



WACMHC

Washington Association of
Community & Migrant Health Centers

*We strengthen and advocate for Washington's
Community Health Centers as they build healthcare
access, innovation and value.*

FALL WORKSHOP FOR FQHC'S COMMUNITY HEALTH WORKERS

Tacoma – Fri., Nov. 9, 2018

THANKS TO SPONSORS





COMMUNITY HEALTH WORKER STATE UPDATES

State Updates

- *National ASTHO Technical Assistance Project*
- *CHW Training and Education Project*
- *Department of Health CHW State Conference*
- *Legislative Trends*
- *Other Activities*

National ASTHO Technical Assistance Project

- Washington State one of four (4) states selected for the National 2018 CHW Learning Community, hosted by ASTHO with support from HRSA.
- Technical Assistance – no dedicated funding
- Opportunity for subject matter expertise and support with statewide CHW priorities over 2 year period
- Cross sector group of team members (including WACMHC.)

CHW Training and Education Project

- DOH will reconvene the Community Health Worker (CHW) Task Force to develop guidelines for implementing the Task Force's recommendations on CHW training and education.
- Activities include statewide meetings and community listening sessions (Community Conversations.)
- Final report submitted to legislature by June 30, 2019
- Visit CHW Web Site for more information: www.doh.wa.gov/CHWTS

Department of Health CHW State Conference

- 2019 CHW Conference “*You are EPIC- Equitable, Passionate, Invested, and Collaborative*” will highlight the work of CHWs, Promotores, lay leaders and peer advocates from across the state
- Multiple training tracks- specifically designed for the needs of CHWs working in both community and clinical based agencies

Legislative Trends

- 2 CHW workforce development bills introduced last session (2018)
 - House Bill 2436- Act relating to defining CHWs and their roles
 - Senate Bill 6498- Act relating to training and certifications of CHWs
- Looking Forward to 2019

Community Health Worker Training Program

- Hybrid In-person / on-line format allows flexibility for training participants
- Certificate of Completion – but no CHW specific certification or credentials in Washington State
- Curriculum aligned with many of our 2016 CHW Task Force Recommendations – with additional work planned in 2019
- 2019 Training Schedule now posted on-line
 - www.doh.wa.gov/chwts

Pathways

- Supported through DOH partnership with Healthy Generations and (6 of 9) ACHs
- The Pathways Community HUB Model, sometimes referred to as “Pathways” is an open source, community-based care coordination model that utilizes a Software Platform called Hub Connect
- Model utilizes care coordinators (CHWs) to deliver care coordination's services
- Extensive Training Required

Questions?



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www.doh.wa.gov/chwts

chwts@doh.wa.gov



handle: WADeptHealth



Washington State Department of

Health

CHW Networks

Presenters:

Gretchen Hansen-Community Involvement
Foundation for Healthy Generations

Shantel Davis-Development Director
People's Harm Reduction Alliance

Objectives

- **CHWs & CHW Networks/Coalitions = systems change/transformation**
- Learn about local CHW Networks/Coalitions in Washington State
- CHWs are developing a state association
- What has happened so far
- What's next

System Change/Transformation

- ▶ What systems change or transformation efforts are we referring to?
 - "Systems change" is a shift in the way that a community makes decisions about policies, programs, and the allocation of its resources — and, ultimately, in the way it delivers services to its citizens

Types of System Change

	Incremental	Reform	Transformation
Purpose	To improve the performance of the established system.	To change the system to address shortcomings and respond to the needs of stakeholders	To redirect the system and change its fundamental orientations and core relationships
Participation	Replicates the established decision making group and power relationships	Brings relevant stakeholders into engagement in ways that enable them to influence the decision making process	Creates a microcosm of the problem system, with all participants coming in on an equal footing as issue owners and decision makers
Process	Confirms existing rules. Preserves the established power structure and relationships among actors in the system	Opens rules to revision. Suspends established power relationships; promotes authentic interactions; creates a space for genuine reform of the system	Opens issue to creation of new ways of thinking and action. Promotes transformation of relationships with whole-system awareness and identity; promotes examining deep structures that sustain the system

Source: Pruitt, B. and S. Waddell. 2005. *Dialogic Approaches to Global Challenges: Moving from "Dialogue Fatigue" to Dialogic Change Processes*. Generative Dialogue Project. August.

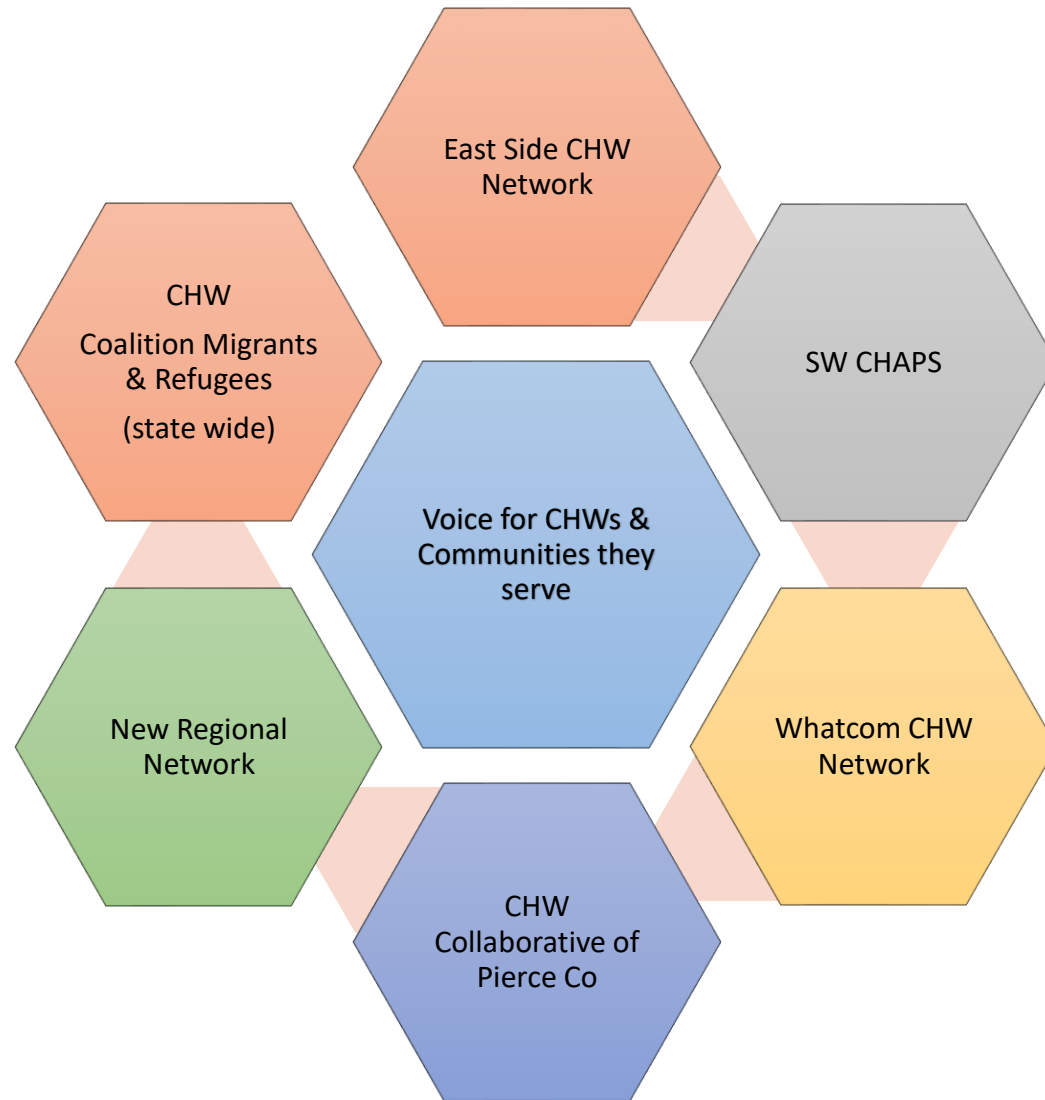
Levels of System Change



Big Picture

Community Health Workers

For this presentation, CHWs includes all positions that do similar work and may have varying titles. For example: Promotores, Peer Specialists, Health Ministers, Peer Educators, Health Advocates.



Networks Provide

- Peer Support
- Professional Development
- Advocacy for CHWs
- Community Voice
- Local Systems Change
- State Systems Change

CHWs Want Peer Support

Strength in Relationships

CHWs

- Learning from each other
- Providing support to each other
- Generating ideas and solutions

Professional Development

CHWs:

- What training or education they need
- How it should be delivered
- What challenges they face in the field

Advocacy for CHWs

CHWs Speaking for themselves to policy makers or systems:

- What they need to do their jobs
- What is NOT helpful or what is a barrier
- What is *equitable* to their peers and to their community
- How to make changes for better health outcomes

Trusted Communicators

CHWs are uniquely positioned to:

- Provide information to community in a way they can use it
- Listen to community for vital feedback
- Build relationships between policy/systems and community members

Local Impacts

East Side CHW Network

Focus on resources: resource spotlight at meetings, regional conference highlighting CBOs that address gaps, website resource tool

SW CHAPS

Advocated for a Vancouver city ordinances that prohibits landlords from discriminating against potential tenants with SSI/VA or Section 8

CHW Collaborative of Pierce Co

Helped to defeat the “world’s largest” methanol plant from being built on Tacoma’s tide flats-it would have devastated Tacoma’s ecology

State Systems

WA State CHW Association

State wide group that came out of the CHW Task (2015).

- Provide support to individual CHWs, local and regional groups
- Build relationships with legislators to provide accurate information about CHWs
- Provide state wide webinars, trainings, reports, assessment efforts
- Advocate for legislation that moves CHW field upward & forward

CHW Task Force (2015)

State wide stakeholders met to discuss, agree and produce recommendations on:

- CHW Definition
- Training
- Compensation

Stakeholders included MCO's, Hospital Systems, Legislators, other Associations and 30% CHWs from around the state.

Full report on www.healthygen.org

Legislation 2018

Rep. June Robinson took language directly from the Task Force and introduced HB 2436 in an effort to have one definition of community health workers. This would provide clarity and consistency across the state about the roles of CHWs.

The bill did not pass (most don't in the first attempt) There will be more action in Olympia in 2019

What Is Next for WA CHWs

Proviso

Budget proviso of \$150,000 designated for implementing the Task Force Recommendations. The Task Force is reconvening to develop guidelines for the “Education & Training” recommendations.

