Business Leadership, Collaboration and Community Interventions Lead to Steady Progress on Hypertension

by Robin Flanigan

Like Americans across the country, 1 in 3 adults in Rochester and the Finger Lakes region of New York has high blood pressure. To address the chronic condition and reduce strokes, heart attacks and other debilitating outcomes associated with hypertension, the region formed the High Blood Pressure Collaborative. The community-wide health campaign is supported by the region’s largest employers, hospitals and health insurance companies and managed by Common Ground Health, the region’s population health improvement organization.

For the past decade, the initiative has provided clinical and community based interventions aimed at helping residents manage hypertension.

Key elements linked to collaborative success

The collaborative brings together leaders from health care, business, education, faith communities and other sectors around one specific, measurable goal: improving the hypertension control rate, defined as blood pressure of 140/90 millimeters of mercury or lower.

To track that measure, Common Ground created the nation’s first communitywide high blood pressure registry. Based on de-identified clinical records from more than 150 medical practices and more than 200,000 patients, the registry data is collected and analyzed twice a year and results shared back with hospital systems, practices and the community.

Specially trained practice improvement consultants—all physicians—meet with health care professionals at their office to review the registry’s hypertension data and identify areas for improvement.

To address disparities, the initiative has increasingly focused on low-income, communities of color, which the registry has shown continue to have higher rates of uncontrolled hypertension. Innovative health programs in churches, barbershops and salons offer free blood pressure monitoring and consultation. Multi-media campaigns encourage residents to “know their numbers” and to develop a “reminder” to help make taking daily medication a habit.

This creative approach to population health has produced steady improvement.

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

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.

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.

A history of business leadership

Change often starts with one person—and for the High Blood Pressure Collaborative, that person was Paul Speranza. In the early 2000s, the lifelong Rochesterian and Wegmans Food Market 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.”

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 community wide 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.

“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.’”

Faith communities prove to be powerful partners
As a registered nurse and minister, Phyllis Jackson realized local African American churches would be an ideal place to change some disturbing statistics:

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.

“The faith community is an untapped resource for education and training and screening,” says Jackson, who leads the collaborative’s faith-based initiative known as the Healthy Blood Pressure through Faith and Lifestyle Project. “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.”

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.”
Salons and barbershops provide nontraditional connection to health
The collaborative realized that salons and barbershops are ideal places to raise awareness about health disparities in African American and Latino communities. 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.

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

In the Rochester area, a group of 25 stylists and barbers offer blood pressure monitoring as part of a communitywide health campaign supported by Trillium Health, a community of medical and social service professionals, and the High Blood Pressure Collaborative.

Nine of them have become community health educators—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 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.

The community health educators 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.

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.”

A model for creating a culture of health
As the collaborative has shown, a multi-sector approach can help improve health outcomes. Over the past decade, hypertension control has steadily improved across the entire Finger Lakes region through focused attention from health care systems, providers, employers and community leaders.

Community programs have also proven that bringing health resources to people where they live, work and worship is an effective way to reach at-risk populations. Moving forward, collaborative staff and volunteers are increasingly using the model to expand beyond hypertension, recognizing that promoting active lifestyles, healthy nutrition and access to health educators is a prescription for addressing many chronic illnesses.