

Reduce Costs, Prevent Disease, Improve Employee Health

Using Proven Policies and
Programs for Effective
Change

Texas Department of State Health Services – Cardiovascular Health and Wellness Program



From the CDC Toolkit of Successful Business Strategies to Prevent Heart Disease and Stroke

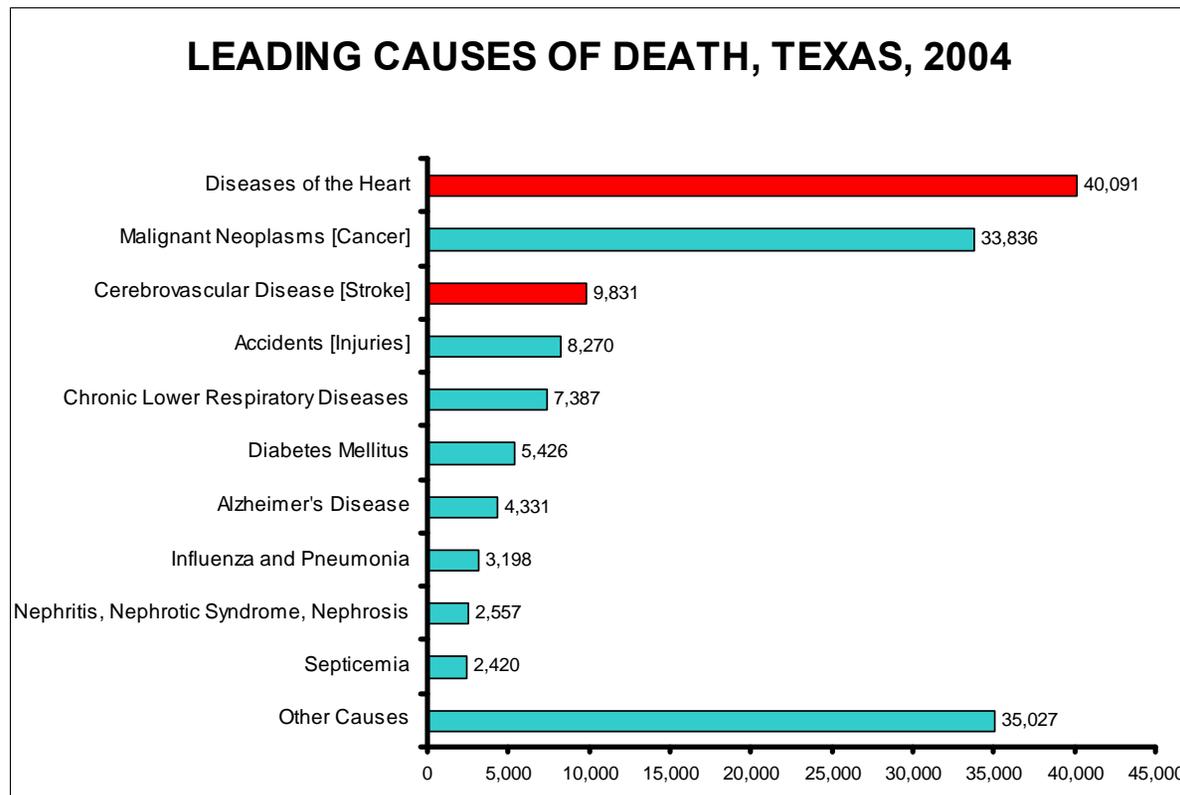
4 of the 10 most expensive health conditions to U.S. employers relate to an employee's heart:

- High blood pressure**
- Heart attacks**
- Diabetes**
- Chest pain**



Goetzel, J Occup Environ Med. 2003; 45(1):5014

Leading Causes of Death Texas-2004



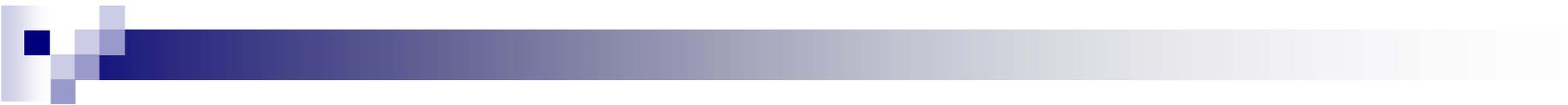
Data Source: Texas Vital Statistical Unit (VSU), Texas Department of State Health Services, 2004



