Memorandum of Understanding

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and

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This Memorandum of Understanding (MOU) clarifies the role and responsibilities between ANGELIQUE FOSS and SENECA BLOCK to conduct a pilot test of a health promotion program or session with 20 participants located in University Hospitals Cardiac Rehab Program.

This MOU also clarifies the nature of the proposed health promotion program or session that will be tested in the practicum within the Capstone course (IHED641). Based on the results of the pilot test, a revised MOU will be created to clarify roles and responsibilities and the specific program that will be documented in the professional portfolio.

This MOU is in effect from 1/1/2023 until 11/30/2023.

Background

Heart disease is currently the number one cause of death in the United States and every year, about 805,000 people in the US have heart attacks with over 200,000 being from secondary episodes. Research suggestions that stress is one of the main contributors to the onset of heart disease and interferes with recovery from a first cardiac episode, decreasing overall prognosis.

The American Heart Association states that stress can adversely affect one's ability to cope using healthy lifestyle habits that can decrease heart disease risk. According to a study by Kreitzer and Synder (2007), complementary integrative health methods such as meditation, yoga, music, and imagery can reduce stress and help to manage everyday stressors. Providing stress management education and

experiences through CIH modalities as part of phase II in a cardiac rehab program could therefore decrease recovery time. Providing experiences and access to weekly practices could also assist in preventing a second cardiac event as participants continue these practices as a part of their daily wellness regime.

Purpose or Overview

The purpose of the pilot test is to determine what educational content, interventions, and advocacy will be effective in changing cardiac rehab patients' beliefs toward the importance of stress management in recovery and prevention and their behaviors toward the use of CIH methods for stress management as part of a cardiac rehab program.

Roles and Responsibility

Seneca Block agrees to do the following activities.

1. Provide materials and supplies from current integrative health program
2. Assist with the connection and coordination with other staff
3. Assist with knowledge of hospital policies and process
4. Provide direction and support as needed
5. Meet with Angel at least once through each stage of assessment, implementation, and evaluation.
6. Meet with Angel after program concludes to evaluate her work

Angel Foss agrees to do the following activities.

1. Develop and implement marketing strategy in coordination with cardiac rehab team
2. Interview and describe the nature of the pilot program with potential participants
3. Conduct a pilot session or program with 10 participants for an experimental group beginning phase II of the cardiac rehab program and 10 participants for a control group with the same characteristics who will receive the normal stress management lesson
4. Conduct one 2-hour session (meditation) of the stress management program
5. Ask participants for feedback on materials and content, including marketing materials after the pilot health promotion program is conducted.
6. Provide Seneca with periodic updates during the period covered by the MOU
7. Provide support for virtual and in person sessions
8. Provide sessions of expertise as available and needed

9. Provide my contact person with items to review
10. Provide my contact person with periodic updates during the period covered by the MOU
11. Present the results of pilot test.

Proposed pilot test

Use material from your implementation course (IHED638/639) to help you provide as much detail as you can in your proposal. You may decide to include this section as a second document that you will give to your contact person after you agree to roles and responsibilities.

1. The proposed audience for the CAM for Stress Management in Cardiac Rehab program includes individuals of various races, ethnicities, and cultures in Northeast Ohio region who have had a first cardiac episode. These will be patients that are admitted to University Hospitals, Cleveland following a cardiac episode in which they will be prescribed to attend a cardiac rehab program. This rehab program itself involves three stages. The audience for this program will be in stage two of the program, which involves exercise with vitals monitoring and education on prevention of a second cardiac episode.
2. Existing knowledge, attitudes, behaviors, and needs will be assessed via focus groups, surveys, and interviews. Surveys will be given to those entering phase two of cardiac rehab to assess current knowledge of stress management techniques, attitudes, behaviors, and needs as they interpret how a holistic stress management program could help them prevent a second cardiac occurrence. Focus groups of past cardiac rehab participants will assess the stress management knowledge learned in the current cardiac rehab program, what sort of attitudes and behaviors do they have regarding stress management now that they are through the program, and do they have any needs that weren't addressed in the current stress management program.
3. Program Objectives:

    1. To increase the knowledge of participants about the effects of stress on cardiac health through education by the end of the program.