WA State CHW Association

2018 focused on developing the Association-governance/structure, logo

WA State CHW Association

Fall Forum 2018

Meeting Objectives

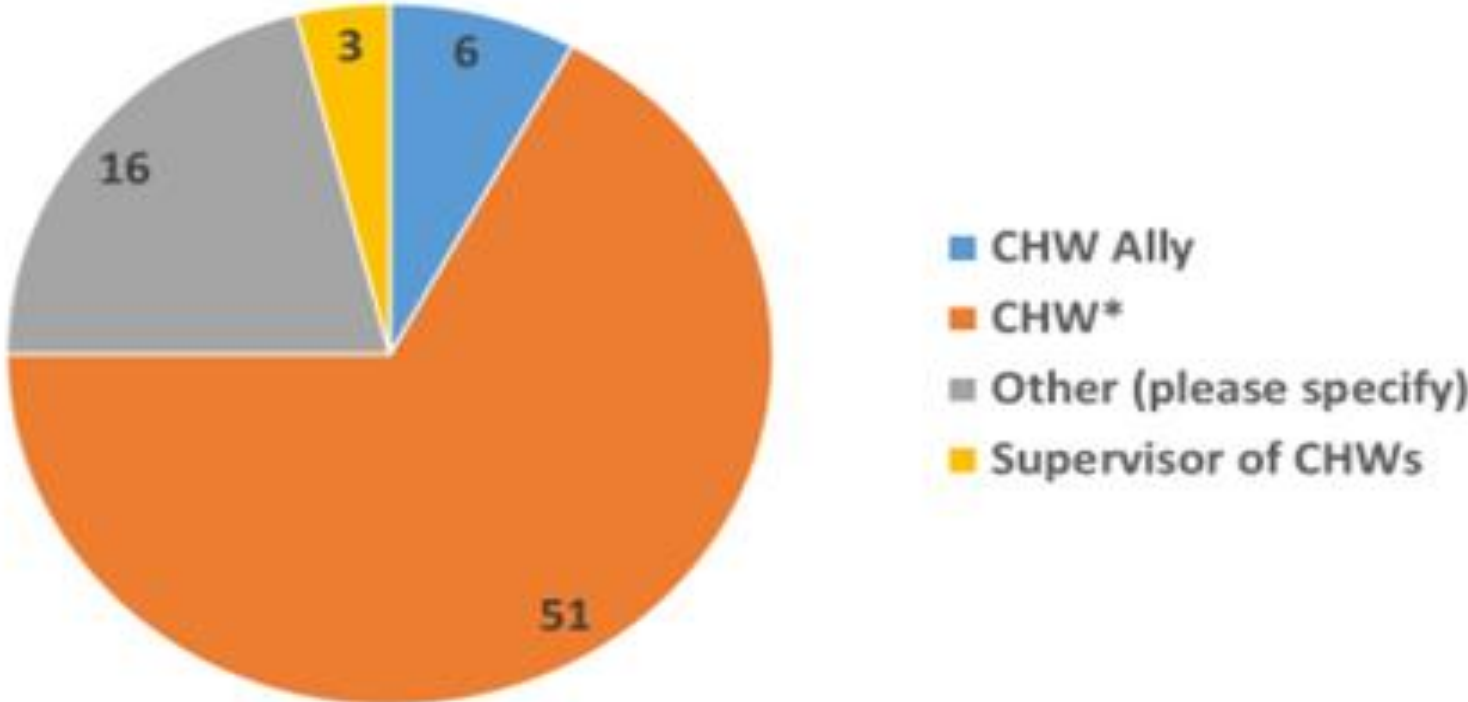
- Collectively define the goals of the WA State CHW Association
- Develop initial strategic plan and governance principles
- Begin to outline how the work will get operationalized over the next year





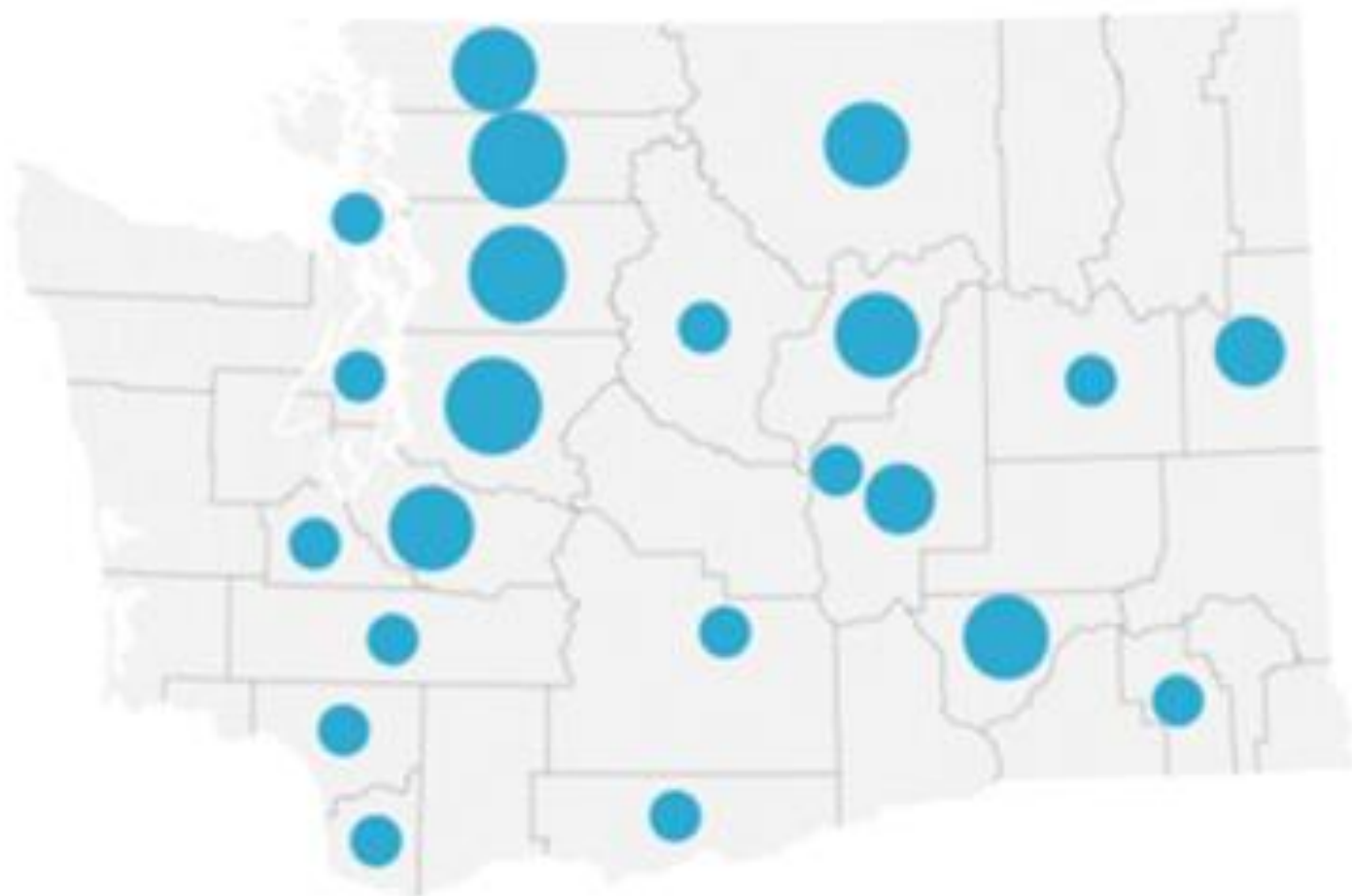
Who Attended the Fall Forum

76 people registered for the CHW Statewide Association Fall Forum



This is more than doubled our goal of 30 people!