Hospital Charges Per Day – 2005

Texas

- Ischemic Heart Disease - \$11,352
- Ischemic Stroke - \$6,339
- Congestive Heart Failure - \$5,696
- Lung Cancer - \$5,383
- Colorectal Cancer - \$5,280
- Breast Cancer - \$6,903
- Cervical Cancer - \$4,841
- Type 2 Diabetes - \$4,140
- Type 1 Diabetes - \$4,689



Take Home Messages

- **Heart disease and stroke represent major costs to employers, including premature disability. Employees with multiple risk factors, for heart disease and stroke – such as high blood pressure, high cholesterol, and smoking – are costly to employers.** *American Heart Association. Heart disease and stroke statistics: 2005 update. Dallas, TX; 2005*

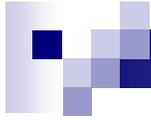
- **Employers can reduce health care costs, improve employee health and the business financial bottom line by using *community evidence-based practices and programs* that have been proven to work in their worksite and health benefit plan!**
 - **A comprehensive worksite program that includes: Sustained individualized risk-reduction counseling and Lower-cost policy and environmental interventionsmay be most effective to support healthy lifestyles and prevent heart disease and stroke**
Pelletier K, Am JOEM, 1997, vol 29(12):1154-1169; Heaney C. Goetzel RA. AJHP, 1997;11:290-307

- **Employers *can* negotiate with their health plan, regardless of size to ensure coverage of *clinical* preventive services, and provision of quality care.**
 - **A 2003 actuarial evaluation of one large U.S. company estimated savings of \$547 for each patient with a prior heart or stroke condition if they controlled their high blood pressure (HBP).**
Leapfrog Group/National Business Coalition on Health Incentives and Rewards Workshop, Washington D.C. May 19, 2005



Five Resources for Use

1. CDC *Successful Business Strategies to Prevent Heart Disease and Stroke Tool Kit, Six Step Guide for Employers.*
2. National Commission on Prevention Priorities. *Preventive Care: A National Profile on Use, Disparities, and Health Benefits.* Partnership for Prevention, August 2007.
3. US Clinical Preventive Services Task Force and the CDC *Purchaser's Guide to Clinical Preventive Services: A Tool to improve Health Care Coverage for Prevention*
4. CEO Roundtable on Cancer *CEO Cancer Gold Standard*
5. *The Guide to Community Preventive Services and the Task Force on Community Preventive Services*



1

Successful Business Strategies

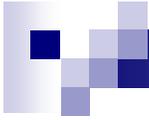
A new six step guide available from the CDC *Successful Business Strategies to Prevent Heart Disease and Stroke* Tool Kit

1. Recognize costs
2. Discover savings
3. Learn from others
4. Improve heart disease, stroke, cancer, diabetes, etc. prevention at the worksite
5. Work with Your health plan
6. Establish partnerships



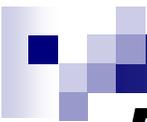
**Reducing The Risk of
Heart Disease and Stroke**
A Six-Step Guide for Employers





2

Partnership for Prevention



Preventive Care: A National Profile on Use, Disparities and Health Benefits

LOW USE OF PREVENTIVE CARE COSTS LIVES

- Utilization rates remain low for preventive services that are very cost effective and have been recommended for years. Increasing the use of just 5 preventive services would save more than 100,000 lives each year in the United States.
- 45,000 additional lives would be saved each year if we increased to 90 percent the portion of adults who take **aspirin daily** to prevent heart disease. Today, fewer than half of American adults take aspirin preventively.
- 42,000 additional lives would be saved each year if we increased to 90 percent the portion of **smokers who are advised by a health professional to quit** and are offered medication or other assistance. Today, only 28 percent of smokers receive such services.
- 14,000 additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older who are **up to date with any recommended screening for colorectal cancer**. Today, fewer than 50 percent of adults are up to date with screening.
- 12,000 additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older **immunized against flu annually**. Today, 37 percent of adults have had an annual flu vaccination.
- 3,700 additional lives would be saved each year if we increased to 90 percent the portion of women age 40 and older who have been **screened for breast cancer in the past 2 years**. Today, 67 percent of women have been screened in the past 2 years.
- 30,000 cases of pelvic inflammatory disease would be prevented annually if we increased to 90 percent the portion of sexually active young women who have been **screened in the past year for chlamydial infection**. Today, 40 percent of young women are being screened annually.

