



# PARTNER SPOTLIGHT: ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

## Million Hearts® in Action

[ Strategies for Achieving Million Hearts® Goals ]



Dedicated to supporting, equipping, and advocating for state and territorial health officials in their work of advancing health equity and optimal health for all, the Association of State and Territorial Health Officials (ASTHO) has been a key partner in advancing the Million Hearts Initiative with its members in all 50 states, 8 U.S. territories and freely associated states, and the District of Columbia, spanning 10 time zones across the globe.

A key component of ASTHO's work to improve cardiovascular health outcomes centers on the ASTHO/CDC Heart Disease and Stroke Prevention Learning Collaborative. The first five-year cycle of the learning collaborative (2013-2018) worked with 31 jurisdictions to accelerate change and prevent, detect, and treat hypertension using innovative strategies and cross-sector partnerships. The Collaborative is continuing its efforts in a second five-year cycle through 2024 with specific initiatives and jurisdictions.

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### [ Cohorts Maximize Learning ]

A key component of the Learning Collaborative's successes has been a series of different cohorts focused on systems change models, such as payers, familial support, and state and tribal partnerships. More specifically, the payers cohort was comprised of public health departments and private payers representatives from six states: Arkansas, Florida, Nevada, Utah, Virginia, and Wisconsin. This unique learning opportunity engaged partners in new ways, enabling them to better coordinate existing initiatives as well as to create new methods to:

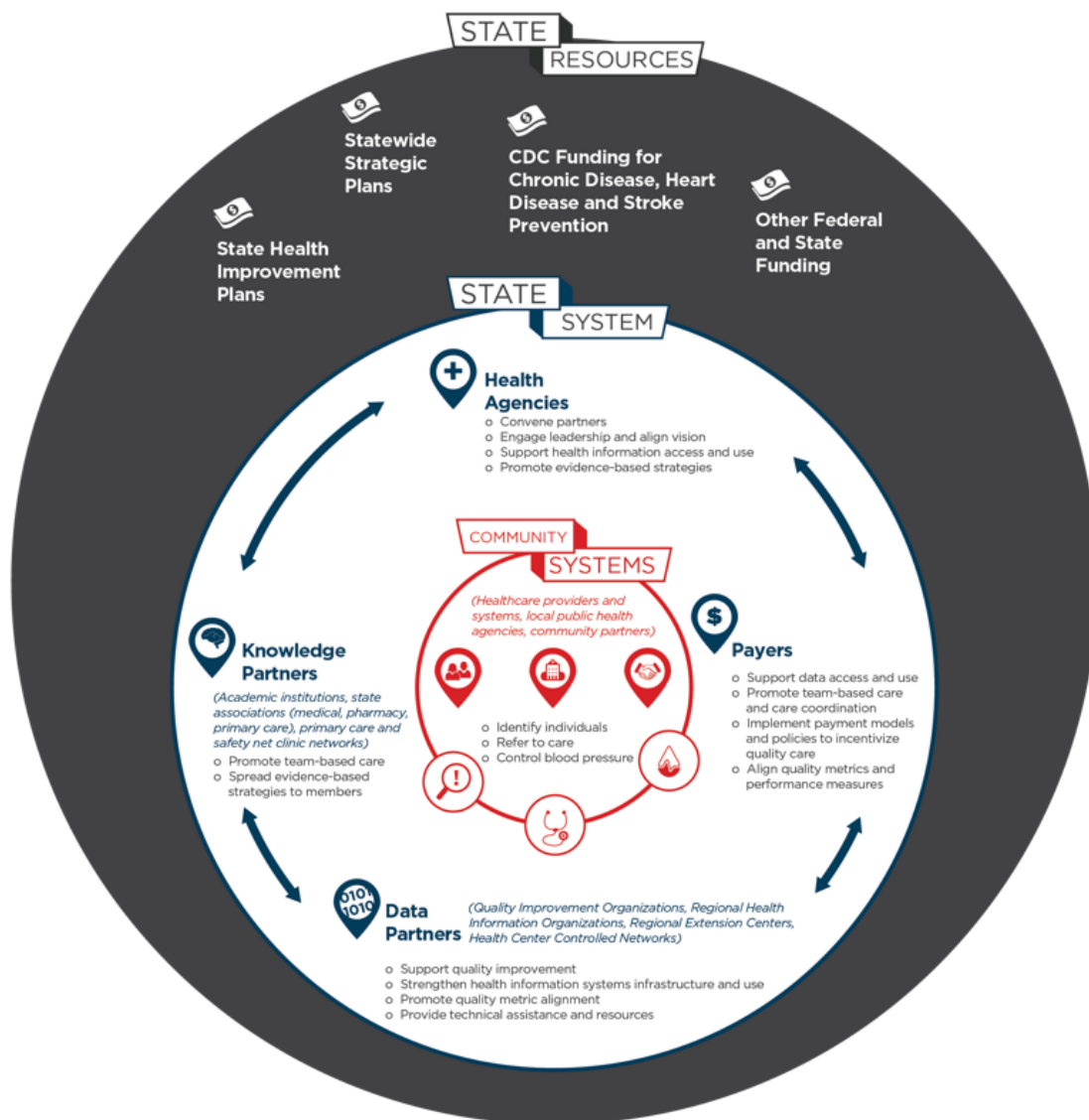
- Identify high-risk, high-cost, underserved, and hard to engage populations.
- Develop and test innovative, scalable payment mechanisms, or healthcare delivery models.
- Strengthen statewide capacity to collect, access, share, and use data.
- Quantify the return on investment (ROI) for the intervention.

The states participating in the payers cohorts found these structured, purposeful partnerships helped to establish strong relationships and provide new peer-to-peer learning opportunities. The cohorts were also somewhat challenging - as they were often bringing together key organizations and individuals that had not worked together before, and who often came with different sets of strengths and perspectives. For instance, many states found they needed to invest time in learning different terminology used by each sector. Other states found that it was key to engage with the “right” staff who can engage staff and resources within their organization, is a champion of the interventions and translates the strategies into execution. And finally, the cohorts found that accessing, sharing, and using data presented both opportunities and challenges; facing barriers such as data governance protocols and the technical ability and cost to share.

What the participating organizations in the payers cohort states did find was promising approaches to prevent, detect, and treat hypertension. Both payers and public health are “well-positioned to convene cross-sector stakeholder teams and leverage state and local resources to build connections between public health, clinical, and community resources.”\*

## [ Systems Change for Improved Outcomes ]

At the core of the work of the ASTHO/CDC Heart Disease and Stroke Prevention Learning Collaborative is complex systems change and the creation of cross-sector connections that aim to improve outcomes through rapid-cycle quality improvement to reduce hypertension.\* The states and jurisdictions participating in the learning collaborative came to understand that systems change is a dynamic process and it provides a “framework for seeing interrelations rather than things, for seeing patterns of change” as stated by organizational leadership author, Peter Senge.\*\*



“The collaborative challenged us to think beyond traditional public health partnerships. Soon, we were working with physicians, nurses, pharmacists, hospitals, and insurers. Together, we helped 25 percent of our participants in the Oklahoma Heartland areas control their blood pressure in just 90 days.” shared Terry Cline, former health official of the Oklahoma State Department of Health (OSDH).\*\*\* Oklahoma developed a community-based referral and care coordination system connecting patients with hypertension to community services through public health nurse care coordinators which has now been adopted in 12 counties. The OSDH continues to build upon this effort with BlueCross BlueShield of Oklahoma by testing a pay-for-performance reimbursement model that paid providers and care coordination team services when patients achieved blood pressure control.

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The Learning Collaborative proved that connections across sectors to transform systems can result in improved health outcomes. As the ASTHO/CDC Heart Disease and Stroke Prevention Learning Collaborative moves into its second five-year cycle the systems change work begun in many states is continuing and expanding to new states and territories.

ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, formulate and influence sound public health policy and ensure excellence in state-based public health practice. To learn more visit their website at: <https://www.astho.org/About/>

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\*The ASTHO/CDC Heart Disease and Stroke Prevention Learning Collaborative is funded by the Centers for Disease Control and Prevention. Information for this spotlight were gleaned from the March 2019 ASTHO/CDC Heart Disease and Stroke Prevention Learning Collaborative: Lessons Learned from the Payers Cohort and the findings and conclusions within that report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention

\*\*Peter M Senge (2010). “The Fifth Discipline: The Art and Practice of the Learning Organization: First edition”, p.59

\*\*\*ASTHO website Tools For Change clearinghouse:

<http://www.astho.org/Prevention/Heart-Disease-and-Stroke/Tools-for-Change/>

This page is not an endorsement of any particular member, or organization, but simply a space to share the outreach efforts of various entities. If you are interested in being featured in the Million Hearts® Spotlight, please contact [sharon.nelson@heart.org](mailto:sharon.nelson@heart.org).