

# ABOUT COMMON GROUND HEALTH

Founded in 1974, Common Ground Health is the health planning organization for the nine-county Finger Lakes region. We bring together health care, education, business, government and other sectors to find common ground on health issues. Learn more about our community tables, our data resources and our work improving population health at [www.CommonGroundHealth.org](http://www.CommonGroundHealth.org).

1150 University Avenue  
Rochester NY 14607  
585.224.3101  
[CommonGroundHealth.org](http://CommonGroundHealth.org)



# THE HIGH BLOOD PRESSURE COLLABORATIVE

How hundreds of organizations working together are taming 'the silent killer'



## ON THE COVER

High blood pressure heroes (from left to right)

### PAUL SPERANZA

Former chair of the Greater Rochester Chamber of Commerce health care planning team

### ROBERTA CARTER

Health ministry church coordinator at Redeem Bethel Church of God in Christ

### DAMIEN FAISON

Community health educator at Kut-N-Edge Barbershop

### DR. KENIA VALDEZ

Family Medicine resident, University of Rochester

**“Prior to participating in the healthy blood pressure project, not only was I pre-hypertensive, but also pre-diabetic. Now, my blood pressure is under control, and I am no longer pre-diabetic. I eat more vegetables and pay attention to food labels. And the project provides the structure that helps me exercise. Setting an example for others in the project is keeping me healthy as well.”**

– **Roberta L. Carter**, church coordinator for the Healthy Blood Pressure through Faith and Lifestyle Project who is pictured on the cover and to the right.





# HIGH BLOOD PRESSURE

PERVASIVE, DEADLY AND TREATABLE

ONE IN THREE ADULTS IN THE GREATER ROCHESTER REGION HAS HIGH BLOOD PRESSURE, A LEADING CONTRIBUTOR TO STROKE, HEART ATTACK AND KIDNEY FAILURE.

Thought to contribute to one of every seven deaths and almost half of all cardiovascular disease-related deaths in the United States, the condition is called the “silent killer” because it can exist for years without symptoms while doing significant damage to the heart and arteries.

The good news is that unlike many chronic illnesses, hypertension is easy and inexpensive to treat. The even better news is that the region’s many clinical and community initiatives to treat and prevent hypertension have led to double digit improvements in high blood pressure rates in recent years.

Since 2010, the rate for adults with dangerously high blood pressure of 160/100 millimeters of mercury or higher has declined 41 percent across the Finger Lakes region—saving lives and reducing devastating events linked to hypertension.

The percent of residents with hypertension who now have their high blood pressure controlled—lowered to 140/90 millimeters of mercury or less—has also improved across all socioeconomic groups. As of June 2018, 78.8 percent of individuals in the Finger Lakes region had their blood pressure under control—up from 71.3 percent in 2010, when the High Blood Pressure Collaborative began collecting readings.

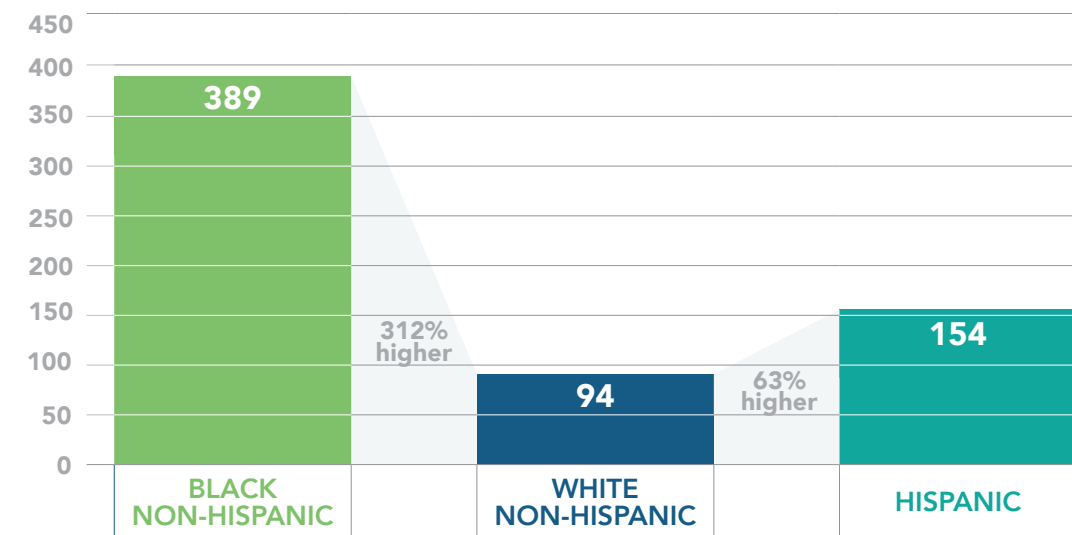
## BUT DISPARITIES PERSIST.

African Americans and Hispanics are particularly vulnerable to high blood pressure, with African Americans experiencing premature mortality rates linked to hypertension that are up to three times higher than for whites.

