

# Employer Health Leadership for a New Era



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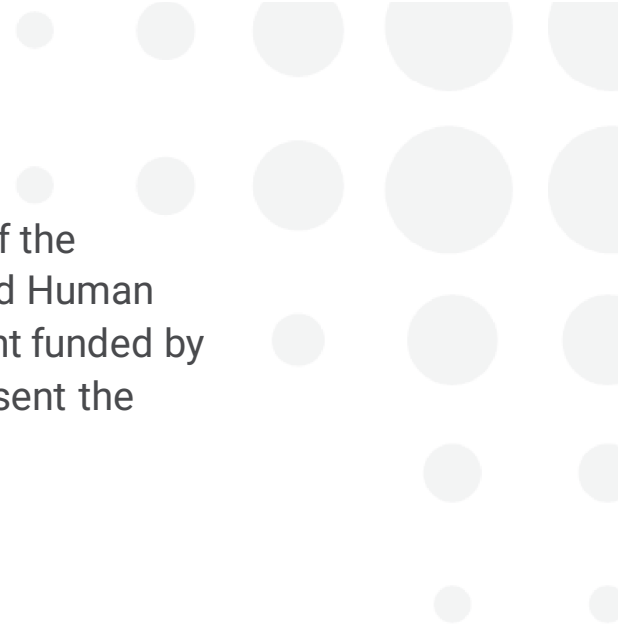
# ●● Pressure Points: Addressing Hypertension at Work

National Alliance of Healthcare Purchaser Coalitions | November 14, 2023, 3:30 pm – 4:25 pm ET



# Disclosure

This project is supported by a sub-award from the CDC Foundation and is part of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) financial assistance award totaling \$400,000.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.





# Objective

To activate the audience—including coalitions, employers and the vendors who work with them—to be proactive in identifying hypertension as a priority for their health and well-being strategy through sharing tools that will help them as they move forward on this journey.





# Together Our Impact Is Greater

We **unleash the power of collaboration** between CDC and philanthropies, organizations, corporations, governments and individuals in order to protect the health, safety and security of America and the world.

We believe that by aligning diverse interests and leveraging all parties' unique strengths, these collaborations create **greater impact** than any one entity could alone.

# Advancing Major Health Priorities

Our work, and our partners' and donors' involvement, generally falls into these categories:

**1. Safeguarding Americans' health**

**2. Fighting global threats**

**3. Responding to emergencies**

**4. Developing disease fighters**

**5. Supporting a specific fund or cause**

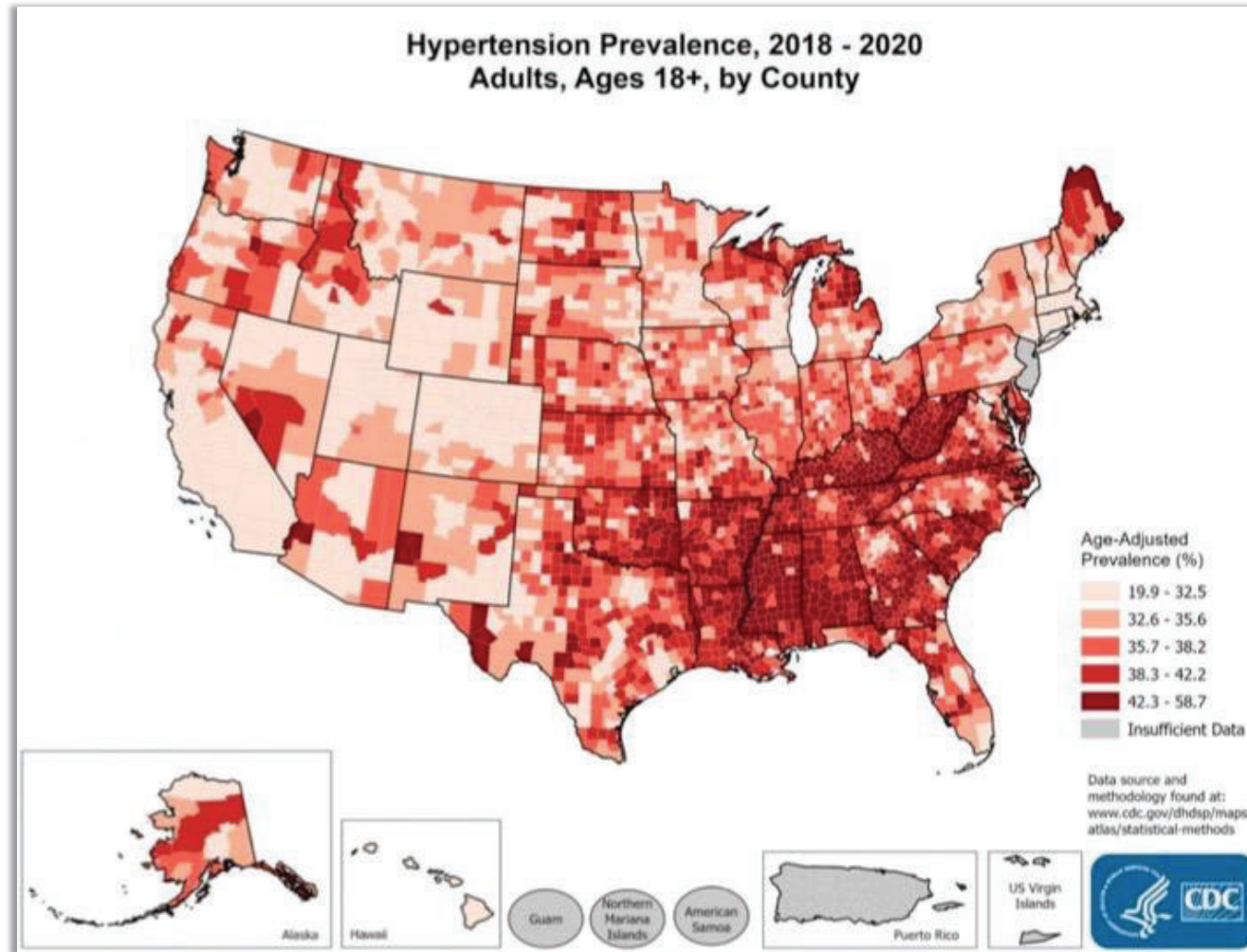
**6. Giving for greatest need**





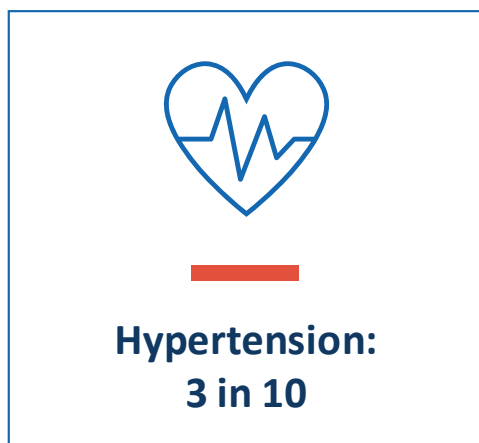
# Who is affected by hypertension?