Registrants represent counties across WA State

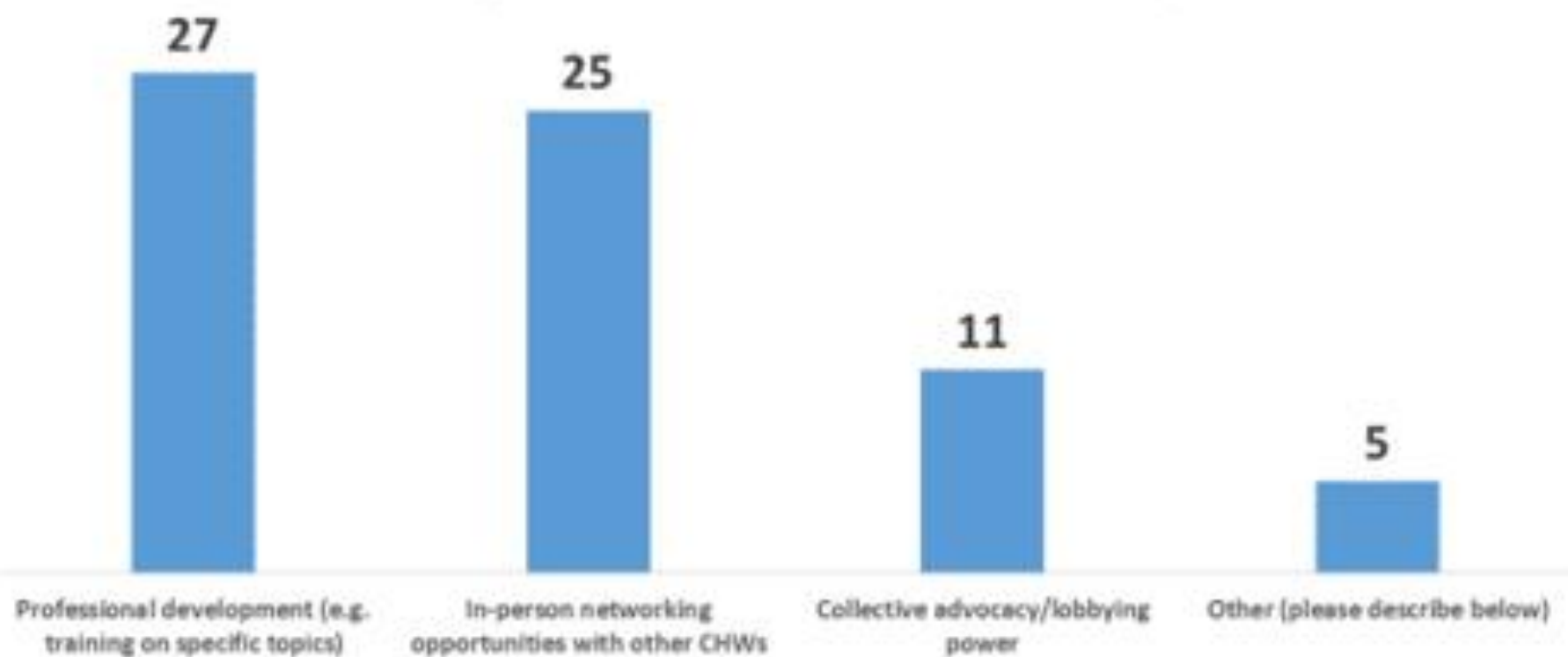


*76 participants in total; 8 participants work in more than one county

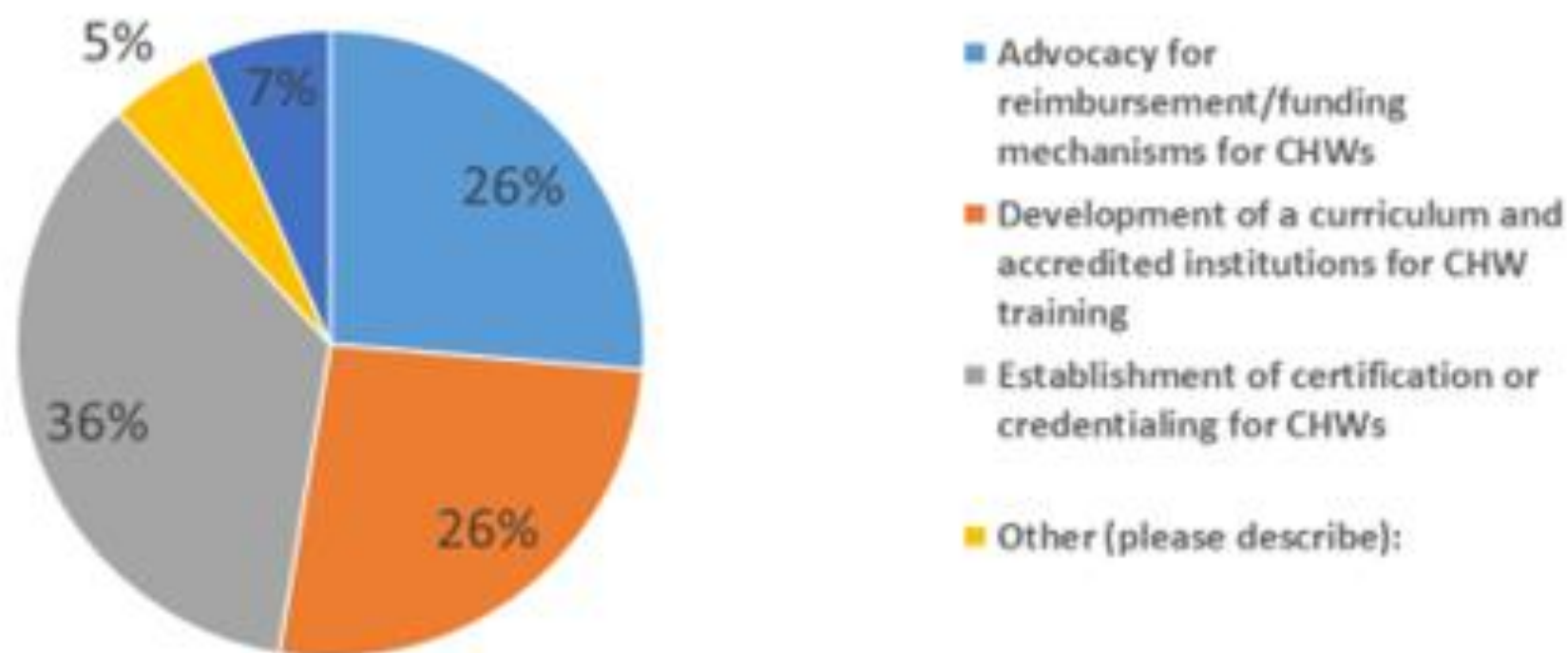
What do participants want
their CHW Association to do?

Registrants say professional development and networking opportunities are the most important functions of a statewide CHW Association

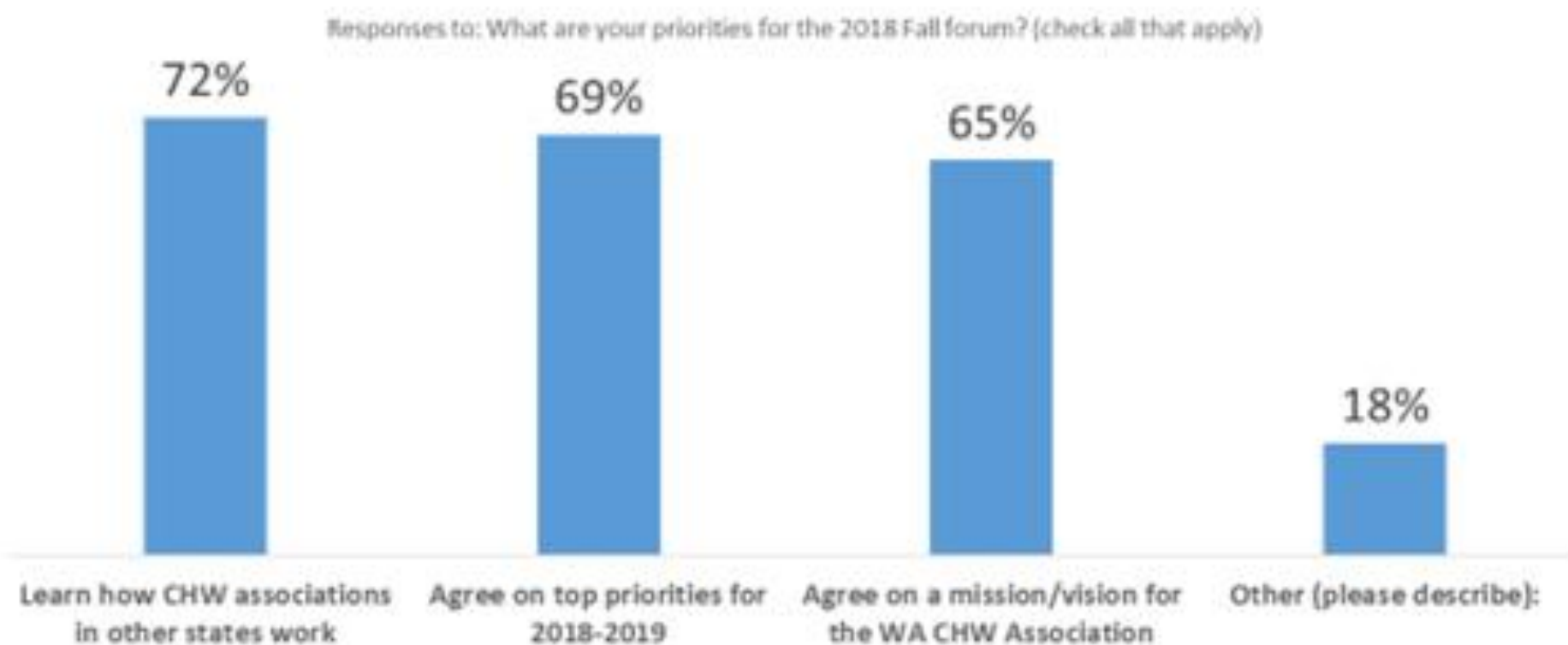
Number of registrants that rated each function as #1 most important



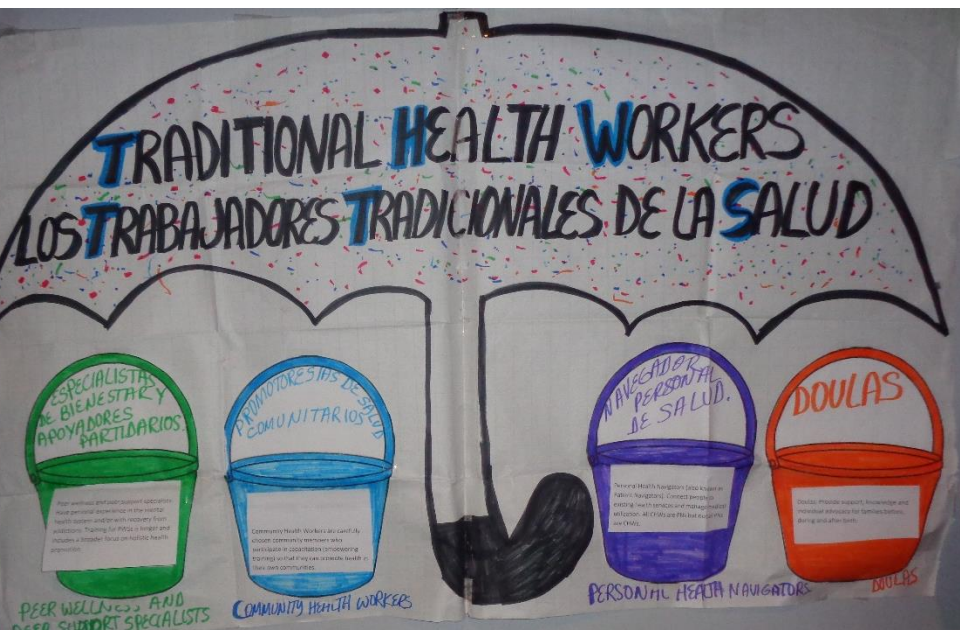
Registrants believe the most pressing long-term priority for the field of CHW work is establishment of certification or credentialing for CHWs



