Quality Improvement and Health
Information Directorate, CRHA

Calgary Cardiovascular Network

Feasibility Study

DRAFT

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Introduction

Drs. Brent Friesen, Norm Campbell, and Charlotte Jones, along with other steeri committee members are seeking funding to develop opportunities for a publi health/population health approach to control high blood pressure and other cardiovascular risk factors. Their strategy, which is based on scientific evidence and in particular on recent national consensus reporting, is to engage and involve interested organizations and individuals in the development of the cardiovascular network. The network would include developing and coordinating system wide strategies, with a view to ultimately reduce the impact of cardiovascular risk factors. The network has been given the interim title of Calgary Cardiovascular Network (CCN). This report represents *Phase 1 – Assessment*, of the CCN Workplan.

Background[1]

Cardiovascular disease is the leading cause of mortality and morbidity in Canada. As a result cardiovascular disease also leads as the major source of health care expenditures in Canada. By most recent data, 36% of deaths in Canada are attributable to cardiovascular disease. The expenses associated with cardiovascular disease which, as of the latest figures in 1993, were $19.7 billion. Unfortunately the prevalence of many cardiovascular risk factors is increasing, with the real possibility of cardiovascular disease overwhelming the capacity of our health care system.

It has been internationally recognized that cardiovascular disease is largely preventabl both through prevention of the development of cardiovascular risk factors and thr comprehensive treatment of risk factors in those who develop them. Hypertension, as an example, is one of the major risk factors for cardiovascular disease, is largely preventable through a healthy life style and is amenable to treatment with drug therapy. However, 1 i 5 adult Canadians have hypertension (1 in 2 of those over age 60), and only 16% those with high blood pressure are adequately treated and controlled. There are similar figures for other cardiovascular risk factors.

A Canadian strategy for Hypertension Prevention and Control has recently been developed. To be effective the strategy needs to be implemented at the community level. In Calgary this requires the formation of a network of dedicated and interested individuals and organizations. To this end Dr Brent Friesen, (Chief Medical Officer of Health), Dr Charlotte Jones, (Director of the Calgary Regional Hypertension and Lipid Clinic) and Dr Norm Campbell (a co-author of the hypertension strategy) have initiated a process t establish a Calgary Cardiovascular Network (CCN).

[1] Taken from *Feasibly Plan: Calgary Cardiovascular Network (CCN) – Work Pla* prepared by the CCN Steeri Committee.

Methodology

The feasibility study for the CCN was based on semi-structured key-informant interviews. Eighteen interviews with potential stakeholders in a cardiovascular risk factor control coalition were conducted during April 2000. Stakeholders were identified by the CCN Steering Committee.

Based on information provided by the Steering Committee, the interviewer devel semi-structured question guide for use during the interviews. The Steering Committee provided feedback and a final question guided was developed. The final question guide can be found in the Appendix (page 11).

Tape based analysis was used for the analysis of the interviews. Taped based analysi involves the analyst creating abridged transcripts while listening to the tapes. The analyst created summaries from all sources. The summaries were based on the key questions used in the interview guides. The information was then examined in more detail with t aide of meta matrices. This format allows the analyst to look for trends and discrepancies among the respondents. The same individual that conducted the interviews complet analysis.

Participants

Initially, contact was made with 23 potential stakeholders in a Calgary Cardiovascular Network. Interviews were completed with 18 individuals. Reasons for not completing an interview included:

- Did not respond to interview request (n=1)
- Refused because not interested (n=2)
- Refused because of a lack of time (n=2)

One individual was unable to complete an interview during the timeframe of the study, but did provide the interviewer with another individual that could represent the area. T substitute respondent was interviewed. Those interviewed represented a wide range of fields:

- Cardiology
- Endocrinology
- Internal Medicine
- Family Medicine
- Occupational Medici
- Nursing
- Nutrition
- Active Living
- Tobacco Control
- Commodity Marketing
- Restaurateurs
- Heart & Stroke Foundation

A limitation of this study is that no representatives of IM Neurology (Stroke Prevention) were interviewed.