### PREMATURE MORTALITY LINKED TO HYPERTENSION IS HIGHER FOR AFRICAN AMERICANS AND HISPANICS

Finger Lakes nine-county region

Years of potential life lost rate due to hypertension-related heart disease (2013-2015, per 100,000 population)



At the same time, data have shown that some medical practices serving high poverty populations have achieved excellent control rates, a finding that points to the possibility of continued progress for all patient groups, regardless of socio-economic status, race or ethnicity.

With a sustained emphasis on data, collaboration and transformative solutions, the collaborative continues moving toward its goal to have the community’s control rate reach 85 percent.

Unlike many chronic illnesses, high blood pressure is easy and inexpensive to treat.

# 6 ELEMENTS OF THE HIGH BLOOD PRESSURE COLLABORATIVE

## COMMON AGENDA

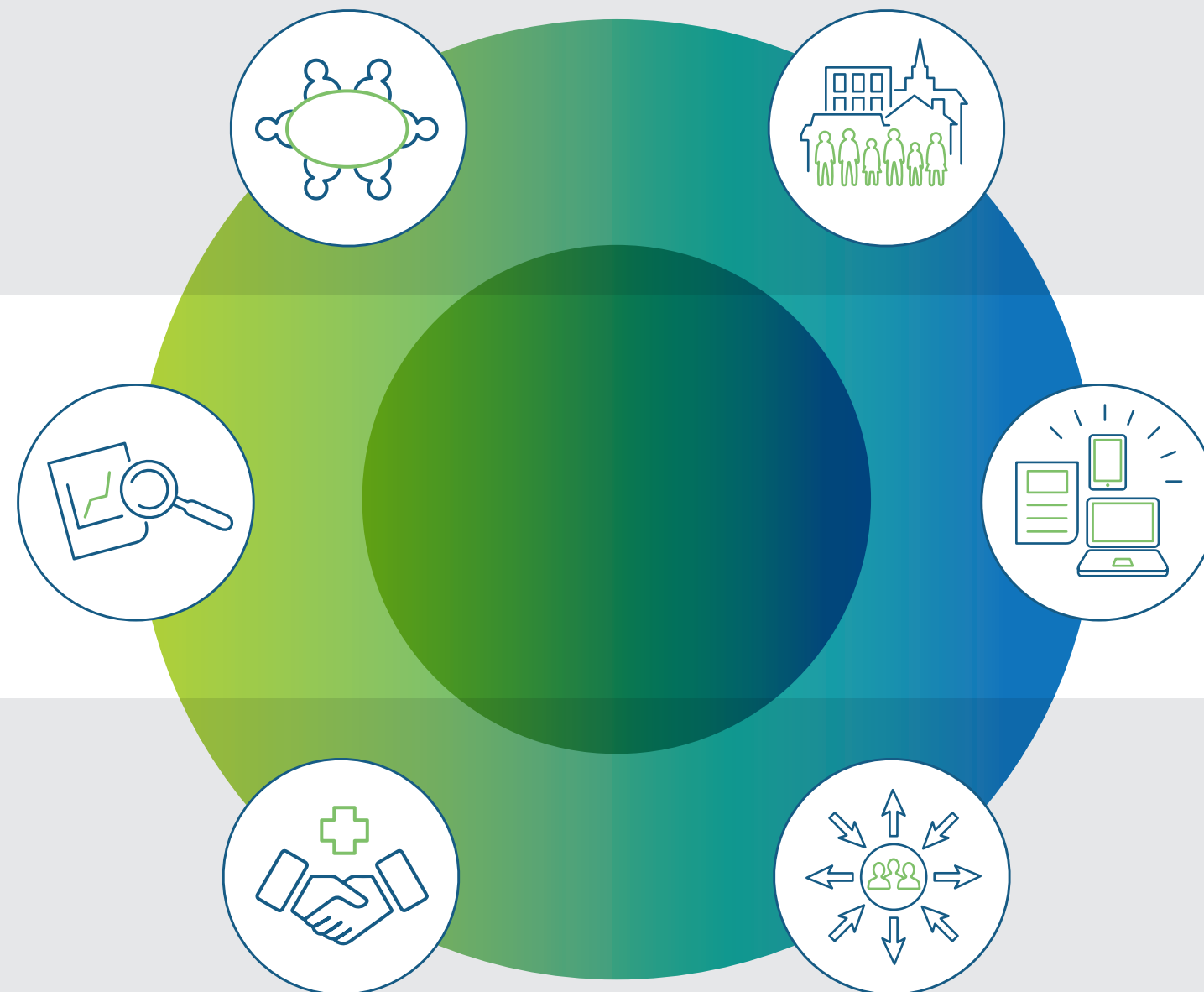
The collaborative brings together leaders from health care, business, education and other sectors around one specific, measurable goal: improving blood pressure control for adults in the Finger Lakes region. The communitywide initiative grew out of the broader work of Greater Rochester Chamber of Commerce's health care planning team, which has been recognized nationally for its role as a "public health leader."

## SHARED MEASUREMENT

The nation's first communitywide high blood pressure registry tracks hypertension control rates for adults in the nine-county Finger Lakes region. Based on de-identified clinical records from nearly 200 medical practices, and more than 200,000 patients, the registry data are collected and analyzed twice a year. The registry tracks high blood pressure improvement based on socio-economic status and race/ethnicity at the practice, county and regional level.