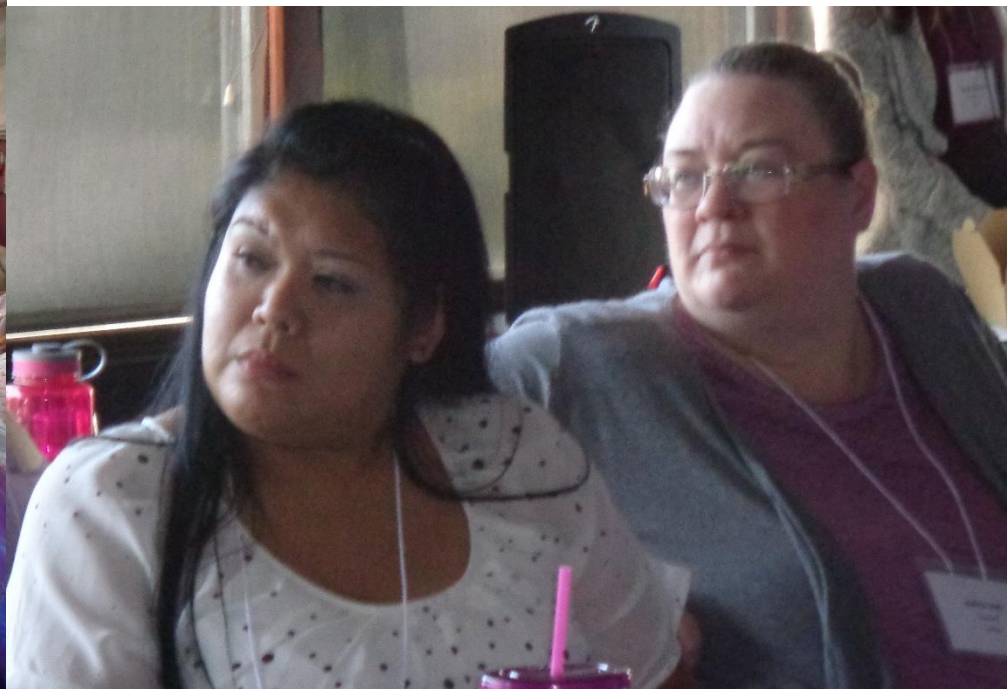
Registrants' identified multiple priorities for the 2018 Fall Forum



Our Sisters ORCHWA



Strategy Development



Defining the Priority Areas

Professional Development: education and skill training on topics that are important to CHWs

Networking Getting to know and learning from other CHWs you would not otherwise have met to share ideas, interests and goals and get support

Collective Advocacy/Lobbying Power. Identify issues that are important to CHWs and work with others to encourage local, regional and state policy makers to address the issue. For example, establishing CHW training and education standards that support CHWs or working to develop and implement financing mechanisms that pay for CHW services

Sustainability. Developing a structure that helps the CHW Association continue and grow

Initial Outcomes

- 1st official business meeting as Association
- New members signed up (many from local networks)
- Decision Making Criteria
- 4 Committees
- Leadership Development Committee-to continue building governance
- Selected a new logo!



WSACHW
Washington State Association
of Community Health Workers



WSACHW
Washington State Association
of Community Health Workers



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Washington State Association
of Community Health Workers



Next Steps for WA State CHW Association

- All notes and evals typed up into a summary report
(will be available to all)
- Committees will begin to meet
- Leadership Committee will meet-move structure/governance discussion forward
- Resume monthly conference calls for Association members
- Webinar for members (and anyone interested) on Advocacy

Our Contact

- Shantel Davis

Director of Development

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- Gretchen Hansen

Community Involvement

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253-732-8755

A woman with long dark hair, wearing a black jacket, is smiling warmly and hugging a young child from behind. The child is wearing a brown patterned jacket and bright pink mittens. They are outdoors on a paved path with greenery and a blurred background.

ADA Ambassadors Program Training & Diabetes Resources

Kelsey Stefanik-Guizlo, MPH

Northwest Region Director, Community Health Strategies

Our Mission

to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Today's Agenda

- Describe the ADA Ambassadors initiative
- Review the ADA “Diabetes 101” presentation
- Share key diabetes resources for Ambassadors

Thank You Northwest Kidney Centers!

- Support for the ADA Ambassadors program comes from our generous partner, the Northwest Kidney Centers!



What are ADA Ambassadors?

- Support people with diabetes in their communities by connecting people with education and resources
- Serve as a bridge between their communities and the ADA by communicating local needs and gaps to the ADA to inform our work

ADA Ambassador Responsibilities

- Complete a training reviewing the ADA's "Diabetes 101" workshop and our available community resources (**today's session counts!**)
- Present the "Diabetes 101" workshop in their area as available/needed
- Attend local events as available/needed
- Share diabetes resources with their communities
- Communicate local needs and gaps back to the ADA
- Attend bimonthly (every 2 months) conference calls

ADA Ambassador Benefits

- Receive training on topics related to diabetes and new initiatives from the ADA and our partners
- Stay up-to-date on resources available from the ADA and other organizations
- Connect community members with diabetes education and resources
- Share your knowledge of community needs with the ADA to inform our work
- Network with other Ambassadors from across the Northwest Region to share successes and challenges

Questions about the ADA Ambassadors program?

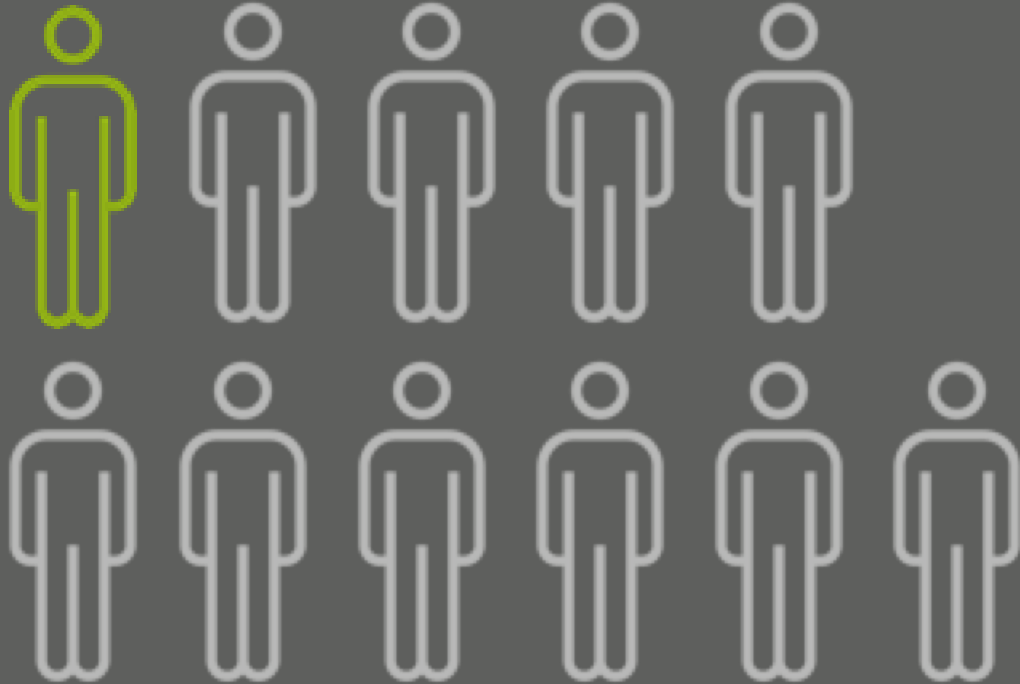


Diabetes 101

Your Name Here

Raise your hand if you know someone with diabetes.

DIABETES: A PUBLIC HEALTH CRISIS



1 in 11

**Americans has
diabetes **today****

DIABETES: A PUBLIC HEALTH CRISIS

Diabetes kills more Americans every year than AIDS and breast cancer combined.

Every 21 seconds, someone in the U.S. is diagnosed with diabetes.

DIABETES: A PUBLIC HEALTH CRISIS

\$1 IN \$7

health care dollars is spent on treating diabetes and its complications.

The annual health care costs for a person with diagnosed diabetes are

2.3x HIGHER

than for a person without.

Who is the American Diabetes Association

Diabetes affects everyone.

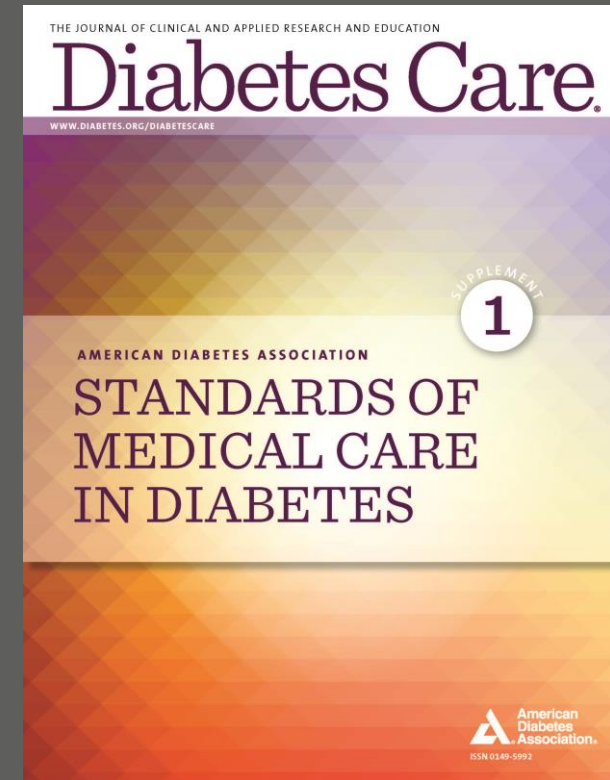
The American Diabetes Association is the only organization pursuing treatments, prevention, and cures for all types of diabetes and fighting for the rights of all people affected by diabetes.



REACH & CREDIBILITY

The American Diabetes Association is internationally recognized and trusted as an authority in diabetes care.

Our evidence-based standards of care guide health care practitioners and inform diabetes educators around the country.



OUR COMPREHENSIVE APPROACH

OUR MISSION:



Our comprehensive approach **changes** lives



OUR COMPREHENSIVE APPROACH

From the research lab to the halls of the Capitol to the offices of health care providers and to homes nationwide, the American Diabetes Association is there.

So what are Prediabetes and Diabetes?

PREDIABETES

What is prediabetes?

Prediabetes is when your blood glucose (also called blood sugar) levels are higher than normal but aren't high enough to be called diabetes.



PREDIABETES

84 MILLION

Americans have prediabetes—and 90 percent don't know they have it.

Learn your risk for prediabetes and diabetes at diabetes.org/risk.

Prediabetes can lead to type 2 diabetes and its many serious complications.

DIABETES

What is diabetes?

When you have diabetes, your blood glucose levels rise higher than normal. There are three types of diabetes.

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes

DIABETES

How is food related to diabetes?

1. Your body breaks down food into glucose and sends it to the blood.
2. Insulin helps move glucose from the blood into your cells.
3. Glucose moved into your cells is either used as fuel for energy or stored for later use.

If you have diabetes, there is a problem with insulin, but not everyone has the same problem.



DIABETES

What are the symptoms of diabetes?

Symptoms include:

- Urinating often
- Feeling very thirsty
- Feeling very hungry - even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss - even though you are eating more (type 1)
- Tingling, pain, or numbness in the hands/feet (type 2)



The Types of Diabetes

TYPE 1 DIABETES

What is type 1 diabetes?

