequent phone counseling. The program has found phone counseling to be more economical and equally effective as counseling in person. Participants are reappraised every 6 months. Project Health Track has shown significant improvement in the main risk factors for cardiovascular disease and, in its initial years, an overall cost-to-benefit ratio of 1:3.24.

From 1990 to 1998, the annual health care costs per employee dropped from \$11,556 to \$9,729, and Union Pacific estimates it has saved nearly \$40 million in lifestyle-related health benefits. In 1998, the program's designers modeled the costs and benefits of four different scenarios ranging from eliminating the program to a scenario showing a continued, modest 1% reduction in risk per year (as has been seen in all previous years). According to the model, if the current budget were maintained for the next 10 years, Project Health Track would realize a cost-to-benefit ratio of 1:\$4.07. Union Pacific Railroad received a C. Everett Koop National Health Award in 1994, 1997, and 2001.

Northeast Utilities System*WellAware*

Northeast Utilities System, which employs 6,500 people in 60 locations in New England, launched its WellAware prevention program in 1994. WellAware offers incentives to employees who undergo a health risk assessment (includes both blood pressure and cholesterol measurements), participate in health education programs and engage in fitness activities. The program is open to employees' spouses and is offered on-site, through self-study, on the company's Web site and by phone. Both employees and their spouses are eligible for a \$175 award if they complete the program.

After only two years, WellAware reduced medical claims, yielding a savings of \$1.60 per dollar spent on health care. Follow-up health risk assessments taken between 1998 and 2000 found that 30% fewer employees smoked and 28% fewer employees were sedentary. Northeast Utilities estimates that they save \$1.1 million per year in direct and indirect costs as a result of the WellAware program. In 2001, WellAware won a C. Everett Koop National Health Award.

Following the success of WellAware, the company designed a program to target individuals with coronary artery disease (CAD), which in 1996 cost the company \$1,377,000 in claims (average \$5,400 per claim). Employees and their dependents with CAD were offered educational materials, tools for monitoring their health, bimonthly telephone counseling with a health care provider, and a health "coach" who offered encouragement and advice. The program also supported clinicians' use of an electronic medical record that prompted attention to evidence-based guidelines on secondary prevention of heart disease.

In the first year, the program yielded a 72% reduction in all CAD events. Among the participants, emergency room visits declined 25%, admissions to the hospital decreased by 21% and office visits decreased 36%. Among those who were hospitalized, the number of days spent in the hospital decreased 42%. The company calculated a return on investment of \$2.60 per dollar of program cost. Individuals who participated were more likely to see improvements in their blood cholesterol profiles, to exercise, and to use heart and cholesterol medications more regularly. Among comparable individuals who did not take part in the program, the company noted increased health care claims.

Providence Health System (PHS-E)*Wellness Challenge*

PHS-E community hospital implemented its Wellness Challenge in 1991 to improve health and reduce medical costs among its 1,000 employees. Employees were offered a cash incentive for taking part in health education programs and making lifestyle changes necessary to meet eight out of 10 wellness criteria, six of which had cardiovascular implications. If a participant met the required criteria, they received \$250 for achieving goals in the first year and an additional \$25 for maintaining wellness goals in subsequent years, up to \$400.

After 10 years, participants had 31% fewer medical costs. The program, which cost about \$200 per person per year, saved the hospital \$4.95 for every dollar spent, or about \$10 million in overall health care costs.

Health Partners of Minnesota*Health Investment Program*

Health Partners of Minnesota's Health Investment Program targets employees at high risk for disease and those with active disease. Employee incentives include reductions in co-pay amounts and the option to trade unused sick leave for cash. To be eligible for health care coverage, employees must agree to take part in a health assessment. The assessment results are used to categorize employees by degree of risk. All are offered workplace health programs and mental health counseling, but those at high risk (for heart disease in particular) also receive targeted information, such as pharmaceutical options, and telephone support.

More than 25% of employees with existing disease signed up for programs on diabetes or heart disease management during the first phone call. Telephone contact continues periodically for up to 2 years. Since the program's inception, the number of employees hospitalized for congestive heart failure (CHF) decreased by 70% and individuals with CHF had 25% fewer emergency hospital visits. The company saved about \$600 per employee with CHF per month, representing about a 3:1 return on investment. The company also saw a 1% reduction in insurance rates for the year following implementation of the prevention program.

Conclusion

No other disease has greater impact on the health of the workforce and the balance sheet as cardiovascular disease does. A leading cause of disability and the nation's costliest medical condition, cardiovascular disease is a dangerous epidemic that threatens America's health and economy. Prevention efforts offer great hope as a first line of defense against both the health and financial consequences of this disease. No other sector has as much power to influence individuals and create the changes that are needed to win the fight against cardiovascular disease as business does. By developing benefits and programs that combat smoking, high blood pressure, high blood cholesterol, obesity, physical inactivity and stress, employers stand a good chance of helping employees attain cardiovascular health. The rewards benefit everyone. Employees enjoy better health, and employers realize fewer losses in productivity due to disability as well as significant savings in health care costs.

No other sector has as much power to influence individuals and create the changes that are needed to win the fight against cardiovascular disease as business does.

Resources

National Business Group on Health
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202-628-9320
www.wbgh.org

Centers for Disease Control
and Prevention
404-639-3311
www.cdc.gov/health/cardiov.htm

American Heart Association
800-242-8721
www.americanheart.org

National Heart, Lung and Blood Institute
National Institutes of Health
301-592-8573
www.nhlbi.nih.gov

National Institute of
Neurological Disorders and Stroke
National Institutes of Health
800-352-9424
www.ninds.nih.gov

National Stroke Association
800-787-6537
www.stroke.org

National Business Coalition on Health
202-775-9300
www.nbch.org

Alliance of Community Health Plans
202-785-2247
www.achp.org

National Committee on
Quality Assurance
888-275-7585
www.ncqa.org

The Leapfrog Group
202-292-6713
www.leapfroggroup.org

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- 5 American Heart Association. "Triglycerides" Available at: <http://www.americanheart.org/presenter.jhtml?identifier=4778>

Center for
Prevention
and Health
Services

ISSUE Brief

Volume I, Number 4

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About the Center for Prevention and Health Services (CPHS)

The Center houses the Business Group's projects and resources that relate to the delivery of preventive and other health services through employer-sponsored health plans and worksite programs. Through the Center, employers can find practical toolkits to address preventive health and health promotion issues at the worksite. Employers will find current information and recommendations from federal agencies and professional associations, model programs from other employers, and the latest clinical and health services research results. In addition, the Center provides opportunities for employer participation in teleconferences and in-person solutions workshops. Currently, the Center has initiatives in racial and ethnic disparities in health and health care, terrorism and public health emergency preparedness, maternal and child health, preventive services, health services research and quality, health and work performance, benefit design and wellness programs.

For more information, visit www.wbgh.org/programs/cphs/ or contact Ron Finch, Ed.D., Director, at finch@wbgh.org.

About the National Business Group on Health

The National Business Group on Health, formerly the Washington Business Group on Health, is the national voice of large employers dedicated to finding innovative and forward-thinking solutions to the nation's most important health care issues. The Business Group represents its 185 members, primarily Fortune 500 companies and large public sector employers, who provide health coverage for more than 40 million U.S. workers, retirees and their families. The Business Group fosters the development of a quality health care delivery system and treatments based on scientific evidence of effectiveness. The Business Group works with other organizations to promote patient safety and expand the use of technology assessment to ensure access to superior new technology and the elimination of ineffective technology.

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