## CLINICAL SUPPORT

Specially trained practice improvement consultants—all physicians from the Rochester region—meet with health care professionals at their office to review the registry's hypertension data and identify areas for improvement. Such customized outreach is an effective, convenient way for providers to improve patient outcomes and stay up-to-date on evidence-based approaches to treating high blood pressure.



## COMMUNITY ENGAGEMENT

Social gathering places are ideal for creating a culture of health. Churches have coordinators who help congregants make healthy choices and implement practice changes in their congregations. Barbershops and salons have community health educators who offer blood pressure monitoring and consultation. Volunteers offer free high blood pressure screenings at community events, and blood pressure kiosks make self-monitoring more convenient.

## COMMUNICATIONS

Multi-media campaigns encourage residents to "know their numbers" and to develop a "reminder" to help make taking daily medication a habit. Customized full-color posters made for congregations and workplaces are part of the My Reminder project, delivering encouraging tips from a trusted colleague or church member. An e-newsletter keeps coalition participants engaged and updated on the campaign's programs.

## BACKBONE ORGANIZATION

As a recognized leader in collaborative health transformation, Common Ground Health provides the analytical and management support for the collaborative. The health planning agency brings the technical expertise required for handling sensitive electronic medical records along with the trusted relationships needed to implement community interventions.



## SPEARHEADED BY BUSINESS

### Change often starts with one person—and for the High Blood Pressure Collaborative, that person was Paul Speranza.

The lifelong Rochesterian and Wegmans executive envisioned a new approach to health care. His goal was to inspire large employers to do together what Eastman Kodak Company did alone a generation ago: harness the influence and resources of business to improve the health of local residents.

In 2005, with backing from the Greater Rochester Chamber of Commerce, known at the time as the Rochester Business Alliance, Speranza took the idea to the CEOs of the region's major companies.

They agreed to create a business-led health care planning team—a rare collaboration that ultimately would earn national attention from publications such as Business Week, which credited the team with helping to reduce Rochester's health care costs from 5 percent below the national average in 2005 to 15 percent below in 2009. These savings were realized while maintaining benchmark quality.

"You have to have the right people, at the right place, at the right time, and the money and sheer willpower to bring it all together," says Speranza, a long-time chair of the team and former vice chairman, general counsel and secretary of Wegmans Food Markets. "Collaboration is hard work, and it's hard work every day."

Wanting input and action from multiple stakeholders, the team's Leadership Roundtable included the chief executive officers of the region's largest employers, hospitals and health insurance companies.

"These are natural leaders in the community," says Common Ground Health senior consultant Howard Beckman, MD. "They created a lot of peer pressure for others to do the right thing."



"... the most frequently asked question is, 'How did you get business to the table?' In Rochester, the answer is, 'Business created the table.'"



Paul Speranza (to the left) and Danny Wegman (above) at the launch of the Eat Well Live Well campaign for high blood pressure in 2012.

Generous with its time and energy, the health care planning team took a long-term, multi-pronged approach to change. Members met regularly to find effective interventions that promote behavior change, improve adherence to care plans, and help people become more responsible for managing their health. For example, early on the team rolled out the Eat Well, Live Well initiative, a Wegmans-designed health and fitness program that engaged more than 200,000 employees from 447 organizations—the "world's largest wellness program," according to Business Week.

In 2009 with seed money from the Wegman Family Charitable Foundation, the team launched the High Blood Pressure Collaborative and turned to Common Ground Health, then called the Finger Lakes Health System Agency, to help manage the communitywide initiative. The health planning nonprofit had a track record of bringing disparate groups together to address health challenges, as well as experience in addressing health disparities.

To track progress, the collaborative created one of the nation's first communitywide high blood pressure registries. Those clinical data have revealed steady improvement since the project's launch. From 2010 to 2018, hypertension control for adults in the Finger Lakes improved 11 percent.

"When we present on the collaborative's success at national meetings, the most frequently asked question is, 'How did you get business to the table?'" said Beckman. "In Rochester, the answer is, 'Business created the table.'"

### LEADERSHIP ROUND TABLE

- Eastman Kodak
- Excelsus BlueCross BlueShield
- Common Ground Health
- Greater Rochester Chamber of Commerce
- Jasco Tools
- LiDestri Food and Beverage
- MVP Health Care
- Paychex
- Rochester Institute of Technology
- Rochester Regional Health
- University of Rochester
- Wegmans Food Markets
- Xerox

# A DECADE OF HIGH BLOOD PRESSURE IMPROVEMENT



## CAMPAIGN LAUNCH

In partnership with Common Ground Health, the Greater Rochester Chamber of Commerce formed the High Blood Pressure Collaborative to reduce strokes, heart attacks and kidney failure linked to hypertension.



## BLOOD PRESSURE SCREENINGS

To encourage residents to be more aware of blood pressure, screenings and education about hypertension were offered at large community events like the Buffalo Bills training camp.



## KNOW YOUR NUMBERS

This campaign featured beloved community members sharing why monitoring high blood pressure was important to them. Employees at 102 organizations took part in the Blood Pressure Challenge by getting screened.



