



KENTUCKY'S CARE COLLABORATIVE RAISES AWARENESS ABOUT BLOOD PRESSURE MANAGEMENT

Million Hearts® in Action

[Strategies for Achieving Million Hearts® Goals]



Members of Kentucky's Heart Disease and Stroke Prevention Task Force want state residents to know their blood pressure numbers – and they're taking great CARE to make sure they do. The Cardiovascular Assessment, Risk Reduction, and Education – or CARE Collaborative is a statewide initiative to raise awareness about blood pressure numbers and management. The CARE Collaborative works with partners throughout Kentucky to train Coaches on blood pressure awareness education through an educational encounter. This is done with easy, simple strategies and resources they can share with anyone interested in reducing their blood pressure and risk for cardiovascular disease. Coaches can be anyone from health clinic staff and nursing students to church members, pharmacists and fitness trainers. Regardless of their professional background, they all share a common goal of getting more people to take control of elevated blood pressure by making simple lifestyle changes and modifications.

[Fast Facts]

- One in three U.S. adults, or 85.7 million Americans, have high blood pressure, which is a major risk factor for heart disease and stroke.
- The American Heart Association reports more than 100 million Americans have high blood pressure and 45.6% of those do not have their blood pressure under control.
- It is estimated that high blood pressure costs the country about \$131 billion each year and projections show that by 2035, the total cost of high blood pressure could increase to an estimated \$220.9 billion.
- High blood pressure is a contributing factor to major health conditions including heart attack, heart failure, stroke, kidney failure and other health concerns. Data indicates that approximately 35.3% of US adults with high blood pressure or hypertension are not aware they have it.
- Projections show that by 2030, about 41.4 percent of U.S. adults will have high blood pressure, an increase of 8.4 percent from 2012 estimates.
- In Kentucky, about one-third of adults (36 percent) have been told by a health professional that their blood pressure is high, compared with 30.9 percent of adults nationally, according to 2015 federal statistics.

[What We Did]

The Kentucky Heart Disease and Stroke Prevention (KHDSP) Program implemented the CARE Collaborative throughout the state. Authorized CARE Collaborative Coaches can be anyone who wants to participate. Many work in hospitals and clinics, or in schools and churches, as well as local health departments, physical activity centers, private work sites, college campuses, and a variety of other settings throughout Kentucky.

The KHDSP Program trained a team of educators. CARE Coaches receive instruction in the CARE Collaborative educational encounter, beginning with recognition of blood pressure by color zones. They learn about the multiple lifestyle modifications available to people trying to make positive changes that can help keep their blood pressure under control. As a bonus, Coaches are trained to collect data for the program as well.



"When it comes to blood pressure, we tell people: Know your numbers, just like you know your weight or your height. Knowing these numbers can make a difference in their health."

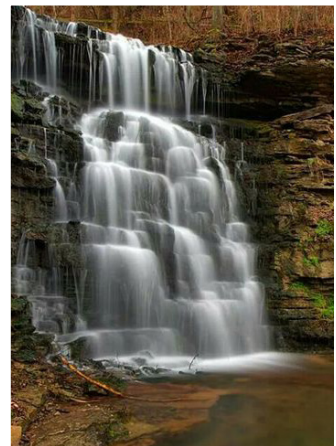
- Bonita Bobo, Program Manager for the Kentucky Department for Public Health's Heart Disease and Stroke Prevention Program

[What We Accomplished]

Thousands of Kentucky men and women who have been getting regular blood pressure measurements, at home or elsewhere, now "know their numbers" and what those numbers mean in terms of their heart health. The key to their awareness in the CARE Collaborative program has been an easy to remember visual chart that categorizes blood pressure by color-coded zones: green (normal), yellow (caution), and red (high).

"When participants leave their educational encounters, they may not remember that their blood pressure was 120 over 80, but they will remember it was in the green zone and they'll know why it's important to keep it there," said Lonna Boisseau, Task Force Coordinator for the Kentucky Department for Public Health's Heart Disease and Stroke Prevention Program.

CARE participants also have learned that keeping high blood pressure under control is possible, with a commitment to making small but significant lifestyle changes.