Results

This section of the report presented the comments of the participants in relation to t major questions asked during the qualitative interviews.

Gaps in Cardiovascular Disease Prevention

Conversations with the participants were begun with a discussion of their views on the gaps in cardiovascular disease prevention. Most respondents spoke mainly about primary prevention of CVD. Some respondents also discussed secondary and tertiary prevention, however these stages were seen as more advanced. Most felt that this was because people come much closer to the disease than the general public

Almost unanimously, respondents felt that the biggest deficit of primary prevention was coordination.

- Many resources for CVD prevention have been developed. Time and resources are wasted when groups in the area of primary prevention are unaware of t efforts of other like-minded groups. Resources are also wasted wh organizations take pre-existing tools and redesign them wit their "own twist."

- Cardiovascular disease had tended to be attacked from individual risk factors. This is inappropriate since the risk factors interact with each other.

- Those involved in primary prevention are a splintered group. They are fighting over the same resources instead of working together.

Other gaps in CVD prevention that were mentioned include lack of coordinat communit screening efforts and about one-third of the participants felt that early interventions at t school levels have been inadequate.

Feasibility of a Calgary Cardiovascular Network

Those interviewed were supportive of the concept of a network focusing on the reducti of cardiovascular disease risk factors. However, participants did have conditions related to their support.

- **The Network must do somethin** : This was a major theme of the interviews. Almost all of those interviewed had some knowledge or experience with groups that spent hours discussing and debating issues without getting around to taking actions. These types of coalitions were seen as a waste of time and not something any of the respondents would be willing to support.

- **The Network must show that it is doing somethin** : Those interviewed spoke about the CCN being outcome oriented. This means setting and explicitly stati the goals of the Network (short term and long term), and then planning for research and evaluation of the initiatives undertaken by the Network. The ability to display positive outcomes in relation to the CCN's goals would be necessary t gain resources needed for long-term sustainability of the Network.

Barriers

Respondents were realistic about the many barriers that will be faced in trying to buil Calgary Cardiovascular Network.

- **"Turfdom:"** In order for a Coalition to work, individuals must be able to put thei personal and professional agendas aside. Many participants felt that this will be one of the largest hurdles the group will have to overcome. A strong leader who is able to leave his or her agenda aside was mentioned as the most likely way to overcome this barrier.

- **Time and Commitment:** People's time is presently a scarce resource and many different issues or causes are fighting for this resource. To win support and commitment from stakeholders the Network must have clear goals that are bei advanced. The Network must be action oriented.

- **Resources:** Resources, both monetary and human, will be required for the Network to function. Being able to pay dedicated coalition staff was seen as a manner by which to enhance the Network's likelihood of success. Respondents ideas for securing resources are outlined later in the document.

Structure

Respondents did not provide a great deal of information about how the Network shoul structured. This was mostly because the concept is still in early stages. Once a clear mandate is decided upon, the structure and membership issues will follow. Below ar some of the comments that respondents did have about structure:

- The membership of the Network must be multidisciplinary.

- Strong leadership is a necessary component for the success of the Network. T person, or persons, leading the Network must be dedicated to the cause.

- Several of those interviews suggested a strong core Coalition that would have "satellite" groups to work on specific Coalition initiatives, such as youth and physical activity, or secondary prevention. This would allow coalition members to focus on areas of their expertise and interest. Some even suggest using pre-existing groups, such as CTRAC, to work on particular focus issues. This woul reduce duplication of efforts. Furthermore, the public will already recognize these existing networks. However, one person was concerned that too many worki groups could lead to a lack of organization and focus.

- A small group of participants suggested attaining grant money to hir individual to coordinate the Network. The would be a research assistant ty individual who could deal with the administrative aspects of the Network, allowi delegates to concentrate on the strategizing, planning and action responsibilities.

Membership

Those interviews believed that the Network must be multidisciplinary. A wide variety of areas or groups that should be represented were provided by those interviewed. Those marked with an asterisk (*) were mentioned only once.