In type 1 diabetes, your immune system mistakenly destroys the beta cells in your pancreas that make insulin.



TYPE 1 DIABETES

What causes type 1 diabetes?

Scientists aren't sure what causes type 1 diabetes. It is not contagious and it is not caused by eating sugar.

Research is under way to find the exact causes of type 1 diabetes and how it might be prevented.



TYPE 2 DIABETES

What is type 2 diabetes?

If you have type 2 diabetes your body does not use insulin properly. This is called insulin resistance.



TYPE 2 DIABETES

What puts you at risk for type 2 diabetes?

Risk factors include:

- History of high blood glucose, prediabetes, and/or gestational diabetes (GDM)
- Overweight and obesity
- Physical inactivity
- Genetics
- Family history
- Race and ethnicity
- Age
- High blood pressure
- Cholesterol problems



GESTATIONAL DIABETES

What is gestational diabetes (GDM)?

GDM is diabetes that develops during pregnancy.

- **If your blood glucose levels return to normal after giving birth, you are at higher risk for developing type 2.**
- **If your blood glucose doesn't return to normal, you will be diagnosed with type 2 diabetes.**



Diabetes Treatments and What You Can Do

WHAT YOU CAN DO

What can you do if you have prediabetes or diabetes?

You can delay or prevent type 2 diabetes, or if you have diabetes, you can manage blood glucose with:

- Weight loss, if needed
- Daily physical activity
- Following a meal plan
- Taking your medication(s)

Be sure to talk to your doctor about the steps you can take to stay healthy.



WHAT YOU CAN DO

How does staying active help?

When you are active:

- Your body is more sensitive to insulin, so the insulin can work better.
- Your cells take glucose out of the blood during exercise, which is good.
- Your mood gets better--and exercise may make people feel less depressed.



WHAT YOU CAN DO

What types of activity should I do?

There are five types of activity you can try:

1. Lifestyle activities
2. Aerobic exercise
3. Strength training
4. Balance training
5. Flexibility training (stretching)

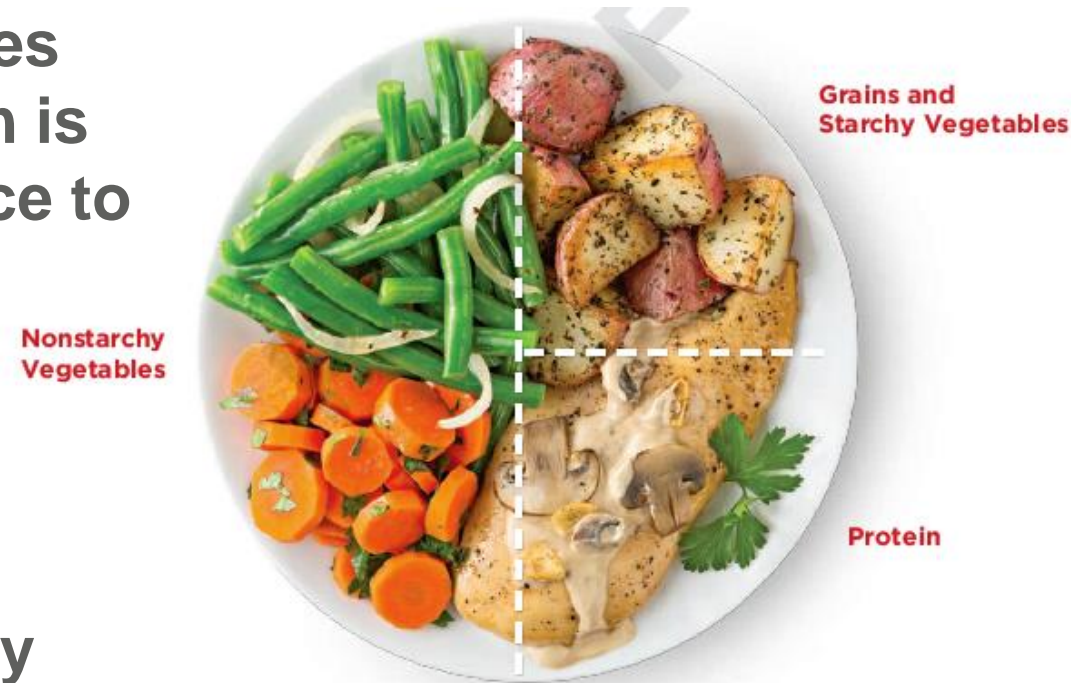


WHAT YOU CAN DO

What type of meal plan should I follow?

Talk to a registered dietitian (RDN) or diabetes educator (CDE) about what type of meal plan is right for you. The plate method can be a place to start.

1. Fill 1/2 of your plate with nonstarchy vegetables.
2. Fill 1/4 of your plate with protein.
3. Fill 1/4 of your plate with grains or starchy vegetables. Add one serving of fruit and/or milk/yogurt, as your meal plan allows.
4. Add water or a no-calorie beverage.



WHAT YOU CAN DO

What should I know about medications?

Talk to your diabetes care team about the medications you're taking and what they do. There are three types of medications for diabetes.

1. Diabetes oral medications (pills)
2. Insulin
3. Other injected medications

Be sure to take your medications as prescribed



WHAT YOU CAN DO

How to make the best choices for you.

S.M.A.R.T. goals are Specific, Measurable, Attainable, Realistic, and Time-specific.

Setting “S.M.A.R.T.” goals can help you reach your health goals. S.M.A.R.T. goals can also help you manage your time and track your progress.



We're Here to Help!

ADDITIONAL RESOURCES

Handouts

Additional handouts are available with information some of the resources we've highlighted as well as:

- How to prevent or manage diabetes
- Healthy living
- Advocating for people with diabetes

*Information on handout and on diabetes.org.



Notes on Giving a Diabetes 101 Presentation

- **Do not** modify the slides without talking to me first
- **Do not** give medical advice—redirect the person to their medical provider
- If an audience member has a question and you don't know the answer, **that's okay!**
- Tell them you don't know but will find out, then refer them to me or the ADA's Center for Information (1-800-DIABETES)

Questions about the Diabetes 101 presentation?

Highlighted Resources for ADA Ambassadors and CHWs

- ADA CHW webpage
- Patient Education Materials
- Ethnomed
- Living with Type 2 Diabetes Program
- Type 2 Diabetes Risk Test
- Diabetes Food Hub
- Website and Center for Information
- State 2-1-1 programs
- State Departments of Health

ADA CHW Webpage

Resources for Community Health Workers (CHWs)

Welcome community health workers (CHWs), promotores de salud, community health representatives, peer health educators and other frontline public health workers! As people who are trusted members of your communities or have a close understanding of the communities you serve, you are critical partners in helping us to support people with and at risk for diabetes. We hope the resources below will be useful to both you and your patients/clients.

Resources for CHWs

Standards of Care: Our Standards of Care highlight the importance of CHWs in diabetes prevention and management, especially among underserved communities.

“CHWs can be part of a cost-effective, evidence-based strategy to improve the management of diabetes and cardiovascular risk factors in underserved communities and health care systems.”

-Improving care and promoting health in populations: Standards of Medical Care in Diabetes—2018.

“The use of community health workers to support Diabetes Prevention Program efforts has been shown to be effective with cost savings.”

-Prevention or delay of type 2 diabetes: Standards of Medical Care in Diabetes—2018.

- Highlights key resources for CHWs and their patients/clients.
- Will be updated as additional resources become available.
- Available at professional.diabetes.org/chw.

Patient Education Materials

SU CONSEJERO American Diabetes Association. **DE DIABETES**

A1C/eAG

¿QUÉ ES A1C?

El A1C es una prueba de glucosa en la sangre que también puede denominarse promedio aproximado de glucosa (en inglés conocido como estimated average glucose o eAG).⁰ Indica el promedio de glucosa en la sangre durante los últimos dos o tres meses. Hace esto midiendo cuánta glucosa se adhiere a los glóbulos rojos. Debido a que siempre se producen glóbulos rojos nuevos para sustituir los viejos, el A1C puede variar con el tiempo con los cambios en el nivel de glucosa en la sangre.

¿CON QUÉ FRECUENCIA DEBO HACERME LA PRUEBA A1C/EAG?

Recuérdale a su equipo de atención médica que le mida el A1C por lo menos dos veces al año. Si está cambiando de medicamentos o haciendo otros cambios en su cuidado, es posible que deba hacerse la prueba con más frecuencia.

¿CUÁLES SON LOS LÍMITES DESEADOS DE A1C/EAG?

El objetivo general para A1C de la Asociación es 7% (eAG de 154 mg/dl). Es posible que su médico le recomiende un nivel más alto o bajo según su edad y otros factores. Sea cual sea su número, cuanto más se acerque a resultados de menos de 7%, mayor su probabilidad de prevenir o retrasar

- More than 170 printable PDF materials available on a range of diabetes-related topics
- Languages include Arabic, Chinese, English, French, Haitian Creole, Korean, Portuguese, Russian, Spanish, Tagalog, and Vietnamese
- Available [here](#) (free registration required)

Ethnomed Resources

ETHNIC FOODS AND BLOOD SUGAR: GUIDES FOR PATIENTS

Cambodian Foods That Affect Blood Sugar: A Guide for Cambodian Patients

This presentation is intended to be used by clinicians during discussion with patients about carbohydrates and blood glucose. It is culturally tailored to reflect foods commonly consumed by Cambodian Americans. Authored by Julianne Williams. For more information about how it was developed, [click here](#), and select 'view documentation'. The narrated file may take a few moments to load. Scroll-over video for table of contents.



- [Narrated video presentation](#) (12 minutes)
- [PDF presentation](#) (59 slides)
- Note: If you have trouble viewing the video on EthnoMed, you can view it on [YouTube](#)

How Foods Affect Blood Sugar: A Guide for Ethiopian and Eritrean Patients with Diabetes

This presentation is intended to be used by clinicians during discussion with patients about carbohydrates and blood glucose. It is culturally tailored to reflect foods commonly consumed by Ethiopian and Eritrean Americans and includes photos of foods, meal comparisons, portion sizes, and some information about managing diabetes during periods of fasting. Authored by Mei Yook Woo. For more information about how it was developed, [click here](#), and select 'view documentation'.



