

AIM

Awareness * Instruction * Management



For the
HEART

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Executive Summary

The Dallas-Fort Worth Business Group on Health, American Airlines, Cooper Aerobics Center and Merck collaborated on a cardiovascular risk reduction program for 25 reservationists at American Airlines corporate headquarters. The overall goal of the program was to affect healthy lifestyle changes in a small group of employees, thereby helping them to reduce their cardiovascular disease risk.

The following objectives were accomplished to meet this goal:

- Assess cardiovascular disease risk through:
 - Lipid profile blood tests
 - Blood pressure measurement
- Determine current lifestyle habits for each employee participant
- Implement healthy lifestyle promotion, screening and education resources for employees including:
 - monthly group educational sessions
 - group conference calls
 - frequent self-management indicators
 - incentives

Throughout this program we learned more about what components make up a great program. The following are five of our “Lessons Learned”.

1. A great program allows participants to set personalized long term goals and realize their own self-determined BIG rewards.
2. A great program is fueled by exceptional speakers
3. A great program allows participants to decide for themselves “What works for ME?” “What is MY next step?”
4. A successful program must encourage participants to share with each other their individual challenges and successes and move together as a group.
5. A great program should span longer than 6 months. Also, each educational meeting should be 60-85 minutes in length and telephonic coaching calls should be 45-60 minutes in length.

Our screenings include measurements of blood pressure, and fasting bloods for triglycerides, cholesterol, HDL, and LDL. Measurements were made at a base-line, prior to interventions and at the end of the six-month program. The following data is for 15 participants who participated in all the interventions.

- The average age of the participants is 49.2 years, with ranges of 31 to 70.
- 13 females, 2 males
- 9 lowered their TTC from 2-44 points with an average of 14.7
- 9 increased their HDL 3-13 points with an average of 7.3
- 8 lowered their LDL 4-49 points with an average of 26.6
- Beginning 46% have high blood pressure
- Beginning 40% have cholesterol levels greater than 200 mg/dl
- Ending 33% have cholesterol levels greater than 200 mg/dl

Aiming for the Heart

Decide your Game...

What started out as a bull's eye game, aiming our "disease management" arrows at reducing the risk for cardiovascular disease in American Airlines employees turned out to be more of a strategic Monopoly game, of overall health management. With a broader vision that there are as many components to reducing cardiovascular disease risk as there are individuals. Each individual is also at a different point in their cardiovascular disease risk; therefore, a company can influence an even wider portion of its employees if we focus on empowering employees to make informed choices that lead to healthy lifestyle habits.

In essence we've made our arrow bigger allowing us to cover more of the target and affect not only cardiovascular disease, but obesity, diabetes, and other chronic conditions with lifestyle changes.

This program wasn't just about targeted disease management-getting X employees to lower their cholesterol X%. It was about bringing awareness and empowerment to participants in an effort to begin practicing the dialogue and actions of healthy habits. This program was about meeting employees at their position in the game and leading them a few more spaces along the game board. By losing weight and lowering their cholesterol, some participants did get a Free "GET OUT OF JAIL" card and the hope that their lifestyle changes reduced their risk for cardiovascular disease.

People don't like to have DISEASES.

People don't like to be MANAGED.

EMPOWER people to make better choices.

Empower people to CHOOSE healthier habits.

Goals and Objectives

With the Monopoly board game strategy in our mind, we had to figure out how to get some hotels. The overall goal was to affect healthy lifestyle changes in a small group of American Airlines Reservationists, thereby helping them to reduce their cardiovascular disease risk. (Think buying up Boardwalk & Park Place.) Another goal was to develop a model worksite healthy lifestyle change model that other employers could emulate. Finally we wanted to evaluate the impact group conference calls sessions had on the overall outcomes of the group.

The following objectives were accomplished to meet these goals:

- Assess cardiovascular disease risk through:
 - Lipid profile blood tests
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Program Phases

Phase I: Employer Education & Selection

Corporate members of the Dallas-Fort Worth Business Group on Health were notified of program goals and objectives and invited to participate in the pilot program. American Airlines was selected, based on company size, management interest, and a large number of employees in a single local worksite.

Phase II: Participant Selection

American Airlines selected the Southern Reservations Office (SRO) to participate in the program. The SRO group has approximately 3,000 employees on 3 shifts. Notices were placed in employee email boxes asking them to come for a free cholesterol test and to learn about their risk for cardiovascular disease. Forty-four employees were given lipid profile blood tests, which included Total Cholesterol, HDL Cholesterol, LDL Cholesterol and Triglycerides. Since our goal was to affect healthy lifestyle changes in a small group of people, we narrowed our participants to those who agreed to the 6 month program terms. Twenty-five SRO employees agreed to participate in the program. Participants signed a participation agreement acknowledging risks and permitting DFWBGH access to personal health information. *(See Appendix pg.23 Participant Consent, Release and Waiver)*

Phase III: Worksite Education Activities

Health Risk Assessment, Readiness to Change, & Lifestyle Assessment Questionnaires