- The Medical Profession
    - Family Physicians
    - Cardiology
    - Endocrinology
    - Internal Medicine
    - Occupational Medici

- Other Health Professions
    - Nursing
        - Public Health
        - Home Care
        - Acute Care
        - Occupational Healt
        - Cardiac Nursing
    - Dieticians
    - Fitness Consultants
    - Cardiac Rehabilitation
    - Lab Services*

- Community Agencies
    - Heart and Stroke Foundation
    - Parks and Recreation – City of Calgary
    - Diabetes Foundation
    - Alberta Tobacco Reduction Alliance (ATRA)
    - CTRAC

- Commodity Marketing Bodies
    - Egg Marketing Board
    - Cattle Commission*
    - Alberta Pork
    - Alberta Milk Produces

- Retailers
    - Grocery Stores
    - Restaurants
        - Calgary Academy of Chefs*
        - Alberta Restaurant Association*
        - Alberta Bakers Association*

- Education

- Industry

Almost two-thirds of the participants spoke about the importance of engaging famil physicians in the Network. Family physicians are seen as the primary link to the public when health messages are involved.

Physicians that were interviewed tended to think of other health professionals or disciplines when discussing the membership of the Network [2] Other health professional and non-health representatives tended to view multi-disciplinary in a broader sense, suggesting membership from industry, retailers, and commodity marketing groups.

[2] Note: This statement does not refer to every physician interviewed

The general public was mentioned by approximately one-half of those interviewed. Physician and non-physician participants suggested public representation on the Network. Reasons for including the public include:

- Providing a "real world" perspective to the Network.
- Assisting the Network in gaining public support and buy-in for the activities of the Network.
- Using volunteers to assist the Network with its work.

Almost all participants mentioned the Heart and Stroke Foundation.

The final point that should be mentioned in relation to membership is the need for the Network to have a clear mandate. Participants were basing their suggestions for membership on an emerging concept. The final mandate that is set by the Network will ultimately determine the type of representation that is required for it to be successful Furthermore, the mandate will indicate what type of representation is required from eac area. For example, do you require a high-ranking individual with political clout, or frontline worker with first-hand experienc

Resources

As mentioned previously in this section, finding the necessary resources to support t Network will be one of the challenges faced. Respondents had ideas for where some of this money could come from.

- Government (CRHA and Alberta Health & Wellness)
- Grants
    - Health-based granting agencies
    - Grants available for coalition building (ex. Federal Government)
- Industry Sponsorships
- Drug Companies
- Insurance Bureaus

Most participants felt that at least part of the funding for this initiative must come from the CRHA. Granting agencies were also commonly suggested. Some felt grant money should be used to develop the Network itself. Especially using health innovati network supporting grants. Others suggested using a health research grant for a pilot project that could produce measurable outcomes. This could then be the basis for securing further funding from any of the possibilities mentioned above. Still others thought they would provide an opportunity to expand the actions of the Network once it becomes established.

Focus of Calgary Cardiovascular Network

There was no clear consensus on a focus for the CCN. Individuals generally felt that CVD needed to be attacked with a concerted effort. No one risk factor was seen as being mor

important than another. Furthermore, CVD risk factors interact with each other, thus suggesting a need to focus on risk factors together. A handful of respondents also discussed the overlap of CVD risk factors with other chronic diseases such as diabetes and cancer. Working together or a least being aware of initiatives in these areas wa suggested.

Populations that may be a focus of the CCN were also discussed. Some respondent suggested school-aged children as a target. These individuals thought the earlier interventions begin, the better. However, the majority of respondents felt that the target populations should be based on need. A systematic needs assessment of risk factor prevalence and available resources would point out inefficiencies. It is on these inefficiencies that the efforts of the Network should be focused. One participant also believed that a socio-cultural perspective should also be considered by the CCN.

Participants believed that it would be necessary for the CCN to direct its efforts at both the public and health professionals. Public support is a powerful tool when pushi agenda so engaging them in the Network and its initiatives is important. Health professionals were seen as a primary information source for the public, especially family physicians. As discussed below, respondents expressed the importance of developing consistent messages. Part of this would be engaging health professionals so that they wi endorse and convey the messages of the CCN.