- ***“ This type of care includes immunizations, disease screenings, and counseling services delivered by health care providers—services that produce the greatest health benefits and offer the best cost value based on extensive research to determine the best evidence for what works in prevention.”*** Eduardo Sanchez, MD, MPH, Chair, National Commission on Prevention Priorities

Investing in Health: Evidence-Based Health Promotion Practices for the Workplace



Investing in Health provides employers with guidance for establishing health promotion practices in the workplace. These practices improve employee health by controlling tobacco use, promoting cancer screening and early detection, and encouraging physical activity and healthy eating.

Using evidence-based recommendations from the U.S. Preventive Services Task Force and the Task Force on Community Preventive Services, Partnership's *Investing in Health* "translates" scientific research into easy-to-follow "action steps," to help employers improve the health of their employees.



Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small
Guide for employers outlining strategies that translate **Healthy People 2010 Goals** to the business setting.



Leading by Example: CEOs on the Business Case for Worksite Health Promotion: Leading by Example is a CEO-to-CEO initiative designed to leverage the workplace to improve health by promoting greater involvement in health promotion and disease prevention by featuring real life examples from CEOs and State Governors who view employee health as an investment.

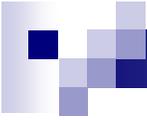
Partnerships for a Healthy Workforce (PHW) helps employers understand how investments in worksite health promotion/disease prevention can benefit both employers and employees-a win-win proposition.

[Join PHW](#) [PHW members](#)

Preventive Services: Helping Employers Expand Coverage Focus groups with employers provide insight into how employers make decisions regarding preventive service coverage.

Coverage for Clinical Preventive Services in Employer-Sponsored Health Plans: Partnership conducted a national survey to determine the extent that employers nationwide cover recommended clinical preventive services. Results have been published in the Jan/Feb 2006 issue of the American Journal of Health Promotion 20(3):214-22.

- Obesity, Activity & Nutrition
- Tobacco Use
- **Worksite Health**



3

USPSTF and CDC Purchaser's Guide



You Are Here: [AHRQ Home](#) > [Clinical Information](#) > [U.S. Preventive Services Task Force \(USPSTF\)](#) > [Guide to Clinical Preventive Services, 2007](#)

Guide to Clinical Preventive Services, 2007

Recommendations of the U.S. Preventive Services Task Force

The *Guide to Clinical Preventive Services* includes U.S. Preventive Services Task Force (USPSTF) recommendations on screening, counseling, and preventive medication topics and includes clinical considerations for each topic. This new pocket guide provides general practitioners, internists, family practitioners, pediatricians, nurses, and nurse practitioners with an authoritative source for making decisions about preventive services.

Select to download print version ([PDF File](#), 1.4 MB). [PDF Help](#).

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[Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing](#)

[Breast Cancer, Chemoprevention](#)

[Breast Cancer, Screening](#)

[Cervical Cancer, Screening](#)

[Colorectal Cancer, Screening](#)

[Lung Cancer Screening](#)

[Oral Cancer, Screening](#)

[Ovarian Cancer, Screening](#)



is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Select for [more information](#) on how the USPSTF arrives at the grades for its recommendations.

Preventive Services Recommended by the USPSTF

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians discuss these preventive services with eligible patients and offer them as a priority. All these services have received an "A" (strongly recommended) or a "B" (recommended) grade from the Task Force.

For definitions of all grades used by the USPSTF, see the inside front cover. The full listings of all USPSTF recommendations for [adults](#) and [children](#) are in Section 2 and Section 3.