## MILLION HEARTS MILESTONE

Dr. Janet Wright, executive director of the CDC's Million Hearts initiative, traveled to Rochester to help celebrate Monroe County's "communitywide commitment to health" and its "impressive" improvement in high blood pressure over five years.



## PRACTICE IMPROVEMENT CONSULTANTS & CHAMPIONS

A study showed that practices that worked with the collaborative's consultants and designated an in-house blood pressure champion had patients who were 35 percent more likely to have controlled hypertension.



## MY REMINDER CAMPAIGN

This multimedia campaign encourages residents to develop routines for taking daily medication. More than 30 community members shared their medication reminders through customized posters for worksites and congregations.



2009

2012

2013

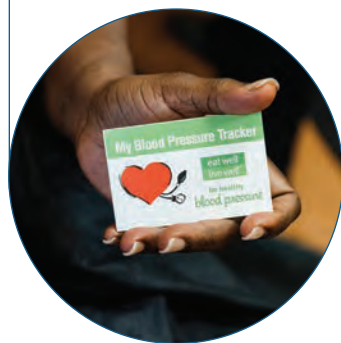
2015

2016

2018

## EAT WELL LIVE WELL FOR HEALTHY BLOOD PRESSURE

The collaborative promoted this Wegmans-designed health and fitness program for worksites, encouraging employees to join in the annual wellness challenge. The collaborative's website, iHeartEatWellLiveWell, built on the brand.



## BLOOD PRESSURE KIOSKS

In partnership with New York Blood Pressure Inc., more than 100 blood pressure kiosks were located in Monroe County. The project leased and placed additional kiosks in neighborhoods with higher rates of hypertension.



## WORKPLACE WELLNESS

As part of its employee wellness programs, the collaborative developed an online tool that helped 75 organizations identify new ways to promote healthy lifestyles, such as introducing healthy meetings policies.



## URBAN WELLNESS SUMMIT

Featuring an international speaker, community leaders and videos, the first of two wellness summits highlighted community programs that promote active living and sound nutrition in Rochester.



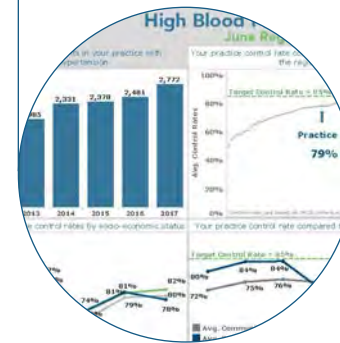
## BLOOD PRESSURE CUFFS

Based on research showing that home monitoring is effective, the collaborative distributed free blood pressure cuffs through partnering clinics and congregations.



## HIGH BLOOD PRESSURE REGISTRY

As of June 2018, the registry had grown to include de-identified clinical data from 202,970 patients, 61.5 percent of people estimated to have hypertension in the nine-county Finger Lakes region.





# DATA AND COACHING DRIVE CLINICAL IMPROVEMENT

Results are printed on posters that get hung in exam rooms, break rooms and other visible areas.

“People who go to medical school aren’t used to coming in second, so when they see their data and then see that others they respect are doing better, they become quite motivated to change their behavior,” says Dr. Howard Beckman, senior consultant at Common Ground Health and a clinical professor of medicine and family medicine at the University of Rochester.

To hold practices accountable, the High Blood Pressure Collaborative provides consultants to walk clinicians through their registry results and coach the health care team on proven approaches to lowering readings. The more familiar the team is with this valuable asset, the easier it is to help patients make better health decisions.

This increased focus on hypertension is particularly important for men, who tend to see physicians less often than women.

“Notoriously, it’s almost that Superman effect [with men] where they say, ‘I’m fine. Nothing’s gonna happen to me,’” notes Dr. Mathew Devine, a consultant for the collaborative and associate medical director at UR Medicine’s Highland Family Medicine. “But what happens to them, obviously, is we see them down the road with [problems] that are at times irreversible.”

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As a practice champion for Rochester Regional Health’s Parkway Family Medicine, Dr. Ahn Bui helped her health care team focus on evidence-based approaches to hypertension.

It’s one thing for medical practices to push for better blood pressure control among patients. It’s another for them to see—with colorful numbers, charts and graphs—whether their efforts are making a difference.

And in large part because of the High Blood Pressure Registry, they are.

Created in 2010, the registry aggregates electronic clinical data from primary care practices across the nine-county Finger Lakes region.

Reported twice a year, the registry shows practices what percentage of patients have their hypertension under control, defined as blood pressure of 140/90 millimeters of mercury or less. Practice control rates are also compared, anonymously, to control rates at other local primary care offices, and patient data is broken out by socioeconomic status, race and ethnicity.

**194 MEDICAL PRACTICES CONTRIBUTED DATA TO THE REGISTRY BY 2017**

“People who go to medical school aren’t used to coming in second, so when they see their data and then see that others they respect are doing better, they become quite motivated to change their behavior,”

– Dr. Howard Beckman, clinical professor of medicine and family medicine at the University of Rochester.