Hypertension, also called high blood pressure, affects **almost half the U.S. adult population** and presents significant potential health risks.<sup>1</sup>



1. Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adults. Million Hearts. Available at: [https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html#:~:text=Nearly%20half%20of%20adults%20have,5%20adults%20\(25.0%20million\)](https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html#:~:text=Nearly%20half%20of%20adults%20have,5%20adults%20(25.0%20million).).

Hypertension, also called high blood pressure, is the **most common** health condition among US adults aged 18-59 and affects more workers than either diabetes or depression.



**Employed adults are younger on average than the overall US adult population, yet 3 in 10 employees have hypertension.**

1. FTI Consulting's Center for Healthcare Economics and Policy analyses of the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, BRFSS SMART City and County Prevalence & Trend Data for 2020 ([https://www.cdc.gov/brfss/smart/Smart\\_data.htm](https://www.cdc.gov/brfss/smart/Smart_data.htm)). High blood pressure data from 2019. Prevalence rates vary across metro regions and states.





National  
**Hypertension  
Control**  
Roundtable

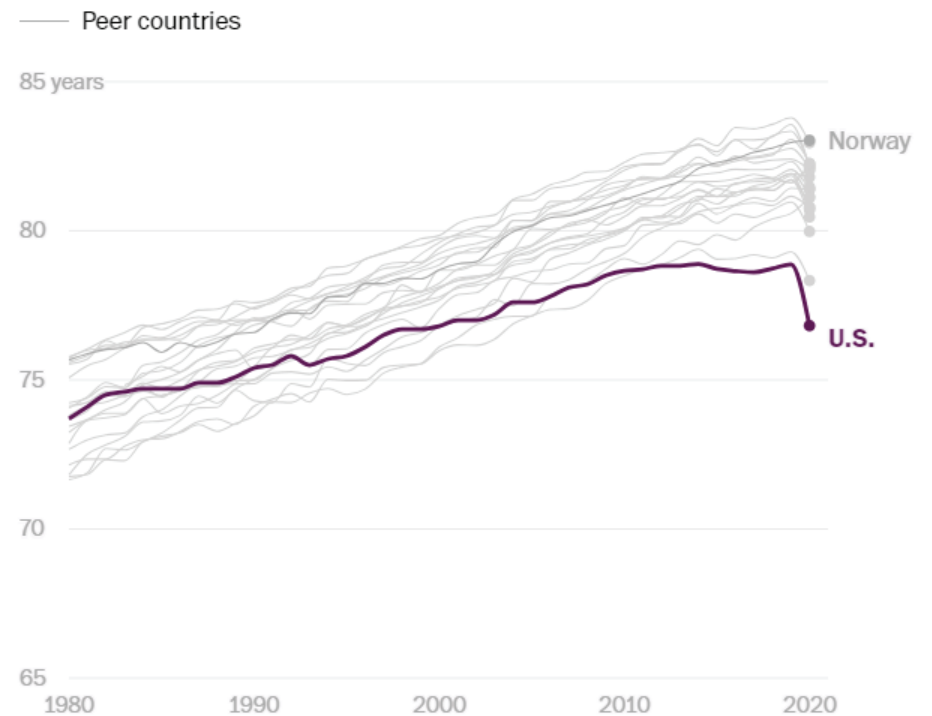
**The National Hypertension Control Roundtable (NHCR) is a coalition of public, private, and nonprofit organizations dedicated to eliminating disparities in hypertension control through dialogue, partnership, evidence, and innovation.**

The NHCR prioritizes **supporting people in controlling their blood pressure** wherever they live, learn, work, play, and pray; and **equitably advancing patient care** to increase hypertension control.

# Life expectancy is dropping due to chronic disease

In a quarter of the nation's counties, mostly in the South and Midwest, **working-age people are dying at a higher rate than 40 years ago.**

**U.S. life expectancy is falling behind peer countries**



Achenbach, Keating, Chikwendiu, McGinley, Johnson. Life expectancy in U.S. is falling amid surges in chronic illness. Washington Post. <https://www.washingtonpost.com/health/interactive/2023/american-life-expectancy-dropping/>. Published October 3, 2023.

# Racial disparities in HTN diagnosis



African American adults are more likely than white adults to **develop high blood pressure earlier** in life.

Find tips for control at [cdc.gov/bloodpressure](https://www.cdc.gov/bloodpressure).



Earlier age at hypertension onset may mean greater cumulative exposure to high blood pressure over a lifetime. This is associated with an increased risk of heart disease and may contribute to racial disparities in hypertension-related outcomes.

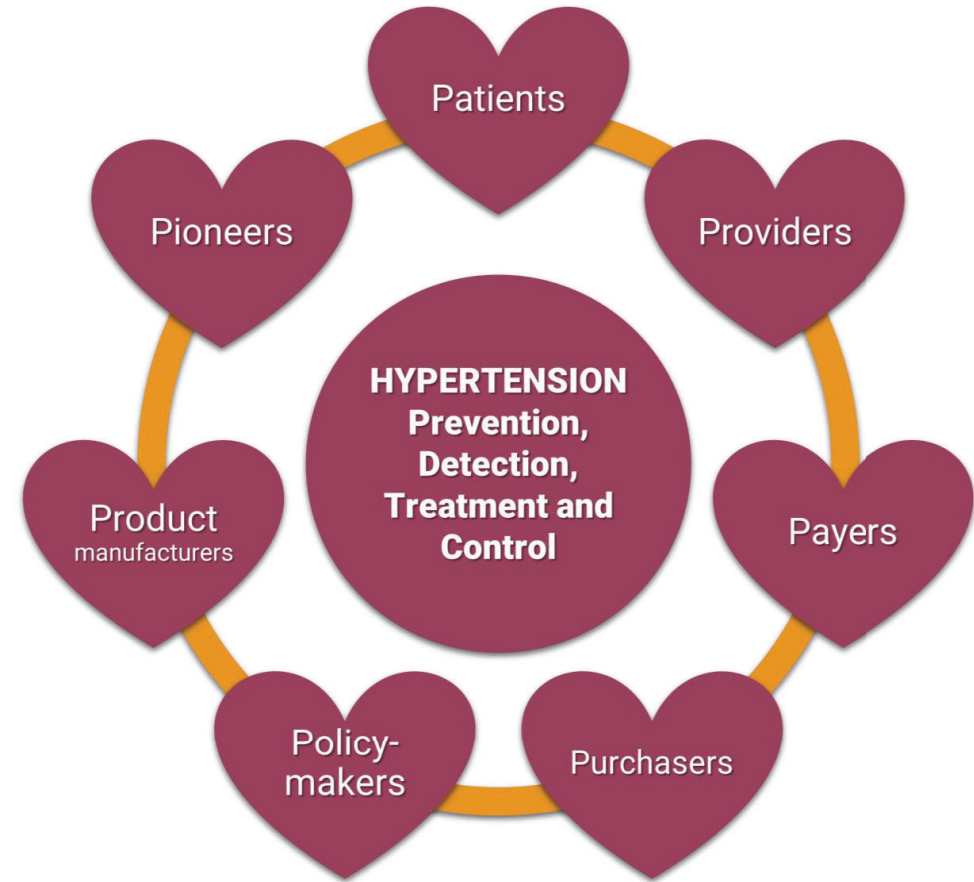
Huang X, Lee K, Wang MC, Shah NS, Khan SS. Age at Diagnosis of Hypertension by Race and Ethnicity in the US From 2011 to 2020. *JAMA Cardiol.* 2022;7(9):986–987. doi:10.1001/jamacardio.2022.2345