A generic Health Risk Assessment was adapted to fit the AIM for the Heart program goals. Several “readiness to change” questions and a lifestyle assessment were added to identify at what point of awareness each participant was. Sample questions are shown on page 24. *(See Appendix pg. 24 Readiness to Change Questionnaire)*

Lifestyle assessments were also administered throughout the six-month program to re-evaluate the progress of participants and allow them to see what big changes they were making along the way. *(See Appendix pages 25-27)*

Group Educational Sessions

Monthly group educational sessions were provided by Cooper Aerobics Center staff over a six month period. Topics included:

- *Overview of AIM for the Heart*

The AIM for the Heart Program at American Airlines is a joint demonstration project of Dallas-Fort Worth Business Group on Health (DFWBGH) and American Airlines, supported by Merck, Inc. The goal of this program is to promote healthy lifestyle changes among a selected group of employees through worksite educational sessions, telephonic coaching sessions and lipid blood tests.

- *Physical Fitness: The Fountain of Youth*

We have found the fountain of youth and it is physical activity. In just a few minutes a day, you will reap the benefits of weight loss, fat loss, increased energy and stamina, lower risk for heart disease, stroke, and diabetes, and stronger bones. Reverse the aging process by beginning today. You'll look and feel fantastic. Set up your own schedule for regular moderate exercise. Start today!

- *Lifestyle Nutrition*

This comprehensive workshop will enhance your understanding of nutrition in the most practical way. You'll be inspired to make healthy choices for yourself and your family, whether at home or dining out. Identify your personal strengths and weaknesses. Then, decide to make choices that are simple, convenient and effective.

- *Living a Healthy Lifestyle*

Setting realistic goals is the basis for making permanent lifestyle change. Go step by step through proven strategies that result in new habits that are easy to maintain.

Group Educational Sessions Continued...

- *Coronary Heart Disease: Am I at Risk?*

A Cooper Clinic cardiologist described, with color slides and straight talk, the dynamics of heart disease. Armed with knowledge and understanding, prevention is the natural next step.

- *Managing Stress for Peak Performance*

It's hard to know when work is overtaking personal life or family is consuming your last drop of energy. When external systems place a high demand on performance and creativity, your inner balance can transform stress into mental and emotional energy to enhance effectiveness. This session will give you a simple yet effective plan to implement small changes and reap big dividends.

Risk of illness or death from a chronic disease including heart disease, cancer, and stroke is far greater than dying in a plane crash, terrorist attack or from an infectious disease, yet most American's have NOT made changes in their habits to make their lifestyles healthier.

Telephonic Coaching Sessions

The 25 participants were divided into two groups depending on shift times. Each group participated in 30 minute telephonic educational coaching sessions, provided by Nancy Berry, Consultant and Lifestyle Coach for the Cooper Wellness Programs. A series of twelve conference calls were scheduled progressively throughout the program. The first call did not begin until after the 3rd educational session on goal setting. Subsequent coaching calls were conducted every other week after that. Topics included:

- **Getting Off to a Successful Start**
- **Helpful Habits**
- **Living into a Healthy Lifestyle: Rules of the Road**
- **Creating New Health Habits: How Far I've Come**
- **Fun Food Choices**
- **Recipes to Share**
- **Exercise You Can FIT in ANYDAY**
- **Colorize Your Diet**
- **Living Well: 32 Habits for a LONG and Healthy Life**
- **Managing Special Occasions**
- **Strategizing My Relationship with Rewards**
- **On My Own... With a Little Help from My Friends**

Points to Note:

- Participant pairs that worked on the same shift did better at encouraging each other than those pairs whose partners didn't see each other during the day.

Telephonic Coaching Points to Note

During the first telephonic coaching session participants were asked to partner with someone from their conference call group. It was up to each pair to decide how closely they would work together, but we asked that there be a minimum of weekly contact to discuss what's working and what's not, as well as strategies and tactics for achieving goals and overcoming barriers.

Some pairs took it upon themselves to expand their partnership relations and visit American Airlines fitness center together, call each other at home, or eat lunch together.

At each conference call, participants were given a handout of material to be covered in the coaching session, as well as assignments to work on for the coming week.

Participants gathered together in one room to join the telephonic coaching sessions. If participants had the day off or were unable to meet with the group, they were given a toll free number to call to join the session.

Coach Nancy Berry told participants at the first meeting, "Over the course of the program, you will receive a lot of information and at times this information may seem overwhelming. You can relax. What at first seems like information OVERLOAD, over time will start to feel like COMMON SENSE."

Participants were introduced to the concept of setting "SMART" goals. SMART stands for: Specific, Measurable, Achievable, Rewarding, and Timely. Participants were also encouraged not to be too aggressive so that the changes can be built upon over time and made into lasting lifestyle habits.

Value-Added Benefit:

In an effort to hold down the project costs, we decided to conduct telephonic coaching sessions with small groups of participants rather than one-on-one. This not only reduced the overall cost of telephonic coaching, but also unexpectedly increased participants' bonding and mutual support.