    2. To increase knowledge of CAM stress management strategies of participants through education by the end of the program.

    3. To change attitudes of participants about benefits of CAM stress management strategies through experiential by the end of the program.

    4. To increase participant consistent use of CAM stress management strategies by 50% by the end of the program.

    5. To decrease reported stress by 2 points on a 10 point Likert-type scale by the end of the program.

    6. To decrease secondary cardiac events by participants by 20% by the end of 2027.

The evaluation process aims to measure the immediate impact of the program on the participants and to what extent the goals were achieved. After each session, were the participants feeling less stress post-

session when compared to pre-session? And then, did the acute stress interventions and education impact cardiac outcomes? In this evaluation, it may be possible to recruit a control group who participates in the typical cardiac rehab programming for comparison. Ultimately, this evaluation will advise us on whether we should modify or expand the program or if we should eliminate or replace specific interventions.

Step One - Engage Stakeholders:

This program evaluation will not only involve participants in the program but also key stakeholders. Some of these stakeholders could include families or loved ones that live with or are close to the participants, cardiac rehab specialists, cardiologists, stress management specialists, CAM practitioners, philanthropists of the hospital, and healthcare leadership. These stakeholders will provide different perspectives to help strengthen the evaluation's credibility. What matters most to these evaluators will be obtained before the evaluation is complete. These likely are that cardiac patients have fewer readmits, faster recovery, and prevention of another event. The evaluation will support this focus and other needs of the stakeholders and improve the program.

Step Two – Describe the Program:

The CAM for Stress Management in Cardiac Rehab program aims to provide education and experiences involving complementary and integrative health modalities to those in Phase II of a cardiac rehab program. The program intends to change the attitudes and beliefs about the importance of stress management as part of the cardiac rehab process and encourage non-pharmacological methods to reduce stress resulting in fewer readmits, a shorter recovery, and fewer second events for cardiac patients.

The program consists of six weeks of education and experiences in various CAM modalities provided by specialists in each field. Once the participants learn about each modality and are supplied with an initial experience, they will have the opportunity to participate in that modality throughout the week, either in person or virtually. This program will be part of Phase II cardiac rehab program. It will add variety and opportunity for patients in this program to explore new avenues for recovery. Once this program is completed, the hope is to offer a community component for Phase III to maintain heart health through the same CAM services.

Logic Model:

Problem	Investment	Activities	Short-Term Outcomes	Long-Term Outcomes
Cardiac Rehab programs currently put little to no emphasis on stress management	If: There is an investment made by the hospital and CAM resources	To offer education and experiences of CAM modalities for stress management	Then: Cardiac rehab patients will use CAM services to manage stress	Then: Fewer readmits, shorter recovery time, and fewer second events

			with better outcomes	for cardiac patients

Focus of Evaluation Design:

The focus of the evaluation design will be to provide stakeholders with a look at the impact the program had on the short-term and long-term goals of the program. This evaluation will use a quasi-experimental design as randomization will be difficult and generalizing the results to other patients in the hospital. There will be an experiential and control group available without too much risk of violating ethics, as the traditional cardiac rehab program does involve a stress management component.

Gather and Analyze the Evidence:

The tools utilized during this evaluation include both quantitative and qualitative data. Measuring the acute relief of stress by participants would be done via a Likert-type scale pre and post-session. Other quantitative data might include how often participants used the programing at home and how satisfied they were with the overall program. A survey would collect qualitative data to determine the personal impact each session had on participants and how effective they were at helping to reduce stress. At the end of the entire program, we can measure the overall impact via a mixed methods questionnaire. Questions can be asked regarding changes in knowledge, attitudes, and behaviors can be addressed. It's also possible to survey or gather focus groups of stakeholders to evaluate the potential for program changes and practices of the cardiac rehab program to include this CAM program for future cardiac rehab patients.