Recommendation	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Abdominal Aortic Aneurysm, Screening ¹	X			
Alcohol Misuse Screening and Behavioral Counseling Interventions	X	X	X	
Aspirin for the Primary Prevention of Cardiovascular Events ²	X	X		
Bacteriuria, Screening for Asymptomatic			X	
Breast Cancer, Chemoprevention ³		X		
Breast Cancer, Screening ⁴		X		
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing ⁵		X		
Breastfeeding, Behavioral Interventions to Promote ⁶		X	X	
Cervical Cancer, Screening ⁷		X		
Chlamydial Infection, Screening ⁸		X	X	
Colorectal Cancer, Screening ⁹	X	X		
Dental Caries in Preschool Children, Prevention ¹⁰				X
Depression, Screening ¹¹	X	X		

A Purchaser's Guide to Clinical Preventive Services:

Moving Science into Coverage



A Purchaser's
Guide to
Clinical
Preventive
Services



An Employer's Toolkit

- 1 The Role of Clinical Preventive Services in Disease Prevention and Early Detection
- 2 Summary Plan Description (SPD) Language Statements
- 3 Evidence-Statements
- 4 Prioritization and Implementation
- 5 U.S. Preventive Services Task Force
- 6 Opportunities to Promote Delivery and Use
- 7 Resources &



Purchaser's Guide

Description

- An information source for employers (medical directors, benefit managers), other purchasers of health care (state government), health plan administrators, and healthcare consultants
 - Recommended clinical preventive services and evidence for 46 conditions
Translates evidence-based science into coverage!
 - Guidance on how to prioritize, and implement preventive medical benefits
 - Recommendations for system interventions to improve the delivery and use of preventive services, consistent with CDC Community Guides



Evidence-Based Preventive Services

- **Abdominal Aortic Aneurysm**, *Screening*
- **Alcohol Misuse**, *Screening and counseling*
- **Aspirin Therapy for the Prevention of Cardiovascular Disease**, *Counseling*
- **Breast Cancer**
Screening, counseling, testing, preventive treatment, preventive medication
- **Cervical Cancer**, *Screening*
- **Childhood Health Promotion**
- Child Development, *Screening*
- Dental Caries, *Preventive medication*
- Immunizations
- Lead, Elevated Blood Level, *Screening*
- Newborn Screening for Genetic and Endocrine Disorders, *Screening, medical foods, and treatment*
- Newborn Hearing, *Screening*
- Vision, *Screening*
- **Colorectal Cancer**, *Screening*
- **Contraceptive Use**, *Counseling and preventive intervention*
- **Depression**, *Screening*
- **Diabetes (type 2)**, *Screening*
- **Healthy Diet**, *Counseling*
- **Healthy Pregnancy**
- Alcohol Misuse, *Screening and counseling*
- Asymptomatic Bacteriuria, *Screening*
- Breastfeeding, *Counseling*
- Folic Acid Supplementation, *Counseling and preventive medication*
- Group B Streptococcal Disease (GBS), *Screening and preventive medication*
- Hepatitis B Virus (HBV), *Screening, immunization, and treatment*
- Human Immunodeficiency Virus (HIV), *Screening, counseling, and preventive medication*
- Influenza, *Immunization*
- Preeclampsia, *Screening*
- Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs), *Screening and testing*
- Rh (D) Incompatibility, *Screening and preventive medication*
- Rubella, *Screening*
- Syphilis, *Screening*
- Tetanus, *Immunization*
- Tobacco Use Treatment, *Screening and counseling*
- **Hypertension**, *Screening, counseling, and treatment*
- **Immunizations (Child, Adolescent, Adult)**
- **Lipid Disorders**, *Screening, counseling, and treatment*
- **Motor Vehicle-Related Injury Prevention**, *Counseling*
- **Obesity**, *Screening, counseling, and treatment*
- **Osteoporosis**, *Screening and treatment*
- **Sexually Transmitted Infections (STIs)**
- Counseling to Prevent STIs, *Counseling*
- Chlamydia, *Screening*
- Gonorrhea, *Screening*
- Human Immunodeficiency Virus (HIV), *Screening and counseling*
- Syphilis, *Screening*
- **Tobacco Use Treatment**, *Screening, counseling, and treatment*
- **Tuberculosis**, *Screening*