Additional Worksite Educational Activities

- Homework/Action Items for Habit Creation

At each group educational meeting participants were given hard copy handouts of the presenter's slides, they also were encouraged to continue building the habits that they were working on in the telephonic coaching calls. In the coaching calls, participants were given a small amount of homework as positive reinforcement of the lessons learned.

- Participants were encouraged to seek help with their lipid management from their personal physicians

A few participants started cardiovascular disease risk management discussion with their physicians, based on their lessons learned from the coaching calls. Several participants enhanced their dialogue with their physicians, which helped them to make greater gains in their understanding and success.

One participant had suffered a heart attack shortly before the program started and missed the first two meetings of the program, but joined in for the coaching calls and remainder of the meetings. As a result of her involvement in the program and close interactions with her physician, she was able to be taken off Lipitor within 3 months of her heart attack.

- Incentives were used to encourage employees to participate and stay involved.
- **FREE** pedometer along with monthly exercise log allowed participants to track their 10,000 steps per day.
- Prizes of cookbooks and gift cards were awarded to those who completed the exercise log daily regardless of goal achievement.
- **FREE** worksite cholesterol screenings pre and post-program
- **FREE** worksite Lipid profile blood tests
- **FREE** CVD risk assessments

Comparison of Baseline Cholesterol Levels, Intervention Start and Finish Levels

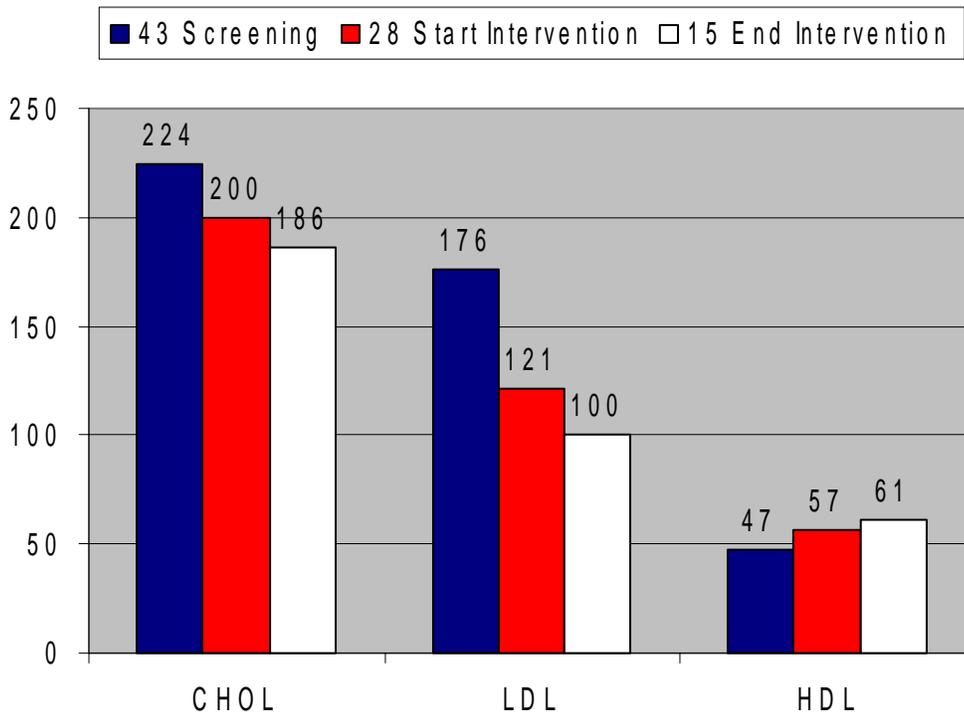
Comparison of average cholesterol levels for screened employees, who started the intervention but didn't finish and screened employees who finished the program.

TTC=Total Cholesterol (Goal:<200)

LDL=Low Density Lipids (Goal: <70)

HDL=High Density Lipids (Goal: >40 Men, >50 Women)

	CHOL	LDL	HDL
43 Screening 01.22.2004	224	176	47
28 Start Intervention 03.24.2004	200	121	57
15 End Intervention 09.01.2004	186	100	61



Change in Cholesterol Levels- Participants

Average improvement in cholesterol levels for the 15 participants in the AIM for the Heart Program.