- [Narrated Video Presentations](#) (47-50 minutes) - [Oromo](#) | [Amharic](#) | [Tigrigna](#)
- [PDF presentation with table of contents](#) (129 slides) - [Amharic/English](#) | [Oromo/English](#) | [Tigrigna/English](#)


- Patient education materials available in a variety of languages.
- Most materials have a nutrition focus.
- Available [here](#)

Living with Type 2 Diabetes Program



- Free 12-month program for people newly diagnosed with type 2 diabetes
- Available in English and Spanish
- Enrollees receive 6 digital packets, monthly e-newsletters, and 6 issues of Diabetes Forecast magazine
- More information at diabetes.org/living

Type 2 Diabetes Risk Test



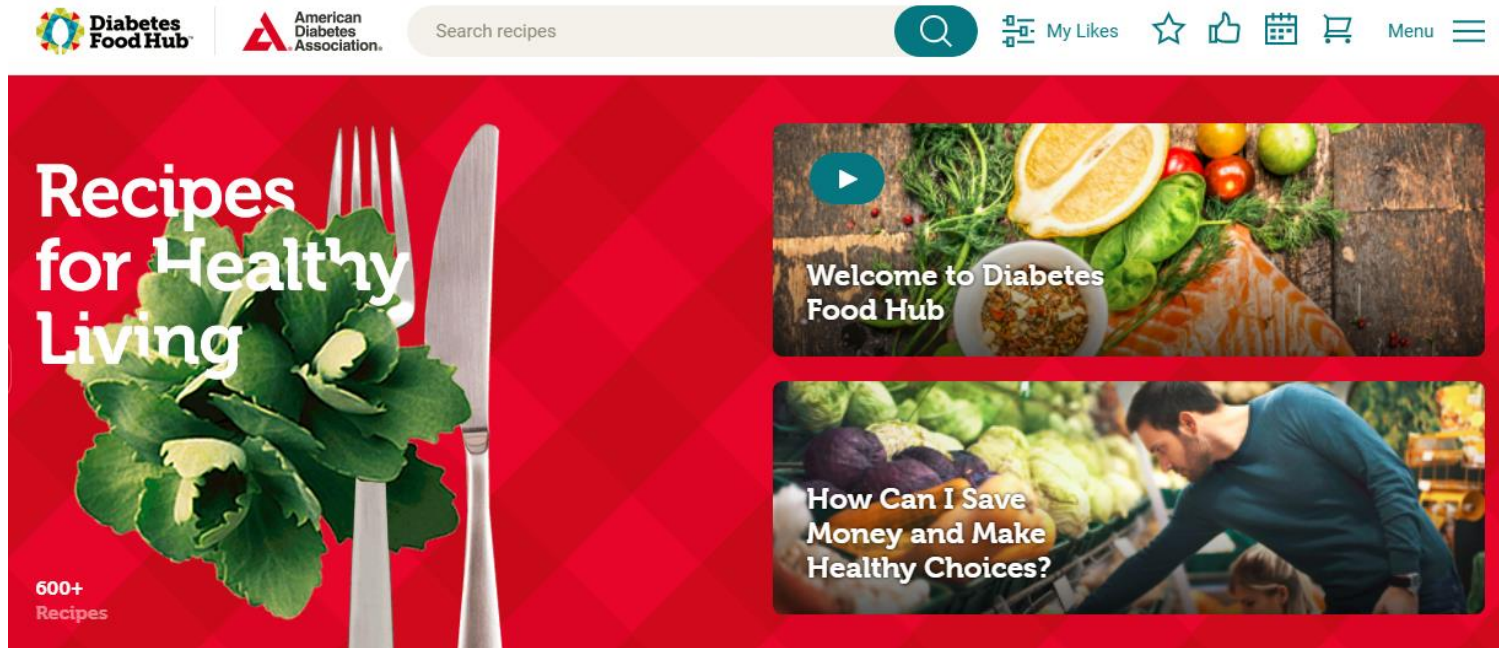
Age Gender **Family History** Blood Pressure Welln

Do you have a mother, father, sister or brother with diabetes?

i Why does this matter?

- 9 out of 10 Americans most at-risk for type 2 diabetes don't know it.
- Taking our 60 second risk test allows people to find out if they are one of them and connect with appropriate follow-up resources, such as the Diabetes Prevention Program. Available online or on paper and in English and Spanish.
- More information at diabetes.org/risktest

Diabetes Food Hub



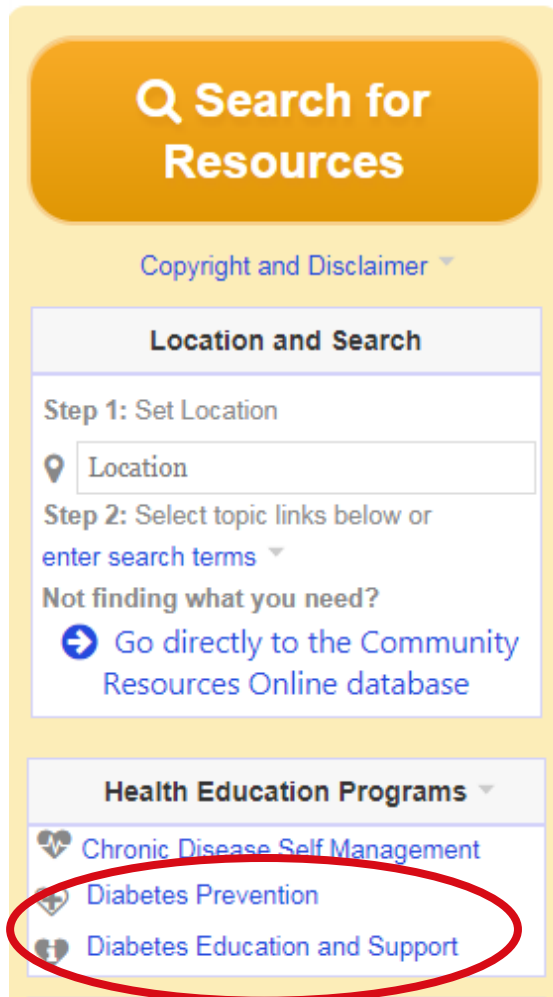
- The Diabetes Food Hub is a new nutrition and recipe website for people living with diabetes and their families.
- Tools include an interactive meal planner, editable grocery list and tips from ADA nutrition experts.
- More information at www.diabetesfoodhub.org

Website and Center for Information



- The ADA's Center for Information provides diabetes information and resources to patients, family members and providers. Translation services are available.
- Website: www.diabetes.org
- Center for Information
 - Toll-free phone number: 1-800-DIABETES
 - Email: askada@diabetes.org / Preguntas@diabetes.org
- Online chat

Washington State 2-1-1



The screenshot shows a search interface with an orange header button that says "Search for Resources". Below it is a link for "Copyright and Disclaimer". The main section is titled "Location and Search" and contains a "Step 1: Set Location" section with a "Location" input field. Below that is a "Step 2: Select topic links below or enter search terms" section with a dropdown arrow. A link "Go directly to the Community Resources Online database" is also present. At the bottom, there is a "Health Education Programs" section with three items: "Chronic Disease Self Management", "Diabetes Prevention", and "Diabetes Education and Support". The "Diabetes Prevention" and "Diabetes Education and Support" items are circled in red.

- Great resource for finding diabetes information and programs
- Can search by city or zip code to find Diabetes Prevention Programs and diabetes education and support programs nearby.
- Call 2-1-1 or visit win211.org

Washington State Department of Health



Home Events Regional Coalitions **Diabetes Resources** Leadership Team WDDWas

Diabetes Resources

General Public Resources +

Health Professional Resources -

Clinical Best Practices

Patient Education

Diabetes Prevention and Management

Employer Resources

Patient Education Resources

Educational resources for patients in a variety of formats and languages, while targ

Resources for African American Populations

Resources for Asian Americans/Native Hawaiians/Pacific Islander Populations

Resources for Hispanic/Latino Populations

Resources for Migrant Farm Worker Populations

Resources for Tribal Populations

- Diabetes Connection website includes information, reports and upcoming events
- [Click here](#) to visit the website

To Recap:

- Today's session fulfills the training requirement to become an ADA Ambassador. As an ADA Ambassador you can:
 - Connect your community with information and resources related to diabetes
 - Serve as a voice for people affected by diabetes in your community
 - Tell the ADA what needs and gaps you see to inform our resources and programs
 - Network with others who care about diabetes

Please sign the form going around if you would like to become an ADA Ambassador and I will send you the follow-up information!

Questions?

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Northwest Region
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206-282-4616 x 7212



SUPPORTING ACCURATE BLOOD PRESSURE
MEASUREMENT: Key Information for Community
Health Workers

Heart Disease, Stroke, and Diabetes Prevention Program
Community Based Prevention Section

Washington Association of Community & Migrant Health Centers' Fall Workshop For Community Health Workers in FQHCs

November 9, 2018



Sara Eve Sarliker

*Heart Disease & Stroke
Prevention Lead*

Heart Disease, Stroke &
Diabetes Prevention

Objectives

- Understand why blood pressure control is important
- Understand what is meant by blood pressure
- Learn what the blood pressure numbers mean, and other ways that heart health is assessed
- Learn how to check blood pressure accurately
- Learn how to support self-management and self-measurement of blood pressure

Heart Disease and Stroke in the U.S.

- More than **1.5 million** people in the U.S. suffer from heart attacks and strokes per year.
- More than **800,000** deaths per year are from cardiovascular disease (CVD).
- CVD costs the U.S. **hundreds of billions** of dollars per year.
- CVD is the greatest contributor to racial disparities in life expectancy.

Frequently Used Words

- **Cardiovascular Disease (CVD)**

Includes any disorders that affect the circulatory system.
This includes coronary heart disease, congestive heart failure, and stroke.

- **Heart Disease**

Includes any condition that impairs the structure or function of the heart.

- **Stroke**

Also called cerebrovascular disease or a brain attack,
is the interruption of blood supply to the brain.