EVIDENCE-STATEMENT:

HYPERTENSION (Screening, Counseling, and Treatment)

Why This Chapter is Important for Employers: An Overview

- Hypertension (high blood pressure) is the most common primary diagnosis in the United States and is responsible for 35 million office visits each year.¹
- Nearly 1 in 3 U.S. adults has high blood pressure.^{2,3}
- Adults with untreated or poorly controlled hypertension are at increased risk of heart disease and stroke, peripheral artery disease, end-stage renal disease, retinopathy, and aortic aneurysm.³
- The diagnosis and management of hypertension cost \$63.5 billion in 2006, including \$47.5 billion in direct medical expenses and \$16 billion in lost productivity.³
- Hypertension is one of the 10 most expensive health conditions for U.S. employers. Its complications are a major cause of preventable absenteeism, reduced productivity, and disability.⁴
- Screening for hypertension allows clinicians to identify affected patients and begin treatment early.
- Controlling blood pressure with medications is one of the most cost-effective methods of reducing premature cardiovascular morbidity and mortality.^{1,5} A 12 to 13-point reduction in blood pressure can reduce the number of heart attacks by 21%, strokes by 37%, and all deaths from cardiovascular disease by 25%.¹

Clinical Preventive Service Recommendations

U.S. Preventive Services Task Force Recommendation

The U.S. Preventive Services Task Force recommends that clinicians screen all adults aged 18 years and older for hypertension.⁶

Evidence Rating: A (Strongly Recommended/Good Evidence)

The U.S. Preventive Services Task Force found good evidence that (1) screening for high blood pressure can identify adults at increased risk for cardiovascular disease, (2) treating high blood pressure can significantly decrease the prevalence of cardiovascular disease, and (3) the benefits of screening outweigh the harms.⁶

Centers for Disease Control and Prevention (CDC) Guidance

The Centers for Disease Control and Prevention (CDC) supports the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure¹ recommendations for blood pressure screening, prevention, and control (described in the next section).⁷ More information on the CDC's hypertension-related guidance is available online (www.cdc.gov/dhdsp/library/fs_bloodpressure.htm).

Other Recommended Guidance

Like the U.S. Preventive Services Task Force, the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends that clinicians screen all adults aged 18 years and older for hypertension.¹

Table 2: Lifestyle Modifications to Prevent and Manage Hypertension*

Modification	Recommendation	Approximate Systolic Blood Pressure Reduction Range
Weight reduction	Maintain normal body weight (body-mass index of 18.5 to 24.9)	5–20 mm Hg per 10-kg weight loss
Adopt Dietary Approaches to Stop Hypertension eating plan	Consume a diet is rich in fruits, vegetables, and low-fat dairy products, with little saturated and total fat	8–14 mm Hg
Dietary sodium reduction	Reduce dietary sodium intake to no more than 2.4 grams of sodium or 6 grams of sodium chloride. (6 grams of sodium equals about 1 teaspoon of table salt (sodium chloride))	2–8 mm Hg
Physical activity	Engage in regular aerobic physical activity, such as brisk walking, at least 30 minutes per day on most days of the week	4–9 mm Hg
Moderation of alcohol consumption	Limit consumption to no more than two drinks per day (1 ounce or 30 ml ethanol [e.g., 24 ounces of beer, 10 ounces of wine, or 3 ounces of 80-proof whiskey]) for most men and no more than one drink per day for women and lighter-weight persons.	2–4 mm Hg

Strength of Evidence for the Clinical Preventive Service

The levels of evidence supporting the recommendations in this chapter is described below.

Evidence-Based Research:

U.S. Preventive Services Task Force (USPSTF)
Strength of Evidence: A (Strongly Recommended/Good Evidence)

- The USPSTF found good evidence to support the routine screening of all adults, aged 18 and above, for hypertension.⁶



Employer Actions

1. Offer a structured set of clinical preventive service benefits.
2. Inform employees, dependents, and retirees about the availability of preventive benefits and promote consistent and appropriate use.
3. Contract with health plans that use good systems to deliver preventive health care
4. Implement and support community-based and worksite-based preventive interventions that promote healthy lifestyles and disease prevention outside of the clinical setting



4

CEO RoundTable



CEO CANCER GOLD STANDARD™

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- Accreditation
- Accredited Companies
- Resources
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- Gold Standard Inspiration
- News

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In collaboration with:



"We are committed to building a work culture that goes the extra mile to support employees diagnosed with cancer and other illnesses."