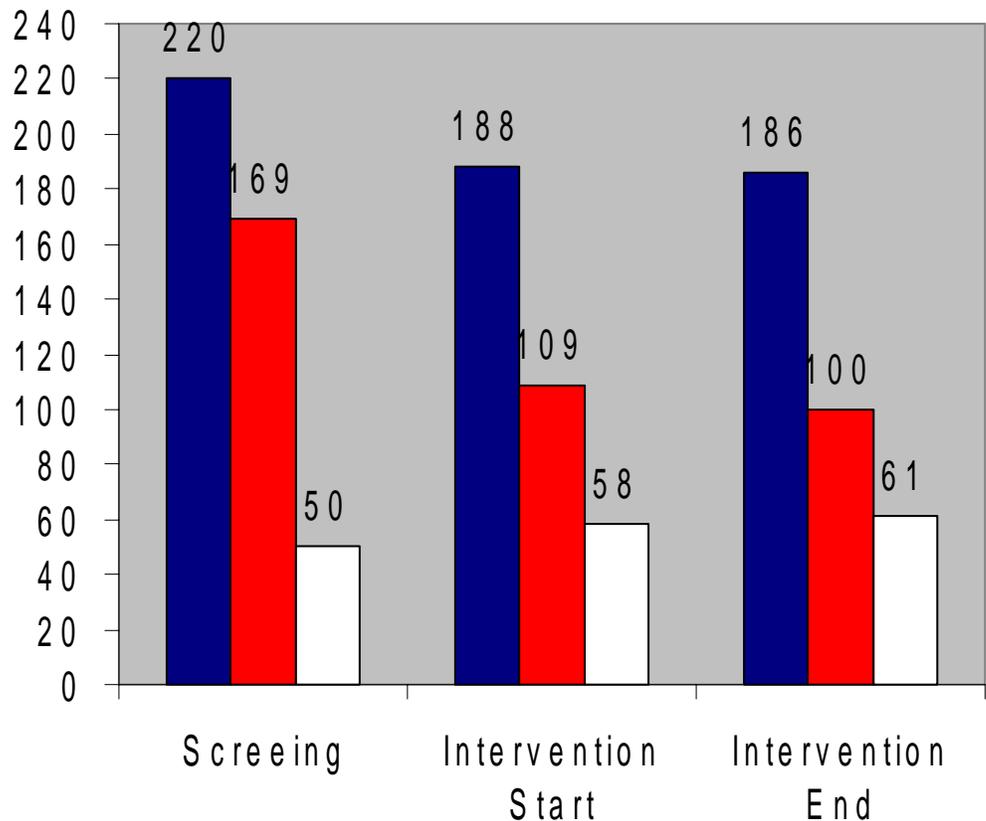
TTC=Total Cholesterol (Goal:<200)

LDL=Low Density Lipids (Goal: <70)

HDL=High Density Lipids (Goal: >40 Men, >50 Women)

	TTC	LDL	HDL
Cholesterol Screening 01.22.2004	220	169	50
Intervention Start 03.24.2004	188	109	58
Intervention End 09.01.2004	186	100	61
% Change	-15%	-41%	22%

■ TTC ■ LDL □ HDL



Comparison of Cholesterol Levels

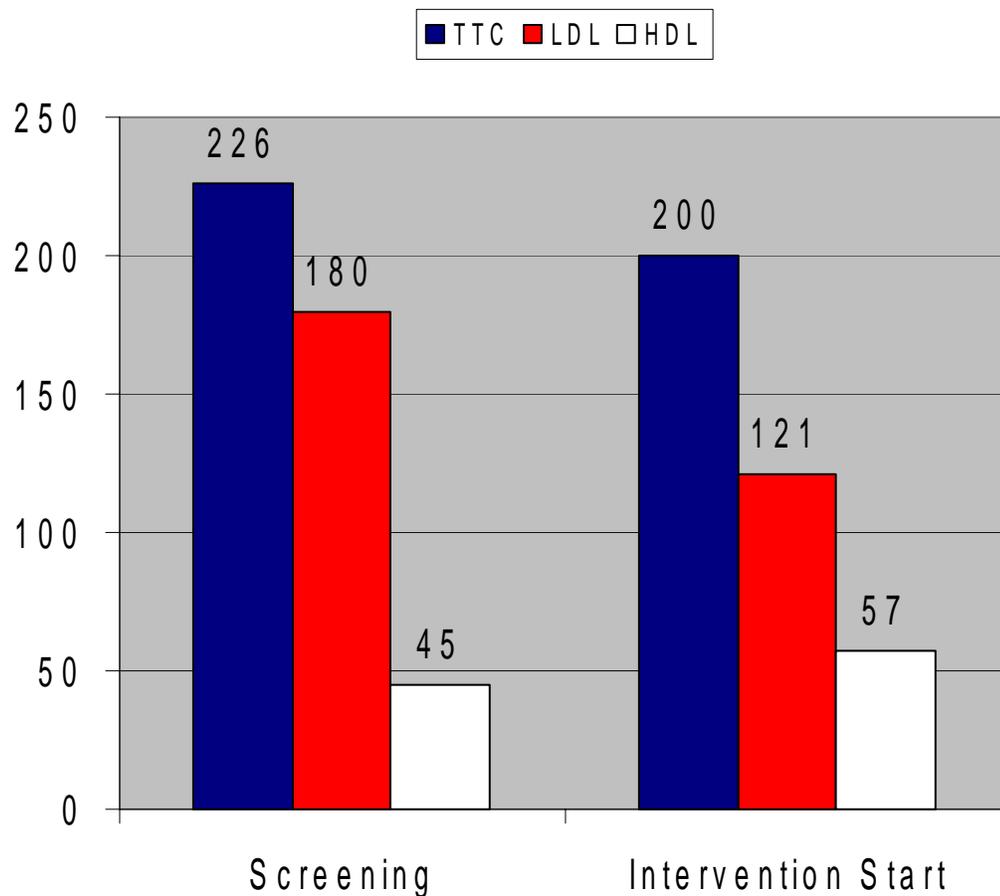
Average improvement in cholesterol levels for the 28 participants who did not take part in the intervention of the AIM for the Heart Program.