# DATA AND COACHING DRIVE CLINICAL IMPROVEMENT (CONTINUED)

Like many men his age, 36 year old Gerry Gunner Jr. was not aware that he had hypertension. Though the chronic illness runs in his family—he has witnessed the headaches, swollen limbs and other painful symptoms it brings—the Rochester native had no indication his own blood pressure was a problem until he had it checked soon after his daughter was born.

Then he got to work. In addition to taking medicine, Gunner started eating more vegetables and working out at least three times a week.

He has lost about 20 pounds, feels more energized and has reduced his blood pressure—something he wishes he had known to do years ago, which is why he supports efforts to increase community awareness and communication about hypertension.



 **61.5% OF THE REGION'S RESIDENTS WITH HYPERTENSION ARE IN THE REGISTRY**

**202,970 PEOPLE**  **IN THE REGISTRY BY JUNE 2018**

"It's sad that we really don't discuss it much," he says. "It's a conversation we should have more often."

Teamwork and technology already have successfully reduced the burden of chronic disease and saved lives—a valuable, evidence-based approach for improving the health of an entire community.

"We're heading in the right direction," says Dr. Beckman. "And as we learn more about how to work together effectively, we'll start to be even more successful."

Gerry Gunner Jr. works closely with his health care team (above) on lowering his blood pressure so that he can stay healthy for his young family (below).








## BLOOD PRESSURE ADVOCATES


Building on the internationally successful community health worker model, this innovative program trained local neighborhood residents as community health advocates—coaches who worked one-on-one with patients. From 2012 to 2018, advocates were embedded in several primary care centers that served low-income, ethnic and refugee groups.

“Our patients often lead complicated lives. They need to become self-motivated to address their health – and that is best done with their peers,” said Dr. Nancy M. Bennett, director of the University of Rochester’s Center for Community Health and Prevention, which developed the program.

“I love what I do. I struggle with high blood pressure myself, so I practice what I preach and I tell my patients, ‘We will do this together.’”

– Andrea Clarke, shown above left, a community health advocate for several years.

**80.6%**   
**OF PATIENTS**  
WHO WORKED WITH  
BLOOD PRESSURE  
ADVOCATES **GOT**  
THEIR BLOOD PRESSURE  
**UNDER CONTROL**

**805 PATIENTS**  
WERE COACHED   
BY BLOOD PRESSURE  
ADVOCATES AT THE  
**UNIVERSITY OF ROCHESTER’S**  
**CENTER FOR COMMUNITY**  
**HEALTH AND PREVENTION**



Community Health Advocate Andrea Clarke (left and above) worked one-on-one with patients to help them overcome barriers to hypertension control.

The advocates set up appointments with patients who were newly diagnosed with hypertension – blood pressure of 140/90 or higher. They also reached out to patients with high blood pressure who had not been seen for more than a year. Over three months of appointments, advocates helped patients develop personalized strategies for lowering their blood pressure through diet, exercise, smoking cessation and stress management.

“I love what I do,” said Andrea Clarke, a community health advocate for several years. “I struggle with high blood pressure myself, so I practice what I preach and I tell my patients, ‘We will do this together.’ Sometimes people are dealing with so many difficult life situations, I don’t even start with blood pressure control. We start with where they are when I come into the picture.”



# FAITH COMMUNITIES PROVIDE POWERFUL PATH TO HEALTH

When Bishop Jeffrey Melvin doesn't monitor what he eats, he winds up sitting on the couch watching football while snacking on a bag—the large size—of potato chips. Or he reaches for the skin his wife pulls off her piece of fried chicken at dinner.

But when the Rochester pastor pays attention to his diet, he often swaps hydrogenated oils and extra calories for applesauce, fruit salad or carrots.

Melvin has been paying attention more frequently over the past year, since joining the Healthy Blood Pressure through Faith and Lifestyle Project at his church, Power House Kingdom Cathedral Church of God in Christ.

The faith-based initiative helps congregants like Melvin who have high blood pressure.

According to New York State Department of Health, nearly half (45 percent) of African Americans 35 or older have high blood pressure in the Finger Lakes region. And registry data show that only 65 percent of African Americans adults diagnosed with hypertension have their blood pressure in check, compared to 82 percent of whites.

As a registered nurse and minister, program lead Phyllis Jackson realized local African American churches would be an ideal place to change these disturbing statistics.

"The faith community is an untapped resource for education and training and screening," says Jackson. "If we can embed in the faith community the concept of health as a spiritual matter, that concept will be sustainable, and it will expand."



Each church has a coordinator affiliated with the project, and Tina Cook has been one for her congregation, True Light Church of God in Christ, since the project's inception.

Cook regularly sends inspirational group texts encouraging participants to make healthy choices, leads health ministry meetings at her church, collaborates with other churches to bring in speakers on health-related topics, and more.

Prone to high blood pressure, she understands the importance of showing empathy while offering support. Cook makes that point by describing one woman who clips out all kinds of coupons—even those for fast-food restaurants she is trying to avoid.

"I could say, 'Oh girl, please, leave that stuff alone.' But this is a real struggle for her," she says. "You don't want to turn people away, so you have to be able to have an ear to hear from the Lord to minister to people where they're at. Sometimes you don't have to respond at all. Sometimes people just want to talk."