A small number of respondents thought the CCN could focus on government bodies as a lobby group. For example, the CCN could lobby Alberta Health and Wellness to pay primary care physicians for CVD risk factor counseling.

Desired Outcomes

Those interviewed were asked about the things they would like to see the CCN accomplish. Aside from ultimately reducing CVD risk factors, four other outcomes wer repeatedly mentioned.

1. **Development of the Network:** Some individuals thought that bringing together a broad-based multidisciplinary team and developing a clear mandate woul major success in itself.

2. **Coordination of Existing Resources:** Individuals were each aware of resources that have been developed to prevent CVD and its risk factors, with many of the tools duplicating work that was already done. A large number of respondents felt that compiling tools that already exist and making that information available, a type of clearinghouse function, should be one of t CCN's first activities.

3. **Create Consistent Messages:** Many believed that one of the faults of CVD prevention to date has been presenting different and sometimes conflicti information on a topic. Some would like to see the CCN review current evidenc and develop position papers on major topics in CVD prevention. Consistent education messages could then be developed and promoted based on the position papers.

4. **Become a Model for Others:** Respondents would like the CCN to becom model for networks in other health regions; a model not only for a population

health based risk factor reduction, but also for coalition/network development. I would eventually collaborate with other networks to attack CVD on a provincial or national level.

Timing

The final question posed to participants was the appropriateness of a planning workshop during mid to late September, 2000. Responses to this question illustrate one of the potential barriers to the CCN; people's busy schedules. Some felt that this was good timing, while others had commitments during these few weeks. General concerns about this timeframe include:

- September is a difficult time for those involved in academia,
- The School Boards in Alberta are implementing a new physical education curriculum this fall. This may limit involvement from the school system.

The one consensus related to timing was to provide as much notice as possible (months).

Major Themes

Some messages were clearly conveyed by all or a majority of those interviewed. These are issues that were identified as important regardless of the area that the participant represented. The CCN Steering Committee must pay special consideration to these issues as it moves forward with the development of the Network.

- **"Do Not Become a Coffee Party:"** This was probably the most common theme in the interviews. Respondents were familiar with existing coalitions that spend a great deal of time talking without ever getting to the action stage. Attainable goal must be set and acted upon from the beginning of the Network.
- **Do Not Reinvent the Wheel:** Resources for CV disease prevention exist. T Network should be using and building upon these resources and not re-creating resources "with their own twist."
- **Research and Evaluation:** The CCN will have to justify its existence by the collection of outcome data. Furthermore, their decisions must be made based on evidence. Thus, planning for the inclusion of evaluation and research was seen as important for a successful and sustainable coalition.
- **Dual Target:** Consistent and repeated messages are important tools for impacting behaviour change. Respondents felt that the CCN's efforts shoul focused on both the public and health care professionals.
- **Barriers Exist:** Based on their experience or knowledge of other networks/coalitions, participants spoke about barriers that will have t overcome. The most commonly expressed challenges were:

- ***Time and Commitment:*** Success is based on the commitment of t individuals involved. People generally feel pressure on their time. The Network will have to have a strong and clear direction in order to have peopl commit their time and efforts to the Network.

- ***Territorial Issues:*** Each member coming to the Network will bring his or her own biases. In order to be successful, the Network members will have t willing to work together and at times set aside their own agendas.

- ***Resources:*** Resources will have to be secured to support the Network its work. The development of the Network will also require resources.

Conclusion

Those that were interviewed generally supported the concept of a coalition to support cardiovascular disease prevention, providing it is a group that actually accomplishes something. Many respondents gave examples of committees they have sat on that discuss the issues but never get around to dealing with matters. Further planning involving a wide range of stakeholders is required to determine the ultimate feasibility of the Calgary Cardiovascular Coalition.