# NHCR Key Initiatives

The NHCR fosters cross-sector collaboration and capacity building by catalyzing relationships.

- **Annual Summit**
- **Fireside Chats**
- **Payer Taskforce**
- **Member Recruitment and Engagement**
- **Key Partner Networking**
- **Communications and Publications**



Highlights from 2023 include the National Association of Community Health Centers' Health Ecosystem model for promoting validated blood pressure devices (shown above).

# Steering Committee



Help us make hypertension control a national priority.

Scan the QR code to join the National Hypertension Control Roundtable.

For more information visit [hypertensioncontrol.org](https://hypertensioncontrol.org)

Follow us on  LinkedIn and  @HtnRoundtable.







FTI Consulting Center for Healthcare Economics and Policy

# Developing the Business Case for Hypertension Control

Budget Impact Model and Claims Analysis Guide



Hypertension is a workforce issue that affects individuals, their employers, and factors critical to a business' success.

# #1 Priority for CEOs...

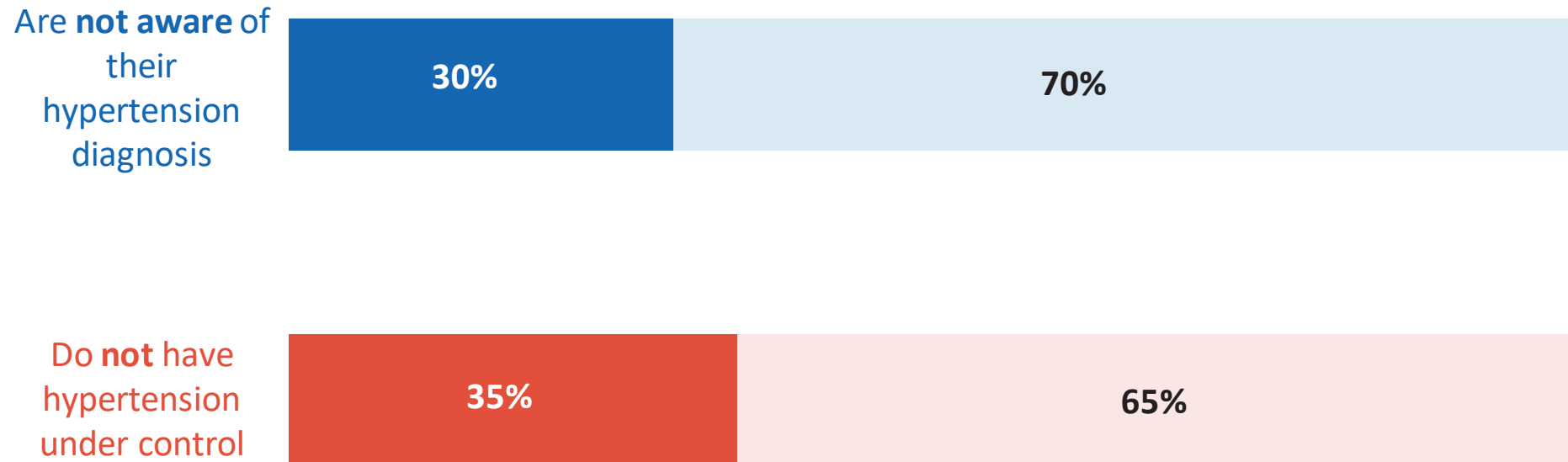


...should be the physical health and well-being of their employees.

1. "CEO Leadership Redefined – 2023," FTI Consulting (2023), <https://fticonsulting.com/ceo-leadership-redefined-2023/>.
2. "CEO Leadership Redefined: Part 1," FTI Consulting (2022), <https://www.fticonsulting.com/insights/articles/ceo-leadership-redefined-part-1>.

Many employees with hypertension are *unaware of their condition or have uncontrolled hypertension.*

### Employee Hypertension Control and Awareness



1. Davila, E. P., Kuklina, E. V., Valderrama, A. L., Yoon, P. W., Rolle, I., & Nsubuga, P., "Prevalence, management, and control of hypertension among US workers: does occupation matter?," Journal of occupational and environmental medicine (2012), <https://www.jstor.org/stable/45010119>.

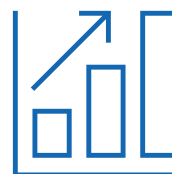


Employers face *higher healthcare costs from employees with hypertension* than those without hypertension.



**44% higher**

healthcare costs than individuals without hypertension in the employee population



**\$25 billion**

in additional cost by 2027 based on current trends

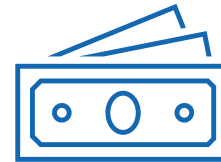
1. "Budget Impact Model to Estimate the Cost of Hypertension for Employers," FTI Consulting (2023). Note: Estimates from the hypertension budget impact model developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.

Employers face *higher productivity costs from employees with hypertension* than those without hypertension.



**2.3 times more**

hours away from work among those with uncontrolled compared to controlled hypertension



**4.7 times higher**

annual cost of time away from work compared to diabetes

1. Unmuessig, V., Fishman, P. A., Vrijhoef, H. J., Elissen, A. M., & Grossman, D. C., "Association of Controlled and Uncontrolled Hypertension With Workplace Productivity," *The Journal of Clinical Hypertension* (2016), <https://onlinelibrary.wiley.com/doi/full/10.1111/jch.12648>
2. Asay, G. R. B., Roy, K., Lang, J. E., Payne, R. L., & Howard, D. H., "Incidence of Hypertension-Related Emergency Department Visits in the United States, 2006–2012," *Preventing chronic disease* (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5055401/>.