**15 HEALTH MINISTRIES LAUNCHED**



Envisioned as a catalyst, the blood pressure project supports churches until their health ministry becomes part of the fabric of the congregation, well-developed enough to run on its own. After graduating, congregations continue to support each other through the Interdenominational Health Ministry Coalition (IHMC).

The coalition offers tools and resources, seminars, stipends, conferences and connections to organizations that emphasize the alignment of mind, body and spirit.

Discussions cover more than counting calories and steps. Topics also include depression, joblessness, housing, caregiving and financial management.

"Starting this coalition was just a part of walking out my purpose," Jackson says, "and helping other people walk out their purpose."

**“If we can embed in the faith community the concept of health as a spiritual matter, that concept will be sustainable, and it will expand.”**

– Phyllis Jackson, registered nurse and program lead for Common Ground Health shown (left) at a ministry health fair



# WASH, RINSE, CUT ... AND BLOOD PRESSURE CHECK

Josephine Mayfield, her head covered in orange and blue twist-flex rods, is at Majestic Hair Design in Irondequoit for a wash and roller set.

But owner Debbie Wise, shown above, is slipping in another service—a blood pressure screening—for free while Mayfield is under the hair dryer.

Wise stares at the digital blood pressure monitor. Mayfield closes her eyes, cups her hands in her lap and breathes slowly.

The numbers stop flashing.

“173 over 116,” Wise says.

Mayfield grimaces. She’d confessed at the beginning of her appointment to skipping her blood pressure medicine this morning, but now adds new information.

“I think I might’ve missed two or three days,” she answers.

Wise stays encouraging, congratulating her on speaking up. “Before you leave, I’m going to get you some literature.”

Wise is one of nine hair salon and barber shop owners who have become community health educators, people who have been trained to take blood pressures, encourage clients to see their doctors if the readings are higher than normal, and pass out health-related material.

They are part of a group of 25 stylists and barbers in the Rochester area who offer blood pressure monitoring as part of a communitywide health campaign supported by Trillium Health and the High Blood Pressure Collaborative.

Salons and barbershops are ideal places to raise awareness about health disparities in African American and Latino communities, says Phyllis Jackson, one of the Get It Done program organizers and the community wellness project manager at Common Ground Health.

People congregate there, they’re comfortable there, and they share their most personal stories there. These places are where long-term and trusting relationships are nurtured.

**37 BARBERSHOPS AND SALONS**  
HAVE TAKEN PART IN THE  
**GET IT DONE INITIATIVE**



Cassandra McCrea-June, who owns Diva Defined in Rochester, puts it this way: “Everything gets shared in the chair.”

The nine trained community health educators are paid a stipend and required to spend 10 hours on education every week, with at least two of those hours dedicated to blood pressure screenings. They document their findings and follow-up with clients on their next visit.

They also attend monthly meetings to learn new information from guest speakers, take refresher courses, and plan events such as the Get It Done initiative’s annual Health and Hair Symposium, meant to increase awareness about the link between hair and overall health.

More than 150 stylists, barbers, nursing students and cosmetologists-in-training attended the 2017 event.

“Everything gets shared in the chair.”

– Cassandra McCrea-June, stylist and community health educator

**45 BARBERS & STYLISTS**  
HAVE SERVED AS  
**COMMUNITY HEALTH EDUCATORS OR PEER LEADERS**



Four times a year, healthcare providers—nurses and residents from area colleges, retired nurses and other volunteers—come into all 25 sites to give free blood pressure screenings.

If a reading is high, clients are given additional information on contacting area healthcare providers, as well as other resources such as therapists and nutritionists.

It’s common for people to make an appointment with a physician for the first time about their high blood pressure after one of these screenings.

McCrea-June isn’t letting herself off the hook. She is being treated for high blood pressure and can relate to the clients she is trying to help—a role she doesn’t take lightly.

“I can’t save someone’s life, but I can steer them in the right direction to help extend their life,” she says. “I feel awesome about that.”

# MOVING THE NEEDLE



## 78.8% IN CONTROL

The percentage of adults diagnosed with hypertension whose blood pressure was  $\leq 140/90$  mmHg in 2018, up from 71.3 percent in 2010



## 6 COMPANIES WITH 2,335 EMPLOYEES

developed or adopted food service guides, including sodium reduction



## 6,984 RESIDENTS

have been screened at community events

# 41% IMPROVEMENT

in the percent of adults with blood pressure of 160/100 or higher

8.3%

4.9%

DEC 2010 DEC 2011 DEC 2012 DEC 2013 DEC 2014 DEC 2015 DEC 2016 DEC 2017 JUN 2018

HBP Registry – JNC8 Measures Finger Lakes nine county region



## 310 PARTICIPANTS

in the Healthy Blood Pressure Through Faith and Lifestyle Project



## 80.6% OF PATIENTS

who worked with blood pressure advocates got their hypertension under control



## 2,927 PEOPLE

have been screened for hypertension in barbershops and salons



## 18 COMPANIES

with 7,007 employees worked with the collaborative's registered dietitian to add strategies to increase physical activity

# INSIGHTS

## Communitywide collaboration can improve high blood pressure

Hypertension has steadily improved across the entire Finger Lakes region through focused attention across many sectors, from health care systems and providers to employers and faith communities.