[What We Learned]

People respond best to small, concrete examples when it comes to making lifestyle modifications that can improve their health. Telling someone to simply increase their physical activity level isn't as effective as suggesting the person walk down the country lane to retrieve the mail instead of taking the car to the mailbox every afternoon.

CARE Collaborative Coaches are encouraged to suggest small and buildable goals to their participants.

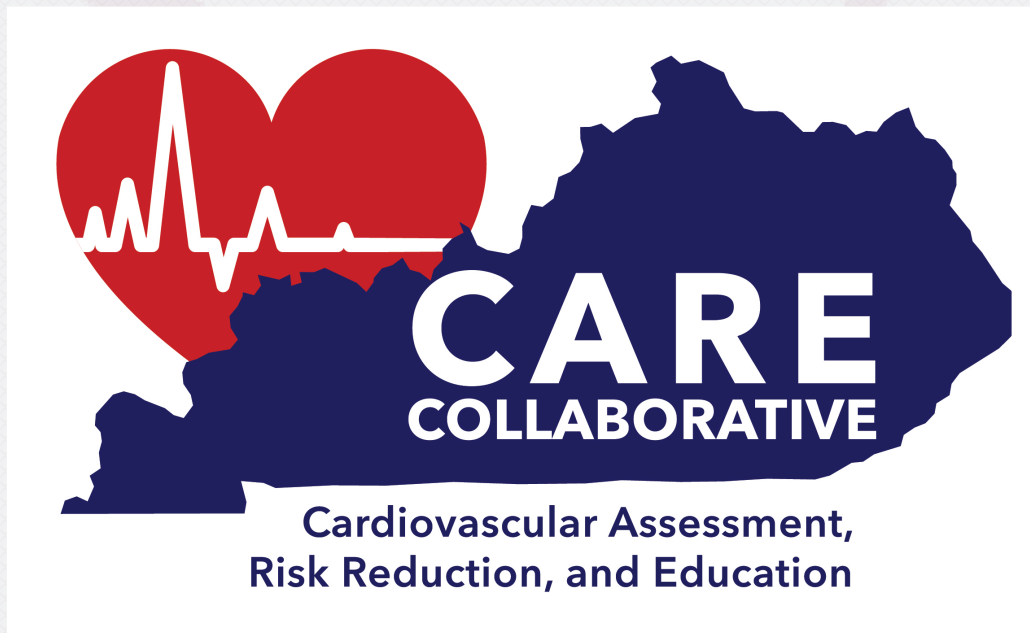
"We tell our Coaches, 'Don't try to bombard people with a ton of information. Have them look at one piece of the picture where they can make a small change,'" said Bonita Bobo, Program Manager for the Kentucky Department for Public Health's Heart Disease and Stroke Prevention Program.

"Coaches ask, 'What's one goal you can focus on? Can you take away one cigarette a week? Can you give up a sugary drink or dessert a week? What can you do?'" she said. "Showing people just one thing they can do, and then having them see the positive change that results from it, can provide positive reinforcement that will lead them to make bigger changes and get more engaged in their care."

[What We Are Doing Now]

The CARE Collaborative program captures the number of educational encounters occurring between Coaches and participants. That data helps measure the improvements and changes seen among participants.

To analyze the CARE Collaborative data, an external evaluator has been brought in to help capture the CARE Collaborative's growth and reach around the state.



[CARE Coach Spotlight]

Angie Gregory

Angie is a community health worker, and a CARE Coach in Kentucky's Montgomery County Health Department.

She provides the CARE Collaborative when she visits people in their homes, while helping them learn about the chronic illnesses they have been diagnosed with and easy steps to help manage those conditions.

Sometimes, she emphasizes the reasons why it's important to keep high blood pressure or diabetes under control. Other times, she finds herself working with clients to resolve issues that have nothing to do with their physical health.

"You think that you're going in to help someone newly diagnosed with a chronic illness, or someone who's really struggled with a disease for a while, but a lot of times there are so many other barriers," she said. "You're helping them get their electricity back on, or figuring out transportation to the doctor. There are so many other things they're concerned about before health is their top priority."