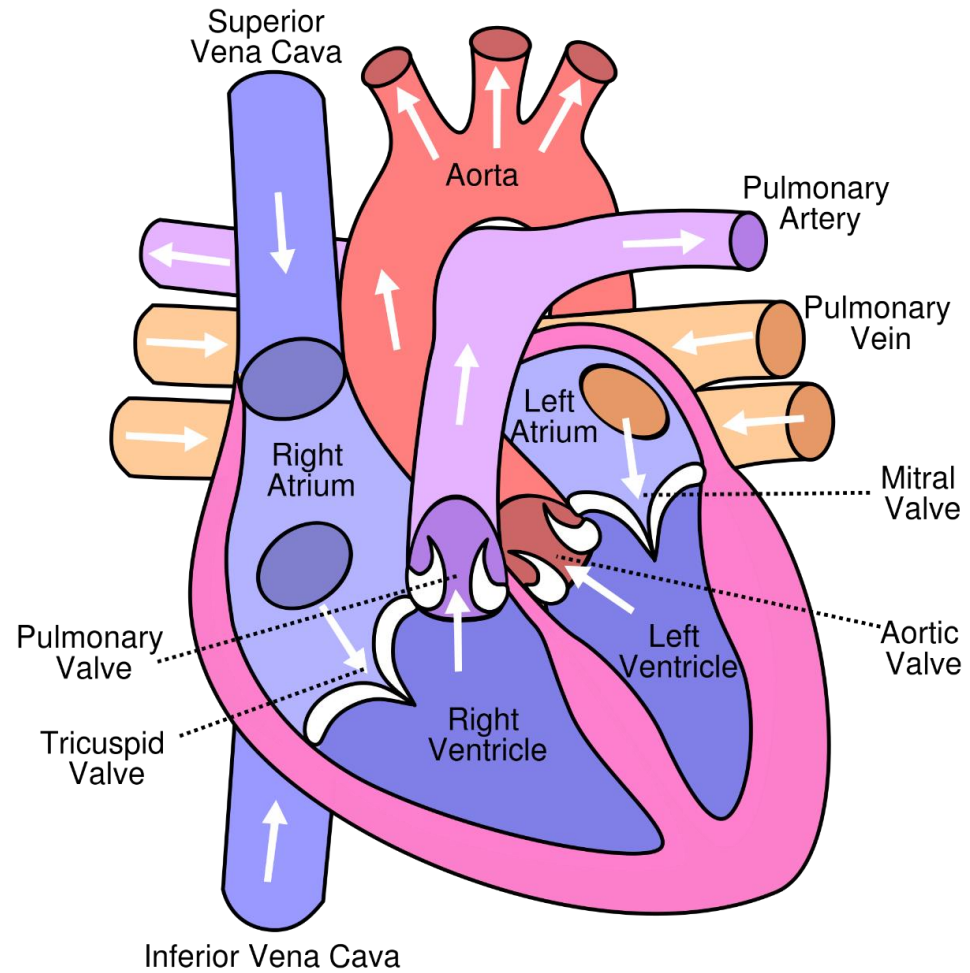
Can lead to some level of cognitive or physical disability
if not fatal.

- **Hypertension**

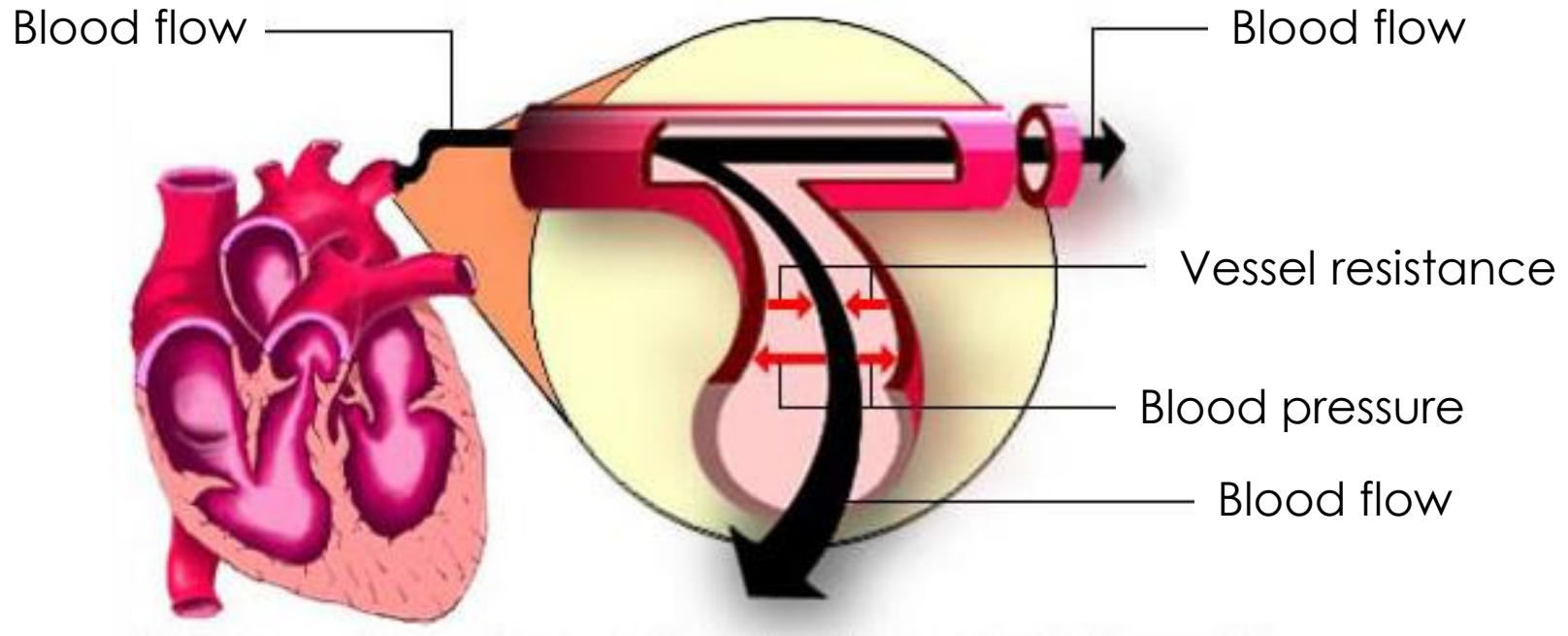
Also known as elevated or high blood pressure, is a chronic condition.

If left uncontrolled, **it can lead to damage of the heart, the brain, and kidneys.**

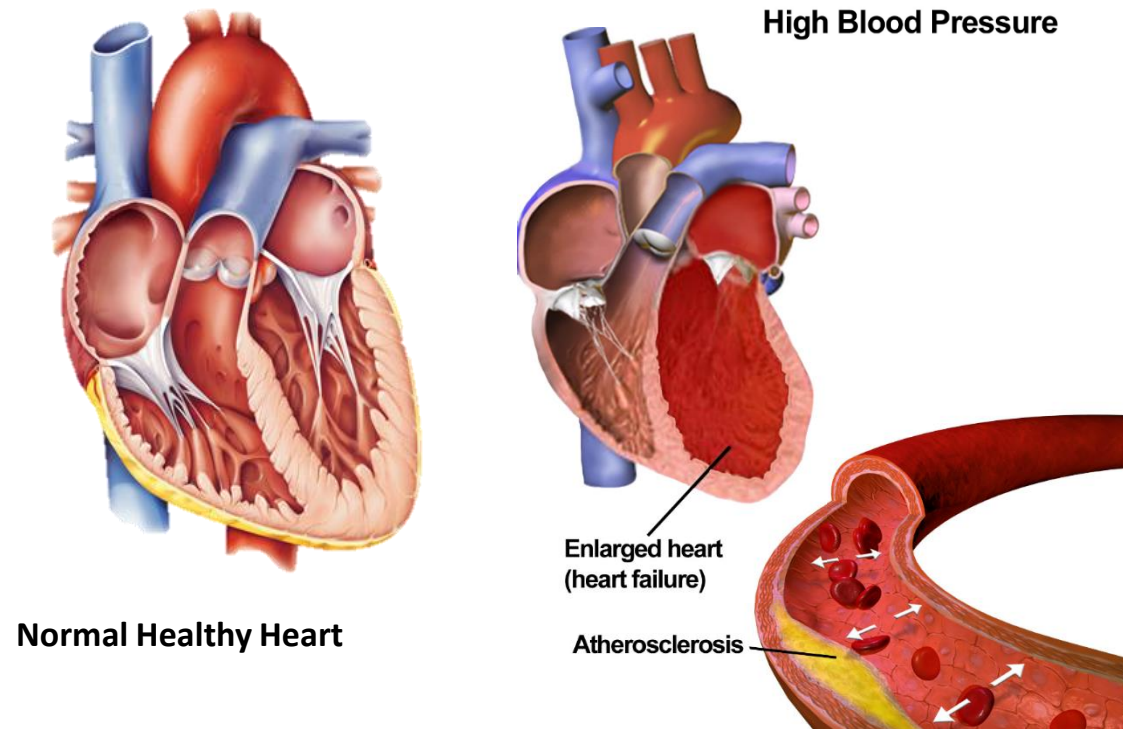
How The Heart Works



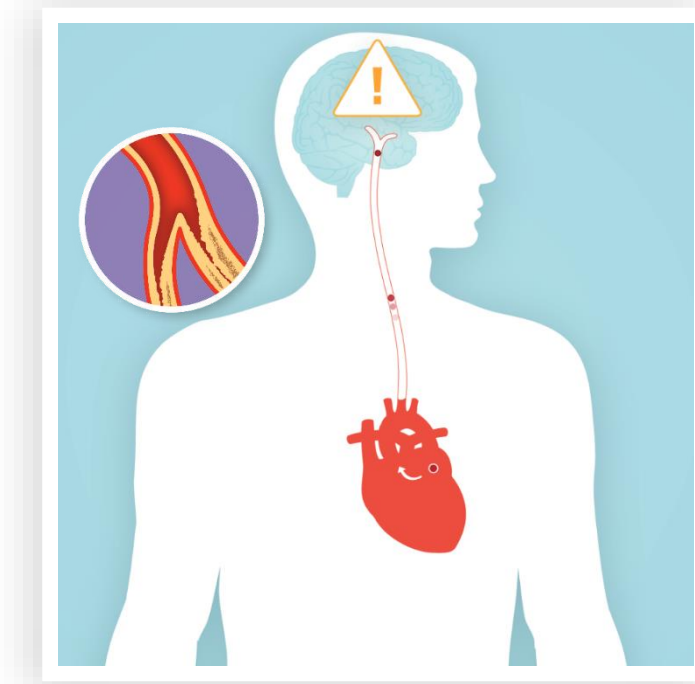
What Is Blood Pressure?



What Does High Blood Pressure Do to Our Bodies?



What Can High Blood Pressure Do to Our Brains?



Stroke is caused by interruption of blood supply to the brain.