Justify Conclusions:

The evidence of results will be considered from the perspective of a variety of stakeholders. Since the central short-term objective is for participants to report a decrease in feelings of stress by 2 points post-program, this can be compared to the control group when making judgments about the program. The central long-term objective is to reduce the number of second cardiac events by 20% by 2027. The stakeholder's interpretation and critique of these results will strengthen or weakness the significance of the outcomes. The results will be interpreted to make sense to all stakeholders and reflect what is important to them. The evaluation results will also include a draft of recommendations and options and will be offered to be reviewed by multiple stakeholders.

Ensure Use and Share Lessons Learned:

The evaluation procedures and results will be communicated clearly to the stakeholders via presentation and documents of results throughout the program and at the end of the program. The progress of the program results will be shared in real-time during the program's running. We will discuss how these findings might affect decision-making in the future and the positive and negative implications of the results. The stakeholders will be reminded of the intended use of the results and what was learned by applying the evidence to the questions from the focus of the evaluation. A staff member will follow up on the discussion to keep the focus on essential evaluation results. These results will then be turned into action, influencing program decisions, policy, and future initiatives.

4. The current cardiac rehabilitation program at UH, Cleveland has three phases. The CAM for Stress Management in Cardiac Rehab program will be integrated into the 2nd phase. The second phase consists of 12 weeks of exercise, vitals monitoring, and education. The CAM program will take place every other week of the second phase program for 6 weeks of CAM programming. The CAM program sessions will be 2 hours long each and will include education and an experiential involving the 5 categories of CAM (alternative medical systems, mind-body interventions, biologically based treatments, manipulative and body-base methods, and energy therapies) and a session of review, community resources, and questions (Institute of Medicine, 2005). We will acquire a local professional or specialist to lead each of the 5 sessions and the 6th wrap-up session will be led by the program leader.

   Session 1 – Alternative Medical Systems (for example – Chinese medicine, Ayurvedic medicine, homeopathy, and acupuncture). We will have a local certified acupuncturist conduct an education session and then provide acupressure instruction and group acupuncture to the participants. Cabıoğlu et al. (2012) suggest that acupuncture increases the synthesis and release of hormones that are known to help strengthens an individual's ability to cope with stress.

   Session 2 – Mind-body interventions (for example – Yoga, meditation, and prayer). We will employ a local certified yoga instructor to provide education on yoga for positive mental health and stress as well as provide a safe experiential class. Yoga intervention which includes postures, breathing, and meditation/prayer for integration of mind, body, and spirit, is suggested to help improve coping with stress, sleep quality, and overall quality of life (Kwong et al., 2015).

   Session 3 – Biologically based treatments (for example – specialized diets, herbal, and other natural products). We will have certified herbalists conduct this session with information about different herbs that help with cardiovascular diseases as well as possible drug interactions (Ray & Saini, 2021).

   Session 4 – Manipulative and body-based methods (for example – chiropractic and massage therapy). We will acquire services from a local chiropractic provider for this session. Chiropractic services often include chiropractic manipulation as well as massage. Rabito & Kay (2013) suggest that chiropractic services are one of the most frequently used CAM modalities and have been identified in the research in cardiovascular diseases.

   Session 5 – Energy therapies (for example – Qi Gong, Reiki, and therapeutic touch). We will incorporate a local Reiki master to educate participants on energy therapies and provide a group Reiki session. Though little research has been done on the effects of Reiki, studies do suggest that Reiki can aid in stress reduction and improve vagal activity, which results in greater relaxation (Rabito & Kay, 2013).