TTC=Total Cholesterol (Goal:<200)

LDL=Low Density Lipids (Goal: <70)

HDL=High Density Lipids (Goal: >40 Men, >50 Women)

	TTC	LDL	HDL
Cholesterol Screening 01.22.2004	226	180	45
Intervention Start 03.24.2004	200	121	57
% Change	-12%	-33%	27%



Change in Cholesterol Levels, Participants and Non-Intervention Participants

Comparison of average blood pressure and cholesterol levels for the intervention participants and non-intervention participants of the AIM for the Heart Program.

SBP=Systolic Blood Pressure (Goal: <120)

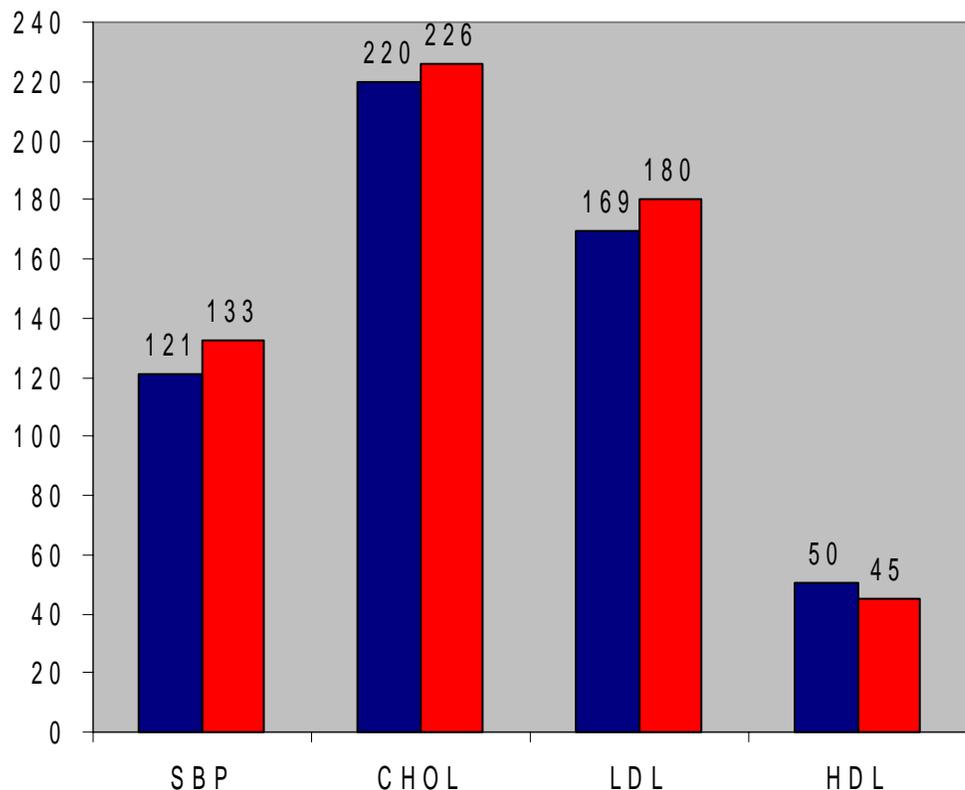
TTC=Total Cholesterol (Goal:<200)

LDL=Low Density Lipids (Goal: <70)

HDL=High Density Lipids (Goal: >40 Men, >50 Women)

	SBP	CHOL	LDL	HDL
15 Participants	121	220	169	50
28 Non-Participants	133	226	180	45
Total	125	224	176	47

■ 15 Participants ■ 28 Non-Participants



Lessons Learned

1 Long-Term Goals = BIG Rewards

This program was designed to focus participant attention on the long-term goal of living a healthy lifestyle, deepen their awareness of what a healthy lifestyle entails and enable participants to begin practicing habits of healthy living.

By doing so, participants lowered their cholesterol, blood pressure, and glucose levels, and also lost significant amounts of weight. So by focusing on healthy habits we have reduced the risk of several inter-related disease states: obesity, diabetes, cardiovascular disease, stroke, cancer and more.

“Wellness is about a conscious decision to pursue advanced states of physical and psychological well-being because it’s a richer way to live; wellness is its own reward.” -Don Ardell, Ph.D.

Also, the rewards weren’t only changes in clothing sizes or blood lipid levels. One

participant stated it nicely when she told us that the reward for her wasn’t about shopping for new clothes. Instead, the best reward of all was feeling better and having more energy to spend playing with her grandchildren. She also explained that her family had seen such a dramatic change in the way she looked, felt and carried herself that all of her family members had begun to adopt a similar pattern of healthy habits and they were experiencing the benefits together for a long time to come.

A great program allows participants to set personalized long term goals and realize their own self determined BIG rewards.