## Measurement is essential to understanding progress

The registry has provided an invaluable tool for tracking improvement, allowing the collaborative to demonstrate empirically that the high blood pressure control rate was improving and to identify groups that required more outreach. The selection of the control rate ( $\leq 140/90$  millimeters of mercury) created a simple, easily communicated yardstick for measuring progress and rallying communitywide efforts.

## Keep improving your measurement

As the project advanced, we realized that the control rate failed to capture improvement among residents with extremely elevated readings if their blood pressure never dropped below 140/90. So we began tracking a second measure, the rate of patients with blood pressure of 160/100 or greater. That measure revealed our region's most dramatic health gain. While the control rate improved 11 percent from 2010 to 2018, the rate of patients with blood pressure of 160/100 or higher dropped by 41 percent.



The Rochester Chamber health care planning team.

## LEADERSHIP BUY-IN IS ESSENTIAL

Leadership from Rochester's largest employers provided the critical support and financing for the collaborative. Having one or more influential champions who made the project a priority was key. Community level leadership was equally important. For the faith-based initiative, the backing of pastors was essential to launching health ministries. Pastors embraced health messaging as part of the worship service and some pastors served as church coordinators for the program.

## A rising tide does not always raise all boats

Despite steady communitywide improvement, the control rate for African American did not improve as much as the rate for whites, increasing the disparity gap. Identifying groups at risk and tailoring interventions to these individuals is an important focus of the project going forward. For example, the project pivoted from conducting blood pressure screening at large community events to more targeted screening in neighborhoods with more African American residents and from running broad communications campaigns to ones focused on African Americans and Latinos.

## Excellent blood pressure control is possible in high poverty practices

Several practices with mostly low-socioeconomic patients were able to achieve excellent control rates. This outcome belies the assumption that some patient populations have insurmountable barriers to improvement. Efforts should be made to identify and share the approaches that make these practices so successful.

## Community health workers are effective

Bringing health resources to people where they live, work and worship is an effective way to reach at-risk populations. Building on close relationships in trusted venues, trained barbers and stylists proved to be excellent health coaches, providing education and support for residents at a fraction of the cost of providing such services by clinical staff.

## Not all measurement should be clinical data

Relying on high blood pressure readings in the doctor's office as the sole source of measurement failed to capture much of the project's community outreach work. For these programs, it is also important to track process measures, such as implementing healthy event policies, giving a health message as part of a worship service and holding health events and fairs that include blood pressure screenings.

## Be prepared for a plateau

After three years of a community intervention, many initiatives begin to experience plateaus. Continuous evaluation should be built into campaigns and these setbacks should be anticipated. When control rates started to plateau, the collaborative shifted its focus to populations and neighborhoods where improvement was stalling.

## Set realistic goals

In the faith based work, it has been important to begin with a small group in each church and to appreciate incremental improvements, such as replacing sugary drinks at gatherings with water. Through such small steps, larger health ministries emerge.

## Promote autonomy in all interventions

Extensive research has shown that people are more motivated to adopt new behaviors when encouraged to develop their own plans for change. All interventions, whether with patients, congregants, medical practitioners or clients, should be designed to assist people in selecting their own solutions. Focus on asking, "What do you think would help?" That way participants can own the solution, rather than be told the solution. For example, our consultants shared hypertension data and best practices with clinicians but encouraged practices to choose which changes would work best for their staff.

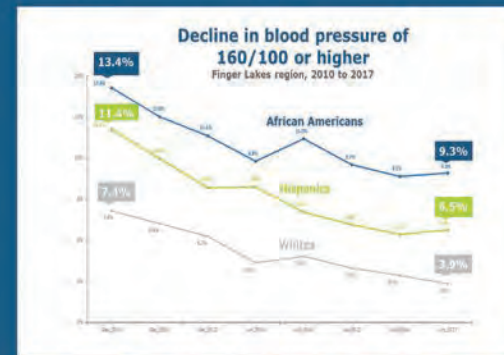
## Health care training programs can support community health

Partnering with nursing schools and other health care training programs on blood pressure screenings proved to be a win-win. Screenings allow students to experience delivering care outside of a clinical setting, and these opportunities have become a valuable part of the health care curriculum. Having student volunteers also greatly increased the collaborative's ability to provide free and convenient care to residents.