Acknowledgements

The Calgary Cardiovascular Network Steering Committee would like to thank the following individual for participating in the feasibility study:

- Dr. June Bergman, Regional Clinical Department Head, Department of Family Medicine, CRHA
- Dr. Ken Corbett, Occupational Medicine, Director, Occupational & Environmental Health Clinic University of Calgary Medical Group
- Dr. Diane Dahlman, Medical Services Director, Occupational Health Division – Calgary Healt Centre, Imperial Oil Limited
- Ms. Darlene Dawson, Patient Care Coordinator, Heart Health Program, FMC, CRHA
- Ms. Aundrea Dersch, Healthy Lifestyles Specialist, Calgary Parks & Recreation
- Dr. David Lau, Professor of Medicine and Director, Juli McFarlane Diabetes Research Centre, University of Calgary
- Ms. Anne Lohnes, Coordinator, Nutrition Services, CRHA
- Dr. Victor Lun, Assistant Professor, Faculty of Kinesiology, University of Calgary
- Dr. Elizabeth MacKay, Internal Medicine Specialist, PLC, CRHA
- Dr. Brent Mitchell, Professor of Medicine, Head, Division of Cardiology, Foothills Hospital & University of Calgary
- Mr. Frank Neibor, President, Heart & Stroke Foundation of Albert
- Ms. Joyc Seto, WIN IT Coordinator, Tobacco Reduction, CRHA
- Dr. Eldon Shaffer, Regional Clinical Department Head, Internal Medicine, University of Calgary
- Ms. Janice Stewart, Director, Heart Health Program, FMC, CRHA
- Dr. Karen Then, Associate Professor, Faculty of Nursing, University of Calgary
- Mr. Don Turnbull, Food Services Manager, Heritage Park
- Ms. Brenda White, Marketing & Communications Manager, Alberta Egg Producers Boar
- Ms. Beverley Whitmore, Clinical Practice Specialist, Adult Nutrition, PLC, CRHA

Appendix – Question Guide

CCN Question Guide
April, 2000

Preamble: Confidentiality – Permission t audio tap

FOR NON-HEALTH PEOPLE:

Cardiovascular disease is the leading cause of mortality and morbidity in Canada. As a result cardiovascular disease also leads as the major source of health care expenditures in Canada. By most recent data, 36% of deaths in Canada are attributable to cardiovascular disease and the expenses associated with cardiovascular disease which, as of the latest figures in 1993, were $19.7 billion. Unfortunately the prevalence of man cardiovascular risk factors is increasing, with the real possibility of cardiovascular disease overwhelming th capacity of our health care system.

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Drs. Brent Friesen, Norm Campbell, and Charlotte Jones, along with other steering committee members ar seeking funding to develop opportunities for a public health/population health approach to control high blood pressure and other cardiovascular risk factors. Their strategy: which is based on scientific evidence, in particular recent national consensus reporting is to engage and involve interested organizations an individuals in the development of the cardiovascular network. The network would include developing, and coordinating system wide strategies, with a view to ultimately reduce the impact of cardiovascular risk factors.

The steering committee has **drafted** a mission and vision statement and goal for the CCN. In order to give you some ideas about the steering committee's ideas of the network, I will read them to you:

Mission (draft): To increase the number and capacity of local networks and partnerships in implementing population health approaches to controlling high blood pressure and other cardiovascular risk factors for residents of Region 4.

Vision (draft): To eliminate high blood pressure and cardiovascular disease.

Goal of the Project: To link existing and new groups to support community action towards national goals in preventing and reducing cardiovascular disease.

1. From your perspective, what gaps exist in cardiovascular disease prevention

2. Do you support the idea of a coalition or network that would involve dedicated and interested individuals an organizations in developing and coordinating system wide strategies with a view to ultimately reduce th impact of cardiovascular risk factors? Why do you say that
    - specific reasoning
    - nature of obstacles foreseen

3. What would be your vision for the structure of such a coalition or network?
    - membership/what sectors
    - resources/commitment of resources

4. What issues of cardiovascular disease prevention would you like to see the network focus on
    - professionals/publi
        - targets within these groups (ex. age groups)
    - nutrition/active living/tobacc
    - what process should the coalition go through to determine the priorities

5. What would you like to see such a network accomplish

6. When? – mid to end of September

Although you names will not be connected to any specific comments, I would like to include a list of ke informants at the end of the feasibility report. Is it okay to put your name on this list

Thank-you for time!