# Budget Impact Model



The budget impact model (BIM) uses employer specific data to estimate costs related to hypertension and can be used by employers of all sizes.



**Data required to use the model**

- Number of employees

**Data useful to have but *not required* to use the model**

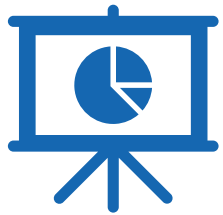
- Employee population-level demographic characteristics (e.g., % by age group)
- Percent of employees with hypertension
- Average median wage
- Average total healthcare costs (i.e., per employee medical and pharmacy costs)
- Average productivity loss (e.g., average number of hours absent from work)

**In addition to default data provided in the BIM, more data can be obtained from published research articles, internal data sources, or claims analysis reports from health benefit providers.**

Note: The BIM can estimate health care and productivity loss costs for self-funded employers. Fully-insured employers can also use the BIM to estimate productivity loss costs for their specific population and use these health care cost estimates to better understand the impact of hypertension on medical and pharmacy costs.

1. "Budget Impact Model to Estimate the Cost of Hypertension for Employers," FTI Consulting, (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.

Employers can use the BIM to estimate both annual incremental medical costs as well as lost productivity due to hypertension.



### Model Results

- Estimated Number of Covered Employees with Hypertension (e.g., overall and by demographic subgroups)
- Additional per Employee Annual Cost due to Hypertension (e.g., medical and pharmacy costs, productivity loss costs)
- Additional Total Employer Cost due to Hypertension

**Results can be exported and shared with internal teams and senior leadership to show impact and take next steps to inform insurance design or specialized benefit programs.**

1. "Budget Impact Model to Estimate the Cost of Hypertension for Employers," FTI Consulting (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.



The BIM provides employers with the ability to evaluate the impact of hypertension on various employee groups (e.g., job function or departments).

Select one of two analysis options below.

Show/Hide Instructions



**Total Employee Population**

**Estimate the impact of hypertension for your *entire employee population***



**Total Employee and Subpopulations**

**Estimate the impact of hypertension for up to 5 subpopulations by job function *and* the total employee population**

Back

Next

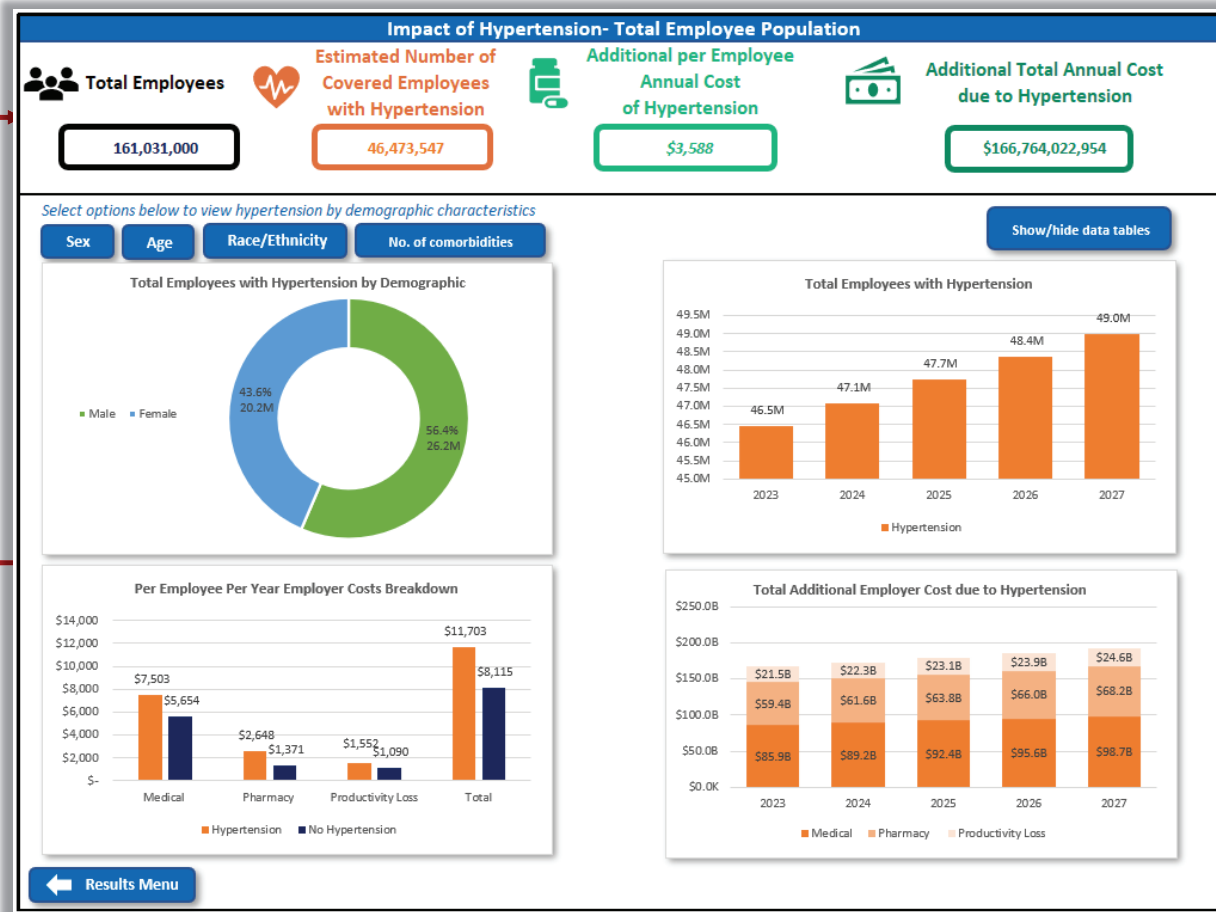
1. "Budget Impact Model to Estimate the Cost of Hypertension for Employers," FTI Consulting (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.

The BIM estimates the impact of hypertension on healthcare costs and productivity for your specific business, accounting for the different industry sectors of your workforce.

**High-level overview of results**

Hypertension impact can also be estimated for up to five job functions within your business

**BIM detailed results on hypertension impact**



**Data tables of all results**

1. "Budget Impact Model to Estimate the Cost of Hypertension for Employers," FTI Consulting (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.



# Claims Analysis Guide



Employers can use the Claims Analysis Guide to inform health and wellbeing interventions and insurance benefit decision-making.



### **Question 1: How many employees have hypertension?**

- Provides data points for decision making including current number of employees with hypertension and number of employees newly diagnosed.