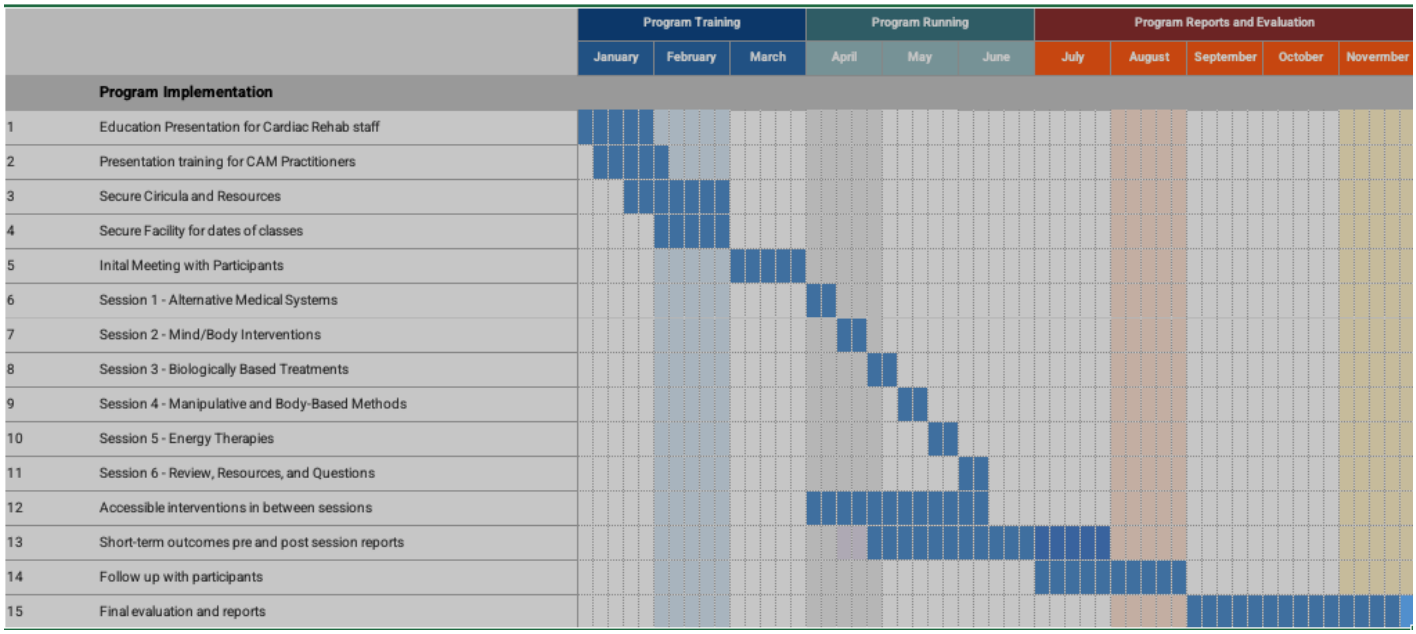
   Session 6 – Review, Resources, and Questions. In this final session, the program leader will review what was learned, provide local resources including discounts to continue any local CAM classes from the sessions, and answer any questions the participants might have.

5. To reach my target population, I will utilize the cardiac rehabilitation participants in one of the ten cardiac rehabilitation clinics at University Hospitals of Cleveland located in Ashland, Ohio. I will use cultural-based communication appropriate to that community hospital to create flyers and other advertisements for hospital's social media, websites, and other publications to distribute around the

Ashland hospital system. I will present to hospital leadership, cardiologists, cardiac rehab specialists, and local CAM service providers to promote an understanding and need for the program.

6. Space for this pilot program will be provided by the cardiac rehab facility and is part of their already established education program. The program will take place at a designated time during the evening hours to allow participation by those who work or are participating in other portions of rehab during the daytime hours. It will also be possible for the pilot session to be made available virtually and as a recording in the case of low participation due to availability to be in person at designated time. There will be no fee for the participants of this program as this is part of a program development for the hospital taking place during phase II of their cardiac rehab program.

Timeline



_____Date:
(Your signature)

Angelique Foss, MS, MT-BC

_____Date:
(Contact person's signature)

Seneca Block, MM, MT-BC