2 Zig Ziglar vs. Mrs. Smith

Zig Ziglar, as most people know, is considered the master of motivation & inspiration. He is a powerful and dynamic speaker with the ability to empower millions of people to achieve unthinkable dreams just by stirring powerful emotions inside his listeners. Contrast that to “Mrs. Smith” or whichever teacher you remember from your school days, as the one with the uncanny ability to make any subject put you straight to sleep. It wasn’t that the subject wasn’t interesting or that the topic wasn’t important in molding you into the respectable citizen you are today, it was just that her presenting skills were weak. Fabulous person. Wrong job.

The professional speakers who presented at the group educational meetings were phenomenal. Their expertise in their subject, passion for their field and real life example helped stimulate participant interest, enthusiasm and readiness for lifestyle change.

It takes a great amount of skill to keep, hold and move an audience along to a new desired point in their understanding of the subject. Even more challenging is the ability to create “light switches” for people. Each participant picked up on and was motivated by different things. Participants were asked what things “flipped the switch” for them. For some it was a picture of what a clogged artery was; for others it was the thought of having enough energy to wrestle around with the grandkids; and for another it was a stack of plastic play food arranged on a plate showing what portion sizes should really look like.

A great program is fueled by exceptional speakers.

3 Perceptions of Reality

Most of us think we do a pretty good job of making decisions, but often when actually shown what a good job is we find our perceptions of reality a little off kilter. Through the use of self-reported lifestyle assessments, this program allowed participants to define and measure their own realities.

During the first coaching call participants were asked to describe their eating habits: how many servings of fruits, water, vegetables, caffeinated beverages they consumed during the week. They were also asked about their aerobic and strength training routines. Based on the answers the coaching calls were more

Even though you may learn from the experiences of others, the journey becomes yours as you ask and answer the questions:

What works for ME? What is MY next step?

heavily weighted towards topics of interest or areas of improvement for participants. At the end of the program participants were

again surveyed to measure changes in these habits. Nearly all participants improved their consumption of fruits, vegetables and water while limiting their caffeinated beverages.

Each participant made their own SMART goals and was rewarded and encouraged for the progress they made. The use of the periodic self-reporting tools made it easier for participants to see what they were actually doing and what successes they had achieved.

A great program allows participants to decide for themselves “What works for ME? What is MY next step? These can be drawn out of participants by using self-reported lifestyle assessments.

4 No man is an island.

Our friends, family and coworkers are often helpers in leading us down the wrong path. They offer us tasty goodies we can't refuse, they invite us over for sedentary activities, or they help create an environment where healthy isn't fashionable. But on the flip side our friends, family and coworkers can be the ones that support, encourage and build us up.

The inclusion of the telephonic coaching calls and specifically the way the participants joined the call as a group, helped them ban together, achieving better results and strengthening morale than they would have had they participated in individual coaching calls. Two key factors played strongly in this dynamic. Nancy Berry, who facilitated the call, provided strong leadership and set positive boundaries for the group and created an environment where each participant was applauded for individual successes. It was especially important for the participants not to compare their successes to each other but to celebrate their achievements. Nancy was also able to tap into a wide array of resources at the Cooper Aerobics Center to answer specific questions ranging from clinical outcomes, to nutrition supplementation, to sleep aids.

Secondly, one of the coaching call participants was the manager of the employees who participated. His involvement in the program allowed the participants to bond as a group and encourage each other at work. His presence also radiated a positive energy to the group as they followed his lead.

The group dynamic enhanced the successes of all participants and is likely to keep this group aware of their healthy habits for a long time to come.

A successful program must encourage participants to share with each other their individual challenges and successes and move together as a group.

5 Never Enough Time

For everyone time is a valuable commodity.

The entire program spanned six months. As one participant stated “Six months was barely long enough-it took me a few months just to get out of my own way and get started!”. We think that the program would best be suited for 12-24 months in length.

We allotted 60 minutes for educational sessions and administrative announcements and 30 minutes for the small group conference calls. Participants surveyed agreed that each should be longer. The educational sessions needed to be

**“Six months was barely long enough-
it took me a few months just to
get out of my own way
and get started!”**

-Participant’s Remark

longer because about 15-20 minutes of each session was dedicated to administrative tasks, leaving only 40-45 minutes for the speaker.

Additionally, some of the participants were not encouraged by management policies to partici-

pate in longer sessions. For full participation and results, all levels of management policies must encourage and support the employees participation in the program.

A great program should span longer than 6 months. Also, each educational meeting should be around 60-85 minutes in length and telephonic coaching calls should be 45-60 minutes in length.

Appendix

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- **Readiness to Change Questionnaire-Page 24**
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Participant Consent, Release and Waiver

The “AIM for the Heart” Cardiovascular Disease and Lipid Management Program at American Airlines is a joint demonstration project between Dallas-Fort Worth Business Group on Health (DFWBGH) and American Airlines, supported by Merck. The purpose of the project is to determine if providing cardiovascular disease and lipid management education in the work place leads to improved health behaviors and outcomes. Please read the terms of this agreement and sign below if you agree to give your consent to participate in the “AIM for the Heart” Program.

What American Airlines Benefits Strategy will provide participants:

1. Monthly one-hour meetings (may include lunch) with a health educator (6 months)
2. Each meeting will cover educational information for self-management of cardiovascular disease, including lipids
3. Participants will each receive a pedometer and self-evaluation materials for the duration of the program.