### **Question 2: What are the costs related to hypertension?**

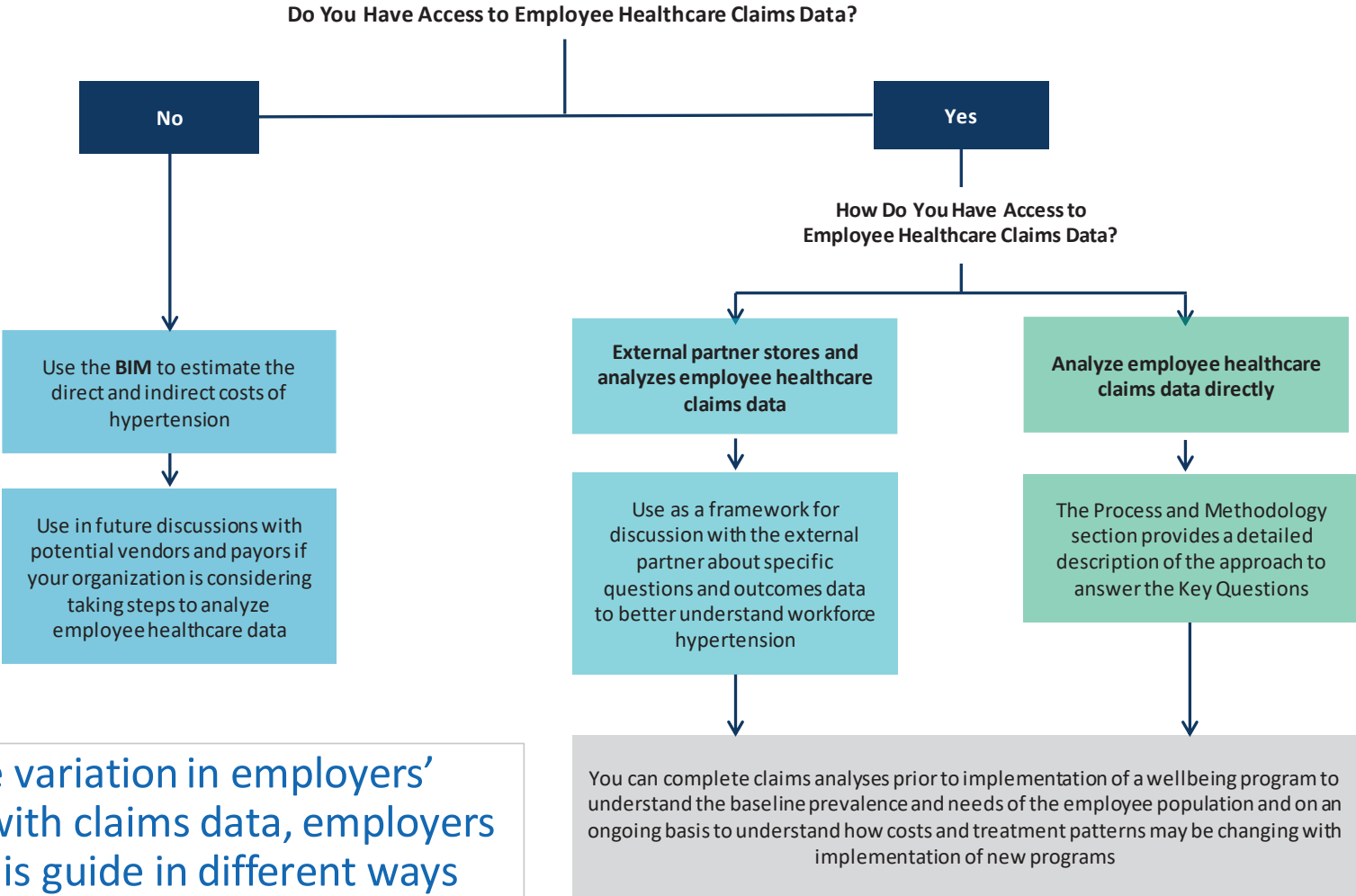
- Provides detailed insights on hypertension-related direct medical costs broken out by various categories such as age group, race/ethnicity, type of care (e.g., inpatient hospitalization, physician office visit), treatment category, and neighborhood characteristics as measured by the Social Deprivation Index (SDI).



### **Question 3: How many employees are treated with medication for hypertension?**

- Provides data on hypertension treatment and adherence as measured by proportion days covered (PDC).

**Using the Claims Analysis Guide**



**Given the variation in employers' experience with claims data, employers may use this guide in different ways**

1. "Health Insurance Claims Analysis Guide for Employers," FTI Consulting (2023). Note: Developed for the CDC Foundation by FTI Consulting's Center for Healthcare Economics and Policy.



## Employers can *take action* to help their employees get their hypertension under control and improve health and well-being outcomes - with a wide range of measurable benefits



### **Innovative Insurance Design**

...such as *value-based insurance design* that reduces cost-sharing to encourage greater adherence to high-value services and providers (e.g., reducing cost-sharing of antihypertensive medications, provide coverage for home blood pressure monitors)



### **Specialized Benefit Programs**

...such as free on-site blood pressure assessments and meetings with pharmacists, and incentives to encourage healthy lifestyles among employees (e.g., organized activity programs and healthy food and drink options at work)

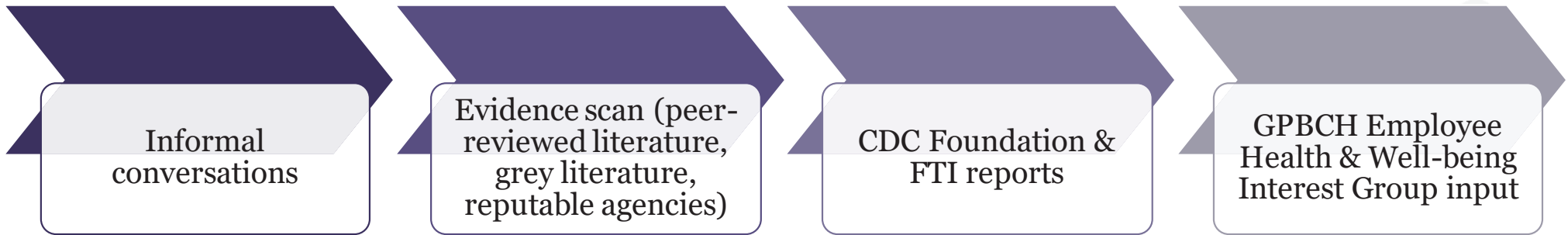
1. Musich, S., Wang, S., & Hawkins, K., „The impact of a value-based insurance design plus health coaching on medication adherence and medical spending,” Population Health Management (2015). <https://www.liebertpub.com/doi/abs/10.1089/pop.2014.0081>.
2. Gibson, T., Sara W., Emily K., Candace B., Christine T., Feride F., Joseph D., & Edward Mauceri, "A value-based insurance design program at a large company boosted medication adherence for employees with chronic illnesses," (2011). <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2010.0510>.
3. "Pharmacy coaching program improves Ohio health scores," Drug Topics (8/29/2011), <https://www.drugtopics.com/view/pharmacy-coaching-program-improves-ohio-health-scores>.