Facts About High Blood Pressure

- Based on the new guideline, nearly half of adults in the U.S. have high blood pressure (HBP)
- Only about half of those with HBP have it controlled
- People with HBP may not know, because they do not feel bad or have any symptoms
- It can lead to many chronic diseases (i.e., heart disease, stroke, chronic kidney disease)

Stroke Statistics for Washington State

- 2,693 died from stroke in 2015 (about 7 deaths per day)
- Leading cause of preventable disability for adults.
- Black and American Indian/Alaskan Native populations in Washington are more likely to die from stroke than whites.
- The rate of death from stroke is higher in areas with higher poverty levels.
- Trends show more younger people (ages 25-54) are having strokes.



How do we assess



HEART HEALTH?

Assessing Heart Health



- Behaviors – nutrition, physical activity, tobacco use, alcohol use, managing stress
- Risk factors – age, family history, other chronic conditions
- Screening and Monitoring Tests – blood pressure, cholesterol, blood sugar

Behaviors



- Eating well – Fruits & vegetables, sodium, balancing intake
- Physical activity – cardio, strength & balance
- Substance use – quit tobacco, limit alcohol, get treatment if needed
- Manage weight
- Stress management

Risk Factors for Heart Disease and Stroke

- **Risks to be aware of:**

- Age
- Family-History or Genetics

- **Risks that can be managed:**

- **Hypertension**
- High Blood Cholesterol
- Diabetes
- Healthy Weight
- Smoking
- Physical Inactivity
- Poor Nutrition

Additional Risk Factors

● **Socially Determined**

- Lower education
- Lower socioeconomic status
- Psychosocial stressors

● **Other Conditions**

- **Atrial Fibrillation (AFib)**
- Obstructive Sleep Apnea (BP)

● **Environmental**

- Air quality
- Metals

● **Associated**

- Sugar-Sweetened Beverage Intake (BP)
- Bisphenol A (BP)

Screening and Monitoring – High Blood Pressure

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL Excellent! This is right where it needs to be as a normal blood pressure.	LESS THAN 120	and	LESS THAN 80
ELEVATED This is getting up there. Begin lifestyle changes that keep your blood pressure from developing into or becoming hypertension.	120–129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1 Your blood pressure is high. You need to see your medical provider.	130–139	or	80–89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2 Your blood pressure is very high. Seek medical care now.	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (Emergency Care Needed) Your blood pressure is dangerously high. Call 911 now.	HIGHER THAN 180	and/or	HIGHER THAN 120

Screening and Monitoring - Cholesterol

- The American Heart Association recommends all adults age 20 or older have their cholesterol checked every 4-6 years. Some people will need to have it checked more frequently.
- Test report will show cholesterol levels in milligrams per deciliter of blood (mg/dL). A fasting blood test for lipid values will provide information on LDL, HDL, total cholesterol, and other information.
- Total cholesterol and HDL cholesterol are among factors your doctor can use to predict your lifetime or 10-year risk for a heart attack or stroke. Other factors include age, tobacco use, diabetes status, and blood pressure. There is a calculator the provider uses to input these values and help determine treatment.

Screening and Monitoring – Blood Glucose

Fasting Blood Glucose	Blood Glucose Range	Diagnosis	What It Means
	< 100 mg/dL	Normal	Healthy range.
	100 to 125 mg/dL	Prediabetes (Impaired Fasting Glucose)	At increased risk.
	126 mg/dL or more	Diabetes Mellitus (type 2 diabetes)	High risk for cardiovascular disease and stroke.

A1C Test	A1C (%)	eAG (mg/dl)
	5	97
	6	126
	7	154
	8	183
	9	212
	10	240
	11	269
	12	298

How do we



MEASURE ACCURATELY?

USE CORRECT CUFF SIZE
Cuff too small adds 2-10 mm Hg

DON'T HAVE A CONVERSATION
Talking or active listening adds 10 mm Hg

PUT CUFF ON BARE ARM
Cuff over clothing adds 5-50 mm Hg

EMPTY BLADDER FIRST
Full bladder adds 10 mm Hg

SUPPORT ARM AT HEART LEVEL
Unsupported arm adds 10 mm Hg

SUPPORT BACK/FEET
Unsupported back and feet adds 6 mm Hg

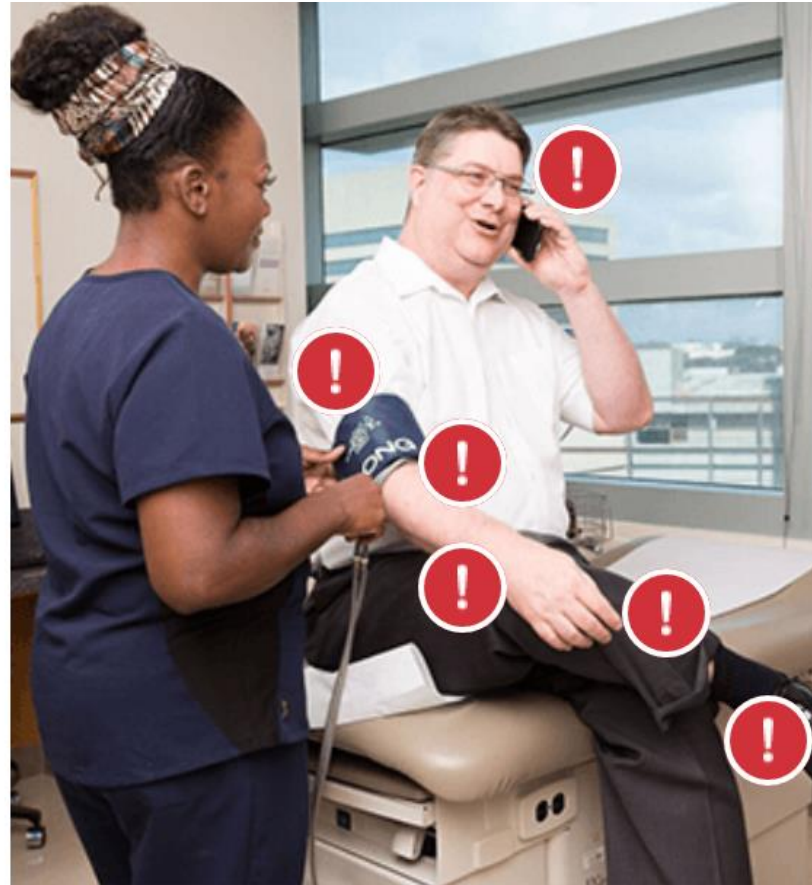
KEEP LEGS UNCROSSED
Crossed legs add 2-8 mm Hg

TARGET: BP™

American Heart Association
Life is why™

AMA
AMERICAN MEDICAL ASSOCIATION

Accurate Blood Pressure Measurement



TARGET:BP™



Blood Pressure Levels

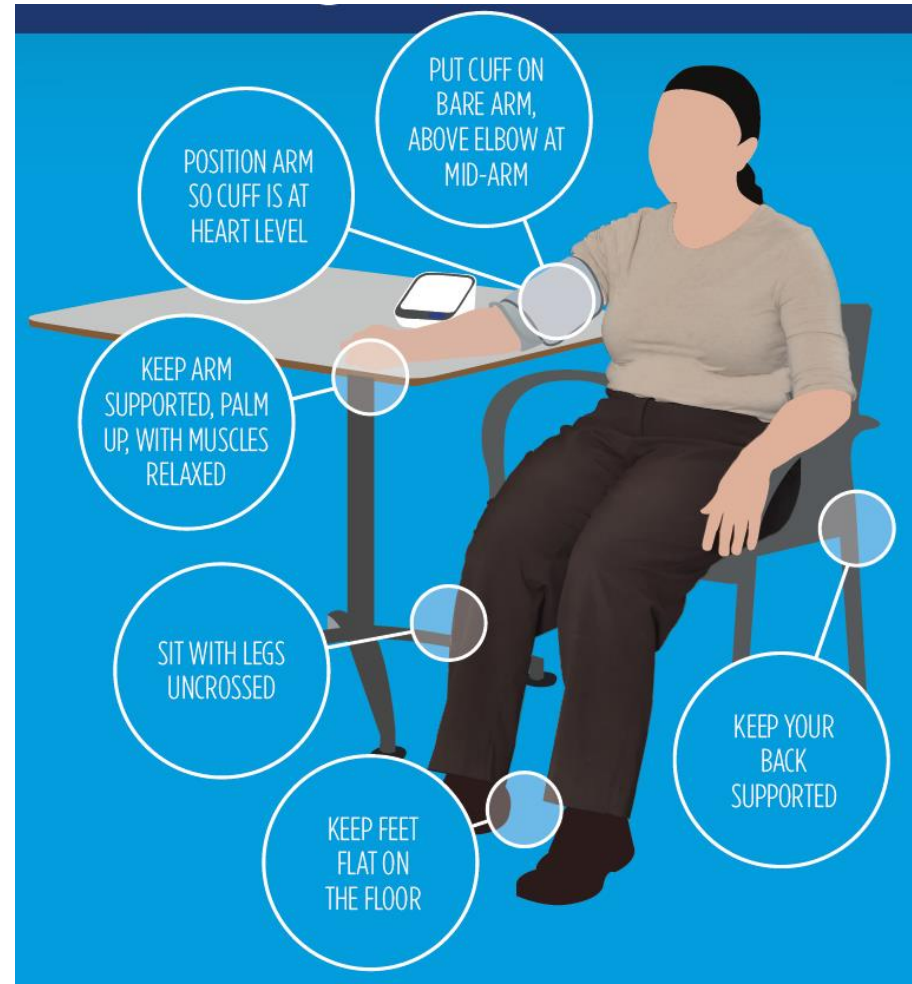
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL Excellent! This is right where it needs to be as a normal blood pressure.	LESS THAN 120	and	LESS THAN 80
ELEVATED This is getting up there. Begin lifestyle changes that keep your blood pressure from developing into or becoming hypertension.	120–129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1 Your blood pressure is high. You need to see your medical provider.	130–139	or	80–89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2 Your blood pressure is very high. Seek medical care now.	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (Emergency Care Needed) Your blood pressure is dangerously high. Call 911 now.	HIGHER THAN 180	and/or	HIGHER THAN 120

Before You Measure

- If you have coffee or a highly caffeinated drink, wait for at least 30 minutes.
- If you use a product with nicotine, wait for at least 30 minutes.
- Do not exercise or eat a large meal within two hours.
- Use the restroom. A full bladder can effect the result.

Seating Posture

- First, remove tight-fitting clothing from your upper arm.
- Sit quietly in a chair for 5 minutes before measuring.
- Keep your back supported and feet flat on the ground.
- Do not cross legs.



TARGET:BP™