What the Participant commits to do:

1. Attend all monthly meetings
2. Test lipid levels at first and last meeting as prescribed in the course
3. Complete a Health Risk Assessment (HRA) pre- and post-course
4. Complete pre-course knowledge assessment
5. Complete post-course knowledge assessment
6. Consent to sharing the above pre- and post- program lab results and information with DFWBGH*:
 - a.

Readiness to Change Questionnaire

1. Which of the following statements best describes your intentions concerning your cholesterol levels? (check the best answer)

- I have decided to take action to improve my cholesterol in the next 30 days.
 I am seriously considering taking action to improve my cholesterol in the next six months.
 I do not intend to take action to improve my cholesterol in the next six months.

2. Which of the following statements best describes your intentions concerning your blood pressure? (check the best answer)

- I have decided to take action to improve my high blood pressure in the next 30 days.
 I am seriously considering taking action to improve my blood pressure in the next six months.
 I do not intend to take action to improve my blood pressure in the next six months.

3. Which of the following statements best describes your intentions concerning your physical fitness? (check the best answer)

- I have decided to take action to improve my physical fitness in the next 30 days.
 I am seriously considering taking action to improve my physical fitness in the next six months.
 I do not intend to take action to improve my physical fitness in the next six months.

4. Which of the following statements best describes your intentions concerning your nutrition? (check the best answer)

- I have decided to take action to eat healthier in the next 30 days.
 I am seriously considering taking action to eat healthier in the next six months.
 I do not intend to take action to eat healthier in the next six months.

5. Which of the following statements best describes your intentions concerning your stress level? (check the best answer)

- I have decided to take action to reduce or learn to better handle stress in the next 30 days.
 I am seriously considering taking action to reduce or learn to better handle stress in the next 6 months.
 I do not intend to take action to reduce or learn to better handle stress in the next 6 months.

6. Which of the following statements best describes your current use of tobacco products? (check the best answer)

- I smoke or use tobacco, but I have decided to quit in the next 30 days.
 I smoke or use tobacco, but I am seriously considering quitting in the next 6 months.
 I smoke or use tobacco, and I have no intention of stopping in the next 6 months.

7. Which of the following statements best describes your intentions concerning your weight? (check the best answer)

- I have decided to take action to lose weight in the next 30 days.
 I am seriously considering taking action to lose weight in the next 6 months.
 I do not intend to take action to lose weight in the next 6 months.

8. Which day of the week is best for you to attend meetings?

M T W Th F Sat Sun

9. Which time of the day is best for you to attend meetings?

11am-noon noon-1pm 3pm-4pm

Initial Lifestyle Assessment

Name: _____ Email: _____

1. Has any member of your immediate family (parents, brothers, sisters) developed heart disease or had a stroke before age 55? **YES NO**
2. Has a doctor ever said you have a heart condition? **YES NO**
3. Do you have a bone or joint problem, such as arthritis or an old injury that could be made worse with exercise? **YES NO**
4. Are you presently under a doctor's care for any disease or condition? **YES NO**
5. Are you aware, through your own experience or doctor's advice, of any other physical reason (including pregnancy) which would prevent you from exercising without medical supervision or specific instructions from a doctor? **YES NO**
6. How many healthy meals do you eat each day? **1 2 3 4 5 +**
7. When dining out, I select healthy choices from the menu? **YES NO**
8. On a typical day I have: Servings of fruit **1 2 3 4 5 +**
 Servings of vegetables **1 2 3 4 5 +**
 Servings of water **1 2 3 4 5 6 7 8 +**
 Servings of caffeinated beverages **1 2 3 4 5 +**
9. Typical weekly workout: Aerobics (minutes per week) _____
 Strength (minutes per week) _____
10. Rate your stress level (0-10) on an average day? _____
11. What is your current height & weight (optional) _____ in. _____ lbs

Describe your expectations for enrolling in the AIM program:

Lifestyle Assessment Comparison

Begin	End	Difference
_____	_____	_____ How many meals do you eat each day?
_____	_____	_____ When dining out, I select healthy choices ____% of the time.
_____	_____	_____ On a typical day I have ____ servings of fruit.
_____	_____	_____ On a typical day I have ____ servings of vegetables.
_____	_____	_____ On a typical day I have ____ servings of water.
_____	_____	_____ On a typical day I have ____ servings of caffeinated beverages.
_____	_____	_____ Typical weekly Aerobic workout (minutes/week).
_____	_____	_____ Typical weekly Strength workout (minutes/week).
_____	_____	_____ Rate your stress level (0-10) on an average day.
_____	_____	_____ What is your current weight? (optional)

What You Want to Accomplish

#1 Your Highest Priority: Lose Weight

#2 Achieve Improved Medical Measures & Outcomes

Lower cholesterol, lower LDL, lower blood pressure, healthier BMI, get heart healthy, reduce change of heart attack, avoid pattern of family history.

#3 Improve Levels of Exercise & Fitness

More exercise, regular exercise, want an exercise program or routine, achieve a good fitness level, the best fitness I can be, increase strength, increase upper body strength, increased endurance, more energy.