# **Comprehensive Benefits Design Guide for Hypertension**

Greater Philadelphia Business Coalition on Health

# Methods



# Results

## Comprehensive Benefit Design for Hypertension

7 Strategies for prevention, screening, and management

Employers are encouraged to view the strategies as a **checklist of key interventions** to implement for reducing the impact of hypertension: both by **reducing the number of individuals with hypertension** and **helping to control blood pressure for those diagnosed** with this chronic condition.

September 2023



### Comprehensive Benefit Design for Hypertension *Employer Recommendations for Action*

Hypertension (high blood pressure) affects nearly 50% of working-age adults in the U.S., resulting in significant impacts on health and well-being (e.g., cognitive decline, kidney disease), direct costs of care (e.g., hospitalization, physician visits), and indirect costs (absenteeism and presenteeism). This Comprehensive Benefit Design for Hypertension is intended to help employers, as purchasers of health benefits, and stewards of population health, develop and implement well-being and benefit design strategies to prevent, control, and manage the impact of hypertension.

The Comprehensive Benefit Design for Hypertension draws on a wide variety of resources from the U.S. Centers for Disease Control and Prevention, the American Heart Association, and similar organizations that are committed to improving population health and blood pressure control. These, and other resources are listed toward the end of this guide.

#### How Employers Can Use this Comprehensive Benefit Design for Hypertension

Employers are encouraged to view the following strategies as a checklist of key interventions to implement for reducing the impact of hypertension: both by reducing the number of individuals with hypertension, and helping to control blood pressure for those diagnosed with this chronic condition. These strategies are intended to improve the health of the workforce and the community, and lower healthcare costs. The Resource List provides additional information and tools to assist employers in implementing these seven strategies.

**GPBCH**  
Greater Philadelphia  
Business Coalition on Health  
DRIVING INNOVATION AND VALUE IN HEALTHCARE

[www.GPBCH.org](http://www.GPBCH.org)

# Strategy 1: Primary Prevention/Lifestyle Support

- Healthy eating and physical activity programs
- Availability of healthy foods, including low-sodium options
- Promote smoke-free campus and smoking cessation
- Education and resources to limit alcohol intake
- Education and resources to promote healthy sleep
- Promote healthy weight: lifestyle, Rx benefit, surgical benefit
- Promote access to mental health resources, including EAP

DASH Eating Plan	
The Benefits: Lowers blood pressure & LDL "bad" cholesterol.	
Eat This	Limit This
Vegetables	Fatty meats
Fruits	Full-fat dairy
Whole grains	Sugar sweetened beverages
Fat-free or low-fat dairy	Sweets
Fish	Sodium intake
Poultry	
Beans	
Nuts & seeds	
Vegetable oils	

www.nhlbi.nih.gov/DASH

NIH National Heart, Lung, and Blood Institute

American Heart Association  
Healthy for Good

## FIGHT STRESS WITH HEALTHY HABITS

- Slow down.**  
Plan ahead and allow enough time to get the most important things done without having to rush.
- Snooze more.**  
Try to get seven to nine hours of sleep each night. To fight insomnia, add mindfulness and activity.
- Let worry go.**  
The world won't end if a few things fall off of your plate. Give yourself a break and just breathe.
- Laugh it up.**  
Laughter makes us feel good. Don't be afraid to laugh out loud, even when you're alone.
- Get connected.**  
A daily dose of friendship is great medicine. Make time to call friends or family so you can catch up.
- Get organized.**  
Use "to-do" lists to help you focus on your most important tasks and take big projects one step at a time.
- Practice giving back.**  
Volunteer your time or spend time helping out a friend. Helping others helps you.
- Be active every day.**  
Exercise can relieve mental and physical tension. Find something you think is fun and stick with it.
- Give up the bad habits.**  
Too much alcohol, tobacco or caffeine can increase blood pressure. Cut back or quit to decrease anxiety.
- Lean into things you can change.**  
Make time to learn a new skill, work toward a goal, or to love and help others.

Learn more at [heart.org/HealthyForGood](http://heart.org/HealthyForGood)


EAT SMART MOVE MORE BE WELL

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# Strategy 2: Screening & Detection

- ❑ Promote primary care relationships
- ❑ Incorporate blood pressure (BP) measurement into health fairs and other events
- ❑ HRA's should include family history, and self-reported BP, or biometric measurement
- ❑ Determine how high BP findings will be referred/followed-up

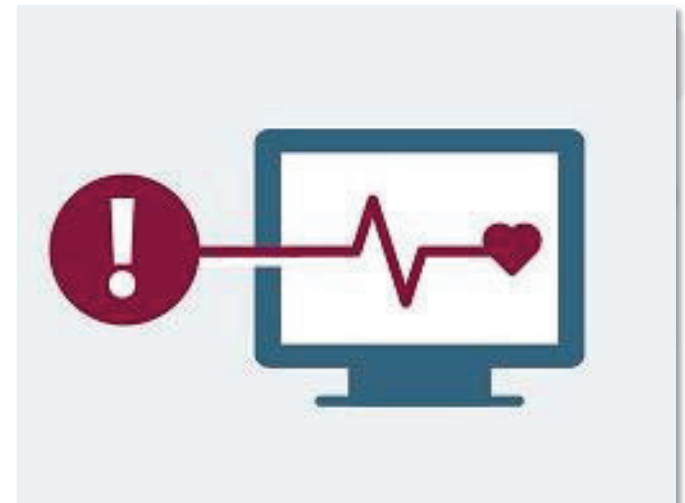
**Blood Pressure Categories** 

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.org/bplevels](http://heart.org/bplevels)

# Strategy 3: Know YOUR Data

- ❑ Ask health plans and vendors to provide information on:
  - **Population prevalence of hypertension**
  - **Subgroup differences: age, gender, race/ethnicity, co-morbidities...**
  - **Percent (%) of population with HTN has a primary care relationship**
  - **Percent (%) of population with HTN on pharmacotherapy**
    - For those on pharmacotherapy, what is the adherence rate
  
- ❑ Ask and learn how each of these indicators are measured
  
- ❑ Track progress over time, looking at both prevalence and cost



[https://www.cdc.gov/dhdsp/materials\\_for\\_professionals.htm](https://www.cdc.gov/dhdsp/materials_for_professionals.htm)