Colin Goddard, Ph.D.
Chief Executive Officer, OSI Pharmaceuticals



CEOs	PROGRAM IMPLEMENTORS	EMPLOYEES
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Home

Welcome to the CEO Cancer Gold Standard Web Site

Welcome to the Web site for the *CEO Cancer Gold Standard*, an initiative of the CEO Roundtable on Cancer, Inc. Created by Roundtable Member CEOs, the *CEO Cancer Gold Standard* defines what CEOs and their organizations can do to prevent cancer, to detect it early, and to ensure access to the best available treatment for those who are diagnosed with cancer. It is our hope that visitors to this Web site will learn about the [CEO Cancer Gold Standard](#) and adopt it within their organizations. Please join us in the fight against cancer.

Newsflash

President Bush and

Coach K on Gold Standard



CEOs Convene In Fight Against Cancer

Cary, N.C., May 21, 2007

Five Pillars:

The first three pillars of the *CEO Cancer Gold Standard*, [Tobacco Use](#), [Diet & Nutrition](#), and [Physical Activity](#), address risk reduction. The fourth pillar, [Prevention, Screening & Early Detection](#), sets guidelines for detecting cancer at the early stages, and finally, the fifth pillar, [Access to Quality Treatment and Clinical Trials](#), ensures that employees and their family members have access to the best available cancer treatment.

CEO Cancer Gold Standard - About the Gold Standard - Main - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites RSS Print Mail

Address http://www.cancergoldstandard.org/index.php?option=com_content&task=view&id=13&Itemid=26 Go Links

Google Go RSS Bookmarks 18 blocked Check AutoLink AutoFill Send to Settings

CEO CANCER GOLD STANDARD™

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Overview: The CEO Cancer Gold Standard

The CEO Cancer Gold Standard is a series of cancer-related recommendations, developed by the CEO Roundtable on Cancer, to fight cancer by meeting three goals:

- **Risk Reduction through Lifestyle Change:** reducing the risk of cancer,
- **Early Detection:** detecting cancer at the earliest possible stage, when treatment has the best chance of improving outcomes, and
- **Quality Care:** ensuring access to the best available cancer treatment.

Download the CEO Cancer Gold Standard Implementation Workbook

The CEO Cancer Gold Standard Implementation Workbook

PDF Document, 530K

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5

The Guide to Community Preventive Services



Evidence-based recommendations for programs and policies to promote population health.

Topics

- Alcohol, Motor Vehicle, Physical Activity, Substance Abuse, Worksite, Cancer, Nutrition, Pregnancy, Tobacco, Diabetes, Obesity, Sexual Behavior, Vaccines, Mental Health, Oral Health, Social Environment, Violence

Users

- Public Health Professionals, Providers of Health Care Services, Legislators and Policy Makers, Researchers, Community-based Organizations, Employers and Other Purchasers of Health Care Services

Search The Community Guide

Search input field and Search button

News

- 15% discount, America's Health: State Rankings — 2005 Edition

What is It?

- About the Guide, The Book, Economics, Methods, Partners

Calendar of Events

- Upcoming Task Force Meetings: October 17 – 18, 2007, February 27 – 28, 2008, June 25 – 26, 2008, October 22 – 23, 2008

Contact Info

Community Guide Branch, National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention, 1600 Clifton Road NE, Atlanta, GA 30333

GUIDE TO COMMUNITY Preventive Services **Worksite** **CDC**
SYSTEMATIC REVIEWS AND EVIDENCE BASED RECOMMENDATIONS

- Home
- Topics
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 - > [Physical Activity](#)
 - > [Pregnancy](#)
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 - > [Social Environment](#)
 - > [Substance Abuse](#)
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- [About the Guide](#)
- [The Book](#)
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- [Methods](#)
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The Task Force on Community Preventive Services has selected worksite health promotion as a topic for systematic review, to highlight the importance of the worksite in promoting health. The use of selected worksite policies and programs can reduce health risks and improve the quality of life of the 141 million full- and part-time workers in the United States. The systematic reviews on various aspects of worksite health promotion are intended to give employers and organizations an evidence base to determine which available approaches are effective in promoting healthy lifestyles, preventing disease, and increasing the number of people who receive appropriate preventive counseling and screening. These reviews will provide recommendations on worksite-specific policies and activities that can help employers choose those health promotion program components proven effective in changing the behavior and improving the health of employees.