#4 Achieve Better Overall Health

Better health right now, better health into my 70's and 80's.

#5 Make Better Eating & Nutrition Choices

Eat less, eat right for a healthy lifestyle, more knowledge about nutrition, better eating habits, want to make healthier food choices.

#6 Live a Healthier Life

Want to learn how to live healthy, learn how to have a better quality of health and life, want a healthier lifestyle, want to stop smoking.

#7 Improve Your Quality of Life

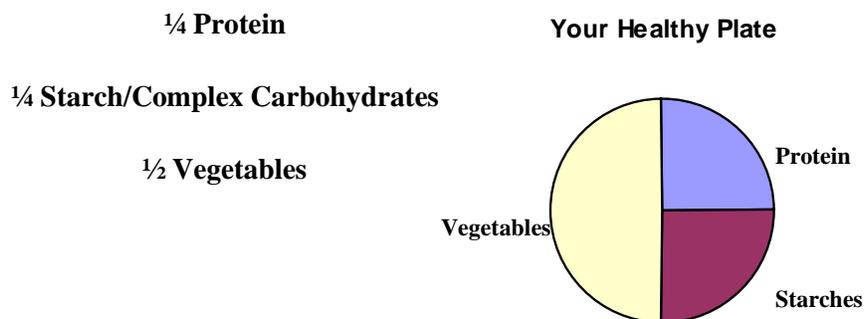
Look good for my age, feel better, less stress, more energy.

#8 Maintain Your Health & Fitness Achievements

Maintain all the goals I accomplish, maintain a good weight for my size and height.

Portion Tips

What should make up a plate – what's there really matters!



What's a serving, anyway? Keep in mind these easy tips...

- 1 cup of cereal is the size of a baseball
- A small baked potato is the size of a computer mouse
- Three ounces of cooked meat, fish or poultry is the size of a deck of cards
- Two tablespoons of peanut butter is the size of a golf ball
- A medium piece of fruit looks like a baseball
- A medium bagel is the size of a hockey puck
- One ounce of cheese is the size of four dice
- The serving size for raw vegetables, yogurt and fruit is one cup



Fast Food Facts: Healthier Options for Fast Food Meals

Typical Fast Food Meal:
Quarter-Pound Cheeseburger
Large Fries
16 oz. Soda (McDonald's)

The Better Option:
Hamburger
Small Fries
16 oz. Soda (McDonald's)

This meal:	Recommended daily intake:
1, 166 calories	2,000–2,700 calories
51 g fat	< 50-80 g
95 mg cholesterol	< 300 mg
1,450 mg sodium	<1,100-3,300 mg

This meal:	Recommended daily intake:
481 calories	2,000–2,700 calories
19 g fat	< 50-80 g
30 mg cholesterol	< 300 mg
665 mg sodium	<1,100-3,300 mg

Some other healthy choices:

Arby's Light Roast Chicken Sandwich
276 calories
7 g fat
23 % calories from fat
33 mg cholesterol
777 mg sodium

Wendy's Chili
210 calories
7 g fat
30 % calories from fat
30 mg cholesterol
800 mg sodium

Burger King's Chunky Chicken Salad
142 calories
4 g fat
25 % calories from fat
49 mg cholesterol
443 mg sodium

Taco Bell's Light Tacos (3)
420 calories
15 g fat
32 % calories from fat
60 mg cholesterol
840 mg sodium

Participant Feedback

1. Thus far, has the Aim for the Heart Wellness Series met your expectations? Are you pleased with the health information and lifestyle change strategy you have received?
2. Do you feel that your participation is having an impact on your lifestyle?
3. For those of you who have participated, have the coaching sessions been helpful to keep you engaged and on-track in your lifestyle change efforts?
4. What topics or challenges would you like to see addressed in future coaching sessions?
5. Have you made use of the American Airlines Fitness Center? If so, have the facilities or instruction received been helpful to your efforts?
6. Do you have any suggestions or ideas to improve this experience?

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Pictured Left to Right: John Bowen, *AA Fitness Center*;

Veronica Gonzales-Dunn-Director of Professional Services, *Cooper Clinic*;
Nancy Berry, *Firethorn*; Richard Little-Executive Director, *Cooper Ventures*

About DFWBGH

The Dallas-Fort Worth Business Group on Health is a 115-member coalition of Dallas and Fort Worth employers committed to market-based health care reform. Members include American Airlines, Bell Helicopter-Textron, EDS, ExxonMobil, JC Penney, Neiman Marcus, RadioShack, Southwest Airlines, Texas Instruments, TXU, Federal Reserve Bank of Dallas and others.



DFWBGH's goals are to empower employers to make informed, value-based health care purchasing decisions and to encourage health care providers to continuously improve their clinical performance and quality of care.

If you would like additional information regarding the Dallas-Fort Worth Business Group on Health, please visit: www.dfwbgh.org, or call us at 214.382.3036.

If you would like additional information on providing a worksite cardiovascular disease management program at your company, please call Mande White at 214.382.3036.