## 3b: Additional Questions for Health Plans

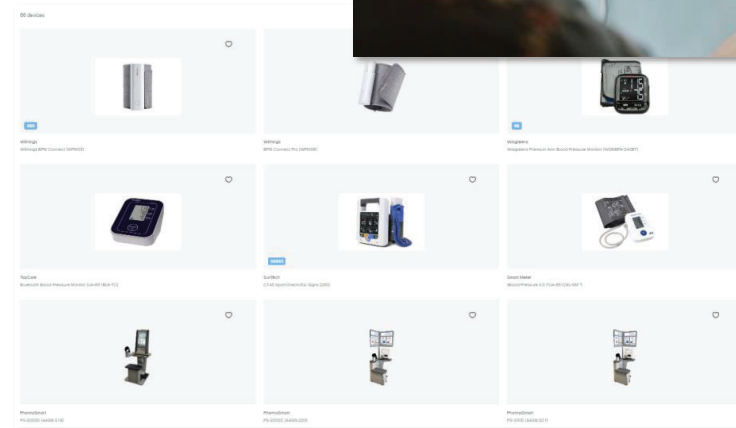
- What are your commercial HEDIS rates for the hypertension measures?
- What programs are you offering to manage hypertension?
- Is it possible to capture blood pressure in claims data?
- How are you trying to foster primary care relationships, especially for people with hypertension?

### Controlling High Blood Pressure

Measure Year	Commerical HMO	Commercial PPO	Medicaid HMO	Medicare HMO	Medicare PPO
2021	60.3	50.8	58.6	70.4	70.1

# Strategy 4: Benefit Design Considerations

- ❑ Value-based insurance design (V-BID) for HTN medications
- ❑ Coverage of self-monitoring BP cuffs (validated)
  - ❑ **Check out ValidateBP.org** (American Medical Association)
- ❑ Pharmacist review of formulary



<https://www.validatebp.org/>

# Strategy 5: Promoting Appropriate Care Management

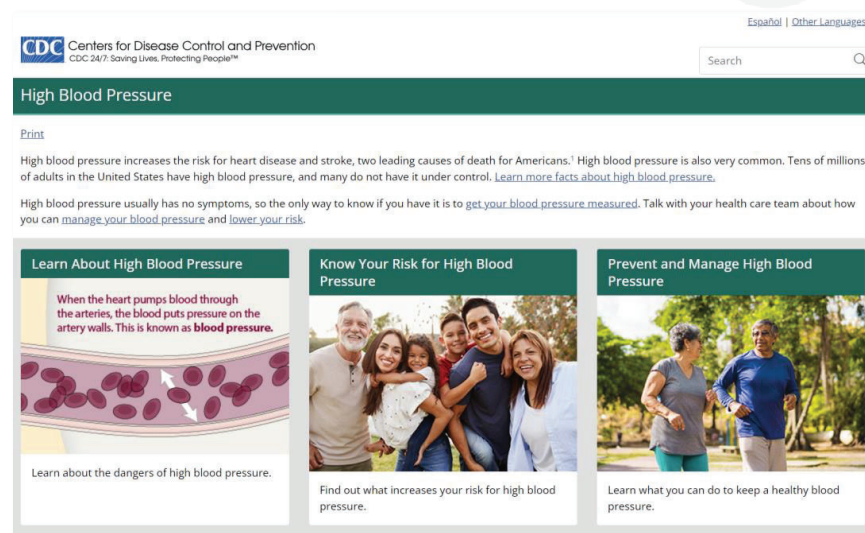
- ❑ Ensure that all people with diagnosed HTN have a PCP
- ❑ Assess health plan programs and resources to support patient education and high-quality care
- ❑ Implement MTM or CMM (pharmacist review) for those with co-morbidities
- ❑ Consider outsourcing to a HTN management vendor, or providing access to self-management apps
- ❑ Ensure appropriate follow-up for hospitalizations related to HTN





# Strategy 6: Promote a Supported Workforce with Resources

- ❑ Link to resources from AHA, CDC, and other organizations
- ❑ Easy access (including \$) to educational tools and programs
- ❑ Identify existing resources for individual counseling (e.g., registered dietitian), and consider adding services
- ❑ Recognize impact of Social Determinants of Health; identify and address inequities
- ❑ Consider fostering patient resource groups



The screenshot shows the CDC website page for High Blood Pressure. At the top, the CDC logo and tagline "Centers for Disease Control and Prevention" are visible, along with a search bar and language options for "Español" and "Other Languages". The main heading is "High Blood Pressure". Below this, there is a "Print" link and a paragraph of text explaining that high blood pressure increases the risk for heart disease and stroke, and is very common. It includes links to "Learn more facts about high blood pressure", "manage your blood pressure", and "lower your risk". Below the text are three featured articles:

- Learn About High Blood Pressure:** Includes a diagram of an artery with red blood cells and the text: "When the heart pumps blood through the arteries, the blood puts pressure on the artery walls. This is known as **blood pressure**." Below the diagram is the text: "Learn about the dangers of high blood pressure."
- Know Your Risk for High Blood Pressure:** Features a photo of a diverse family and the text: "Find out what increases your risk for high blood pressure."
- Prevent and Manage High Blood Pressure:** Features a photo of two people walking outdoors and the text: "Learn what you can do to keep a healthy blood pressure."

<https://www.cdc.gov/bloodpressure/index.htm#print>

# Strategy 7: Evaluate and Continuously Improve Your Efforts

- ❑ Refer back to strategy 3: Know your data
- ❑ At least annually, track these key metrics:
  - Hypertension prevalence
  - Hypertension control
  - Obesity prevalence
  - Incidence rates and costs for HTN-related events (cardiac and cerebrovascular)
  - Overall trends in direct cost for total population, and HTN subgroup



<https://www.mindtools.com/as21511/pdca-plan-do-check-act>

# Tackling Chronic Conditions



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**



**HEALTHIER WORKFORCE**  
CENTER of the MIDWEST



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.





## CAMPAIGN OVERVIEW

### History

- Developed by the St. Louis Area Business Health Coalition, in collaboration with Missouri Heart Disease and Stroke Prevention Program, in 2012.
- In 2020, the Missouri Department of Health and Senior Services sponsored an update to the campaign to reflect the need for virtual resources during the COVID-19 pandemic.
- Turnkey awareness campaign with the goal of helping employees:



Know their  
blood pressure  
numbers



Assess their  
risk for  
hypertension



Take action to  
manage their  
blood pressure





# CAMPAIGN COMPONENTS

## Email Messages

- Email content and design **templates** provided
- Five messages total (one per day)

## Educational Themes

- Be Heart Smart: Blood Pressure Basics
- Under Pressure: Assessing Your Heart Risk
- Tracking Your Ticker: Blood Pressure Management
- Heart Heroes: Your Partners in Primary Care
- Cardio Care: Habits to Improve Heart Health

**HEALTHY HEARTS @WORK**

**Be Heart Smart: Know Your Numbers**

**What is blood pressure?**  
Blood pressure is the measure of how hard your heart has to work to pump blood through your body. High blood pressure is the most common form of heart disease and is sometimes referred to as hypertension. Hypertension can make your heart work too hard and lose strength.