The many topics to be addressed in the worksite health promotion reviews focus on interventions that can be offered at the worksite (e.g., on-site health education classes or posting signs to encourage stair use), made available to employees at work or at other locations (e.g., reducing out-of-pocket costs for gym memberships or flu shots), or incorporated into employees' benefits plans (e.g., vouchers for nicotine patches or to participate in exercise classes). The following topics and their related interventions were selected as priorities for the first set of reviews of worksite health promotion:

- Tobacco
 - Incentives and competitions to increase smoking cessation
 - Smoke-free policies to reduce tobacco use among workers
- Nutrition
 - Enhancing access to healthy foods
- Physical activity
 - Point-of-decision prompts to increase stair use
 - Enhancing access to places for physical activity (e.g., providing exercise classes or information)

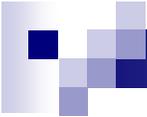
Search The Community Guide

Contact Info

Community Guide Branch
 National Center for Health Marketing (NCHM)
 Centers for Disease Control and Prevention
 1600 Clifton Road NE
 Mailstop E-69
 Atlanta, GA 30333

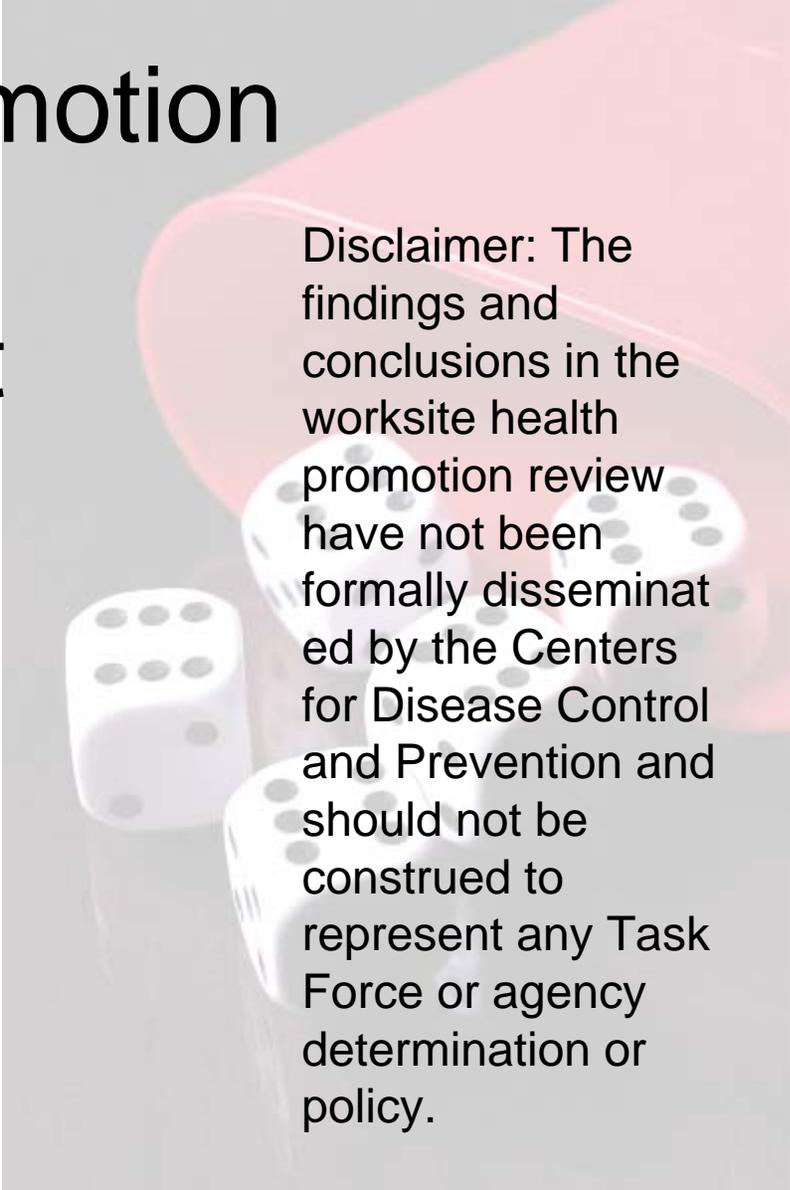
E-mail: communityguide@cdc.gov

- Purchasers of health care can use Community Guide recommendations to construct and select benefit plans for clinical services that cover effective services such as smoking cessation, and disease and case management for diabetes.
- You can also reduce or eliminate out-of-pocket employee costs for effective services like tobacco cessation treatments or flu shots.
- In addition, you can use the Community Guide to implement worksite interventions that promote physical activity or restrict smoking.



Worksite Health Promotion Review Updates and Current Recommendations

- Robin Soler
- David Hopkins
- Sima Razi
- Matt Griffith
- Kimberly Leeks



Disclaimer: The findings and conclusions in the worksite health promotion review have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any Task Force or agency determination or policy.



Draft Recommendations

The Task Force recommends:

- the use of assessments of **health risks with feedback, when combined with health education** activities, with or without additional interventions. Health outcomes reported in the qualifying studies included a range of health behaviors, physiologic measurements, and summary indicators and estimates such as cardiovascular health risk.



Draft Recommendation (cont'd)

- Health Behaviors

- Tobacco use: Strong body of evidence on effectiveness in reducing self-reported tobacco use