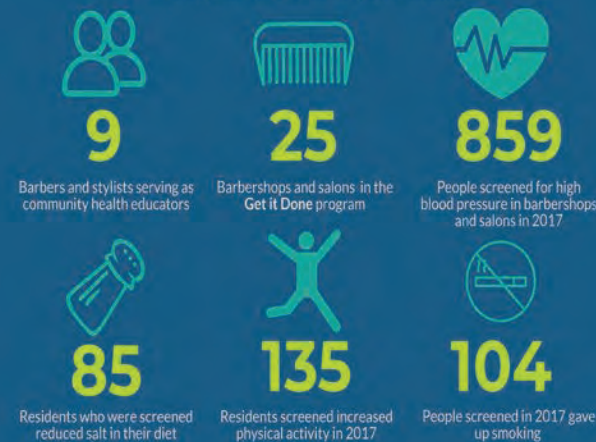
## CELEBRATE SUCCESS

**DANGEROUS HIGH BLOOD PRESSURE HAS DROPPED**

**31%** For Blacks  
**43%** For Latinos  
**47%** For Whites



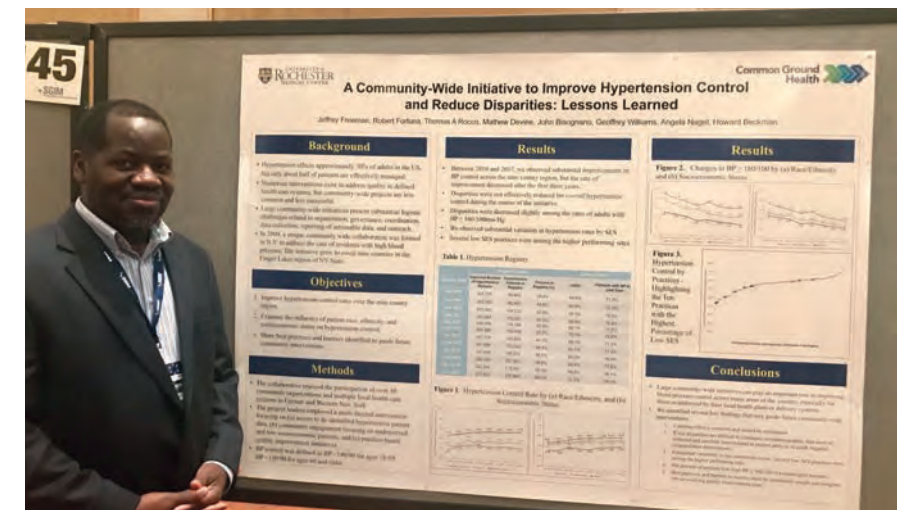
**THANK YOU**  
To everyone who is making a difference



### Our GET IT DONE heroes

Community Health Educators: Cassandra McCrea, Dina Defined Salon and Boutique, Damien Faison, Kur 'n Edge Barbershop, Debbie Wise, Majestic Hair Design, Devon Reynolds, Brothers and Sisters Unisex Salon, Ebony Wiggins, Hands Down, Nails by Ebony, Gregory Gookby, Classy Cut Barbers Shop, Linda and Wade Davis, West and Me Salon & Spa, Monique Hagan, Guys n Dalls, Shawndel Lewis, Another Level Barbershop, Peer Leaders: Ahmon & Tomeika Bryant, Sharp Edgez Barber Institute, Anthony Marshall Jr., Glover's Barbershop, Antonio Silencio, Major League Cuts, Cee Cee Davis, Davine Hair Design, Cory Jackson, Top Notch Barbering, Inc., Flash, Flash Hair Salon, Junior Green, Juniors Barbershop & Unisex Salon, Kim McCrae, Queen's International, Mercedes Ortiz, Moretilas Salon, Nelson Ball, Nelson's Barbershop, Ronnie Davis, Vision Barbershop, Stephanie Myricks, Headquarters International, Tyan James, T & Dave's Barbershop, William Hood, Sr., Erik Hair Studios, Willie Lightfoot, Jr., New Creators Unisex Barbershop, Woody Whitmore, Whitmore's International, Trillium Health, Jackie Dozier, Common Ground Health, Jeffrey Freeman, Patricia Cathey, Phyllis Jackson

Calling attention to the work and its effectiveness is important to keeping people and organizations engaged. The collaborative honored participants by holding volunteer appreciation gatherings and sharing newsletter articles, videos and thank you posters for shops and churches.



Partners also helped to shine a light on accomplishments more broadly through award applications, media coverage and presentations to local and national groups.



# AWARDS

# WITH GRATITUDE



Shaquana Divers (left), executive program manager at Excellus BlueCross BlueShield and Trilby de Jung (right), then CEO of Common Ground Health accept the Dr. Arthur J. Moss Community Award from the American Heart Association with Dr. Eric Bieber, president and CEO of Rochester Regional Health.

## AWARDS

- 2017 Dr. Arthur J. Moss Community Award, American Heart Association
- 2016 Community Health Improvement Award, Healthcare Association of New York State
- 2016 Innovation in Advancing Health Equity Award, National Business Group on Health
- 2016 Regional Innovation Award, Association of Chamber of Commerce Executives
- 2015 Nova Award, American Hospital Association
- 2014 Health Care Achievement Award, Rochester Business Journal

The High Blood Pressure Collaborative is deeply indebted to the more than 100 partnering organizations, nearly 200 medical practices, hundreds of volunteers and many dedicated staff members committed to improving hypertension. The initiatives, the milestones, the impact on this region—none of it would be possible without their support.

“The High Blood Pressure Collaborative has created a path for evolving a culture of health in our community. If we can support access to health care, a meaningful relationship with one’s medical team, exercise and nutrition, what we’re really talking about are the core elements that prevent or support managing all chronic diseases.”

– Wade Norwood,  
CEO Common Ground Health