**Why do I need to measure my blood pressure?**  
Measuring your blood pressure is the only way to know whether you have high blood pressure. High blood pressure usually has no warning signs or symptoms, and many people do not know they have it. Diagnosing high blood pressure early can help prevent heart disease, stroke, vision problems, or kidney disease.

**Blood pressure is measured using two numbers:**

- The first number, called systolic blood pressure, measures the pressure in your arteries when your heart beats.
- The second number, called diastolic blood pressure, measures the pressure in your arteries when your heart rests between beats.
- If the measurement reads 120 systolic and 80 diastolic, you would say, "120 over 80," or write, "120/80 mmHg."

**Do you know your numbers? See below for a chart to help you understand the blood pressure categories:**

Blood Pressure Category	SYSTOLIC mm Hg (first number)	and	DIASTOLIC mm Hg (second 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
Hypertension Crisis (Call your doctor immediately)	Higher Than 180	and/or	Higher Than 120

**Which number is more important?**  
Typically, more attention is given to systolic blood pressure (the first number) as a major risk factor for cardiovascular disease for people over 50. However, either an elevated systolic or an elevated diastolic blood pressure reading may be used to make a diagnosis of high blood pressure.

**Did You Know?**  
High blood pressure is often called the "silent killer," because most of the time, high blood pressure has no obvious symptoms to indicate that something is wrong.

**Learn More**

1. [www.heart.org/heart-appeals/high-blood-pressure/high-blood-pressure-is-a-silent-killer](http://www.heart.org/heart-appeals/high-blood-pressure/high-blood-pressure-is-a-silent-killer)  
2. [www.heart.org/heart-appeals/prevention](http://www.heart.org/heart-appeals/prevention)  
3. [www.heart.org/heart-appeals/high-blood-pressure/understanding-blood-pressure-readings](http://www.heart.org/heart-appeals/high-blood-pressure/understanding-blood-pressure-readings)  
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## CAMPAIGN COMPONENTS

### Resource Webpage

- Links to virtual resources that accompany the educational theme for each email message:
  - Educational videos
  - Handouts
  - Evidence-based websites
  - Missouri Million Hearts® resources

Click on icons below to learn more:



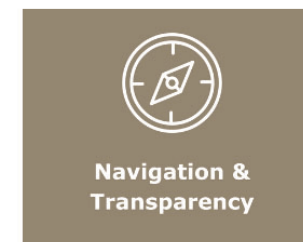
- Be Heart Smart: Know Your Numbers**  
Learn about high blood pressure numbers and what they mean for your health.
- Under Pressure: Assessing Your Heart Risk**  
Understand your risk for high blood pressure using our heart health checklist.
- Track Your Ticker: Blood Pressure Monitoring**  
Identify best practices for blood pressure monitoring at home.
- Heart Heroes: Your Partners in Primary Care**  
Consider the role your doctor, nurse, or pharmacist plays in your heart health journey.
- Cardio Care: Habits to Improve Heart Health**  
Take action to prevent or manage high blood pressure by making changes to your lifestyle habits.





# Innovator Showcase

To assist members in understanding the landscape of available and **emerging digital health and benefit solutions**, the BHC conducts an annual request for information (RFI) with national vendors.



# 90+ Vendors Evaluated



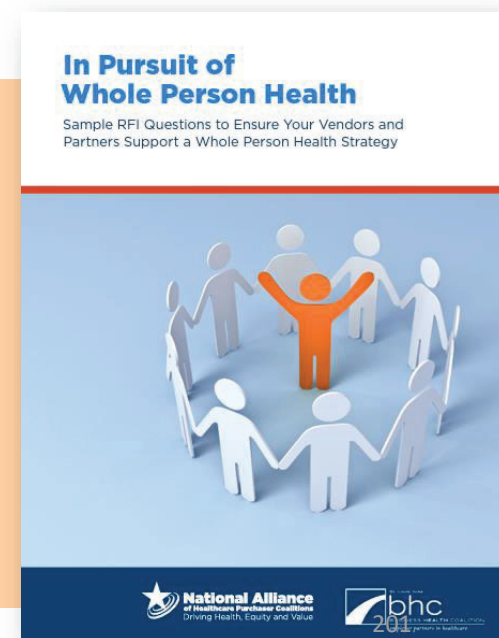
# Choosing the Right Solutions

## In Pursuit of Whole Person Health:

*Sample RFI Questions to Ensure Vendors and Partners Support a Whole Person Health Strategy*

**This guide provides suggestions to evaluate health solutions on their commitment to a whole person health approach, including the:**

- Individual Dimension
- Bio/Physical Dimension
- Psychological Dimension
- Social Dimension



## Key Takeaways

*An investment in hypertension prevention and management is an investment in your business.*

Hypertension is a **treatable** yet chronic health condition and a **hidden business risk** to employers.

With appropriate forecasting tools and actionable data, **employers have the power to manage this risk and improve health and wellbeing outcomes** for their employees.

New tools, such as the **budget impact model** and the **claims analysis guide**, **comprehensive benefits design guide**, and **choosing the right technology** can make it easy to reduce risk.

# To learn more about these tools and use them ...

Visit: <https://hypertensioncontrol.org/> (HypertensionControl.org)

## Contact us:

### **National Hypertension Control Roundtable**

Diane Kolack – [DKolack@CDCFoundation.org](mailto:DKolack@CDCFoundation.org)

### **Budget Impact Model + Claims Analysis Guide**

Meg Guerin Calvert – [Meg.Guerin-Calvert@FTIConsulting.com](mailto:Meg.Guerin-Calvert@FTIConsulting.com)

Kyi-Sin Than – [Kyi-Sin.Than@fticonsulting.com](mailto:Kyi-Sin.Than@fticonsulting.com)

### **Comprehensive Benefits Design Guide**

Neil Goldfarb – [NGoldfarb@GPBCH.org](mailto:NGoldfarb@GPBCH.org)

Michele Bildner – [MBildner@CDCFoundation.org](mailto:MBildner@CDCFoundation.org)

# Q&A



 NHCR Resources



 BIM + CAG



 GPBCH Resources



 RFI Questions



# Employer Health Leadership for a New Era



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St Louis Area Coalition on  
Health



# ANNUAL FORUM **TEMPERATURE RISING**

IGNITING CHANGE FOR A NEW ERA

**NOVEMBER 13-15, 2023**

Crystal Gateway Marriott | 1700 Richmond Highway, Arlington, VA

**Evening Reception**  
**5:30 - 6:30**

**#NatAllForum**