- Alcohol use: Sufficient body of evidence on effectiveness in reducing self-reported at risk alcohol use
- Physical activity: Sufficient body of evidence on effectiveness in increasing self-reported physical activity
- Seat belt use: Strong body of evidence on effectiveness in reducing non-use of seat belts
- Dietary behaviors: Strong body of evidence on effectiveness in reducing self-reported intake of fat



Draft Recommendation (cont'd)

- Physiologic measurements
 - Blood pressure: Strong body of evidence on effectiveness in achieving a moderate reduction in measurements of blood pressure, and the proportion of participants at risk for elevated blood pressure
 - Cholesterol: Strong body of evidence on effectiveness in achieving a moderate reduction in measurements of total cholesterol, and the proportion of participants at risk because of elevated cholesterol



Draft Recommendation (cont'd)

- Summary health estimates for cardiovascular disease or overall health
 - Sufficient body of evidence on effectiveness in achieving a moderate improvement in at risk participants

- Additional summary health indicators
 - Worker productivity
 - Strong body of evidence on effectiveness in reducing the number of days lost from work among intervention participants

 - Use of healthcare services



Draft Recommendations

- There is sufficient evidence that **smoke-free policies** reduce tobacco use when implemented in worksites and communities. The results of this review suggest that smoke-free policies also reduce consumption by continuing smokers, increase smoking cessation attempts, increase the number of smokers who successfully quit, and reduce the prevalence of tobacco use among workers.
- According to the *Community Guide*'s rules of evidence, there is strong evidence that **worksite-based incentives and competitions when combined with additional interventions to support individual cessation efforts** are effective in reducing tobacco use among workers.
- According to *Community Guide* rules of evidence, this update of an earlier review indicates strong evidence showing that **point-of-decision prompts** are effective in moderately increasing levels of physical activity, as measured by an increase in the percentage of people choosing to take the stairs rather than an elevator or escalator.

Heart Healthy and Stroke Free

Web Sites For More Information

www.cdc.gov/cvh

www.businessgrouphealth.org

www.prevent.org

www.nbch.org

www.dshs.state.tx.us/wellness

www.thecommunityguide.org

www.cdc.gov/dhdsp/library/toolkit/index.htm

www.diabetesatwork.org/diabetesatwork/



Jennifer Smith, MSHP

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