So, Angie tries to make it easy for her clients. She fills in knowledge gaps about whatever ailments they have – including heart disease, asthma, arthritis or diabetes – through education, awareness and guidance that they may not have received from their physician. Sometimes, she even goes with her clients to medical appointments to encourage doctors to spend extra time with their explanations.

Back at their homes, Angie goes into kitchens, looks through the pantry and cupboard shelves for canned or boxed goods, and then explains how to read their labels for sodium and sugar content. She also explains what an actual serving size looks like. She encourages fresh food over sodium laden boxed and microwavable meals, and demonstrates how to make healthier choices at the grocery store or food pantries.

Angie is personally rewarded when her clients relay progress they've made toward managing their conditions, whether it's keeping their blood pressure down in the "green zone," eating healthier, or losing weight.

"Sometimes, they'll tell me what they fixed for dinner, or that they went to the doctor and found out they lost seven pounds," she said. "Encouragement is important because a lot of people don't have that here and it can keep them going in a positive direction."



Priscilla Ewing

Priscilla Ewing is a problem solver. A community health worker as well as a CARE Coach for her local health center's high blood pressure clinic in Louisville, Kentucky. She often meets with clients at their homes and helps them solve whatever health related problem is at hand. She uses the CARE Collaborative educational encounter to show them ways they can address their high blood pressure.

She helps people keep track of medications, or helps them place orders for walking canes and therapeutic diabetic shoes. Sometimes she teaches clients how to take a proper measurement of their blood pressure, or accompanies them to their doctor's appointments.

"Two sets of ears just do a better job," she said. "I'm just helping them do better for themselves."

That sometimes means encouraging them to speak up for themselves.

She once found help for a morbidly obese client uncomfortable about leaving her apartment. Priscilla helped the person out by ordering a custom made rollator, or a walker with wheels, to help with mobility. She also called up a community van that could accommodate the client's size, and finally transport the person to the doctor's office for medical attention.

Priscilla knows the value of the community health workers. A community health worker, who taught a smoking cessation program at their local health center, aided her and her husband. Priscilla liked it so much, and connected so closely with the facilitator, that she was invited to learn how to lead future classes herself. She ended up facilitating smoking cessation programs for the following 12 years, helping hundreds of people kick the smoking habit.

The work eventually led to her role as a community health worker, whose mission appeals to Priscilla's spiritual and health conscious sides.

"Our community is in such need of all kinds of things," she said. "I just take one thing at a time, take a deep breath, pray about everything, and walk that client through what is needed. I tell them, let me help you walk through that process."



Michele Harbin

Sometimes the process of healing the heart, and heart related illnesses, can be made easier when it comes with some faith. Michele Harbin is the Health Ministries Coordinator for Norton Healthcare in Louisville, Kentucky. She works to foster relationships among faith-based partners and helps them establish prevention and wellness programs for their communities.

Michele provides educational tools for health ministries to conduct everything from health fairs to mentoring opportunities for faith-based health coaches and ministers. To help the goal of increasing blood pressure awareness, Michele's organization partnered with the CARE Collaborative, an initiative to raise understanding about blood pressure management.

"The partnership between our faith communities and self-health care just married very well together," she said. "It's because the knowledge and awareness are in alignment with the spiritual encounter, or holistic health."

Michele works regularly in her own faith community as a CARE Coach, someone who helps guide parishioners on the path to better health. She has seen improvement among the individuals she counsels on blood pressure management and medication compliance. She notes one parishioner in particular not only has learned how to keep his blood pressure under control, he also has incorporated small lifestyle changes that have improved his overall wellbeing. He now spreads the word to other parishioners within his health ministry, engaging in conversations in the safe, positive environment of their faith community.

Michelle also has seen faith ministries provide opportunities to shape the mind of future community health workers. That's because the clinical elements of the ministry easily stoke the curiosity of the younger members of the parish absorbing the interactions they witness.

Michelle described one young girl who listened to her heart with a stethoscope after noting she had never touched one or heard what it sounds like to use the device.

"It felt like I was mentoring the future ministry, or a future nurse, because as she was doing that, I'm doing a spiritual counsel and asking, 'Oh, have you ever been interested in nursing?' or saying, 'When you get old enough, you can be a part of the health ministry team.'"



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