

SAFETY NEWSLETTER

SELF INSURED WORKER'S COMPENSATION FUND MEMBERS

February 2020

February is American Heart Month

- ❖ Heart disease is the leading cause of death in the US.
- ❖ It's also one of the most expensive medical conditions for employers: A single employee with cardiovascular disease costs their employer \$1,119 more per year in insurance costs.
- ❖ During February, health care providers and employers should host events and education to raise awareness about heart disease and how to prevent it.
- ❖ Here are 10 ways to participate in American Heart Month:
 - Download the employers' heart health toolkit from the CDC, available.
 - Choose and negotiate a healthcare plan that provides your employees with crucial services to promote heart health.
 - Celebrate National Wear Red Day to raise awareness about women and heart disease. Encourage your employees to wear red in February, 2020.
 - Include information in your employee newsletter on living a heart healthy lifestyle.
 - Post messages about heart health on your organization's social media account. Use Tweets to get you started.
 - Host a CPR training event. Learn more about workplace CPR awareness here, including how to request an on-site CPR/AED class or locate classes near you.
 - Start a walking club using these free resources.

Continued from 10 Ways to Participate in American Heart Month:

- Host a lunch-and-learn with heart-healthy foods and beverages.
- Download the American Heart Month badge for your website.
- Hold a heart health trivia contest. For example, post questions from this heart disease fact sheet on your bulletin board and have employees submit their answers for prizes.

The checklist allows employers to determine whether the health plan supports:

- Heart disease and stroke risk identification: Strategies to identify employees at risk for heart disease, stroke, and related risk factors and conditions.
- Heart disease and risk reduction programs: Programs and services to help employees prevent heart disease and stroke and improve overall health.
- National guidelines: Use of national guidelines for treating and preventing heart disease and stroke.
- Health care quality assurance systems: Systems to reinforce and evaluate the delivery of quality care.
- Strategies to eliminate CVD disparities: Tailored strategies to reach diverse groups who may be at increased risk for heart disease and stroke.
- Patient satisfaction surveys: Evaluations to ensure a high level of patient satisfaction with heart disease and stroke prevention program and services.
- Cost savings information: Reports that show cost savings associated with heart disease, stroke, and risk factor prevention over time.

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Primary Prevention:

- Screening: All people should receive recommended general preventive screenings (blood pressure, height, weight, waist circumference, pulse, glucose, and cholesterol levels).
- Blood pressure control: People with either high blood pressure (systolic >140 mmHg or diastolic > 90 mm Hg) or prehypertension (systolic 120–139 mmHg or diastolic 80–89 mmHg) should be provided with lifestyle modification counseling (weight control, physical activity, alcohol moderation, moderate sodium restriction, and emphasis on fruits, vegetables, and low-fat dairy products). Blood pressure medications should be prescribed according to guidelines.
- Lipid management: People with high lipids should be provided dietary therapy (goal: 7 percent saturated fat, <200 mg/day of dietary cholesterol), with emphasis on physical activity, weight management, and increased consumption of omega–3 fatty acids and soluble fiber.
- Diabetes management: People with diabetes should be provided appropriate hypoglycemic therapy to achieve near–normal fasting plasma glucose or as indicated by near–normal HbA1c. Diet and exercise counseling should be provided, followed by the prescription of oral hypoglycemic drugs. Treatment for weight management and physical activity should also be provided to offset other risk factors.
- Tobacco use: People should be provided with an assessment of tobacco use, and they and their families should be strongly encouraged to stop smoking and to avoid secondhand smoke. Counseling, pharmacological therapy (including nicotine replacement), and formal smoking cessation programs should be provided.

Primary Prevention Continued:

- Dietary intake: All people should receive dietary counseling encouraging them to consume a variety of fruits and vegetables per day, as well as low–fat dairy products, lean meats, poultry, fish, and legumes; reduce sodium intake, and moderate alcohol intake.
- Physical activity: All people should be advised/counseled to engage in moderate–intensity physical activity for at least 30 minutes each day.
- Weight management: Body mass index (BMI) and waist circumference should be measured and monitored as part of evaluation and therapy for weight management and physical activity. All people who are overweight or obese should receive weight management advice or counseling to achieve and maintain a desirable weight.
- Aspirin: People at higher risk of coronary heart disease (CHD) should be provided low–dose aspirin (especially those with 10–year risk of CHD >10 percent).
- Comprehensive Risk Reduction for People with Coronary or Other Vascular Disease People who have experienced a heart attack, stroke, or other coronary event, should get the following additional health care services:
- Lipid management: Fasting lipid profile should be assessed in all people and within 24 hours of hospitalization for those with an acute event. If patients are hospitalized, drug therapy on discharge should be provided according to American Heart Association guidelines

Key program components:

- Focuses on blood pressure and cholesterol.
- Has been in place for at least one year.
- Offers individual counseling and follow–up
- Has high (50% or greater) participation

Ref: CDC, American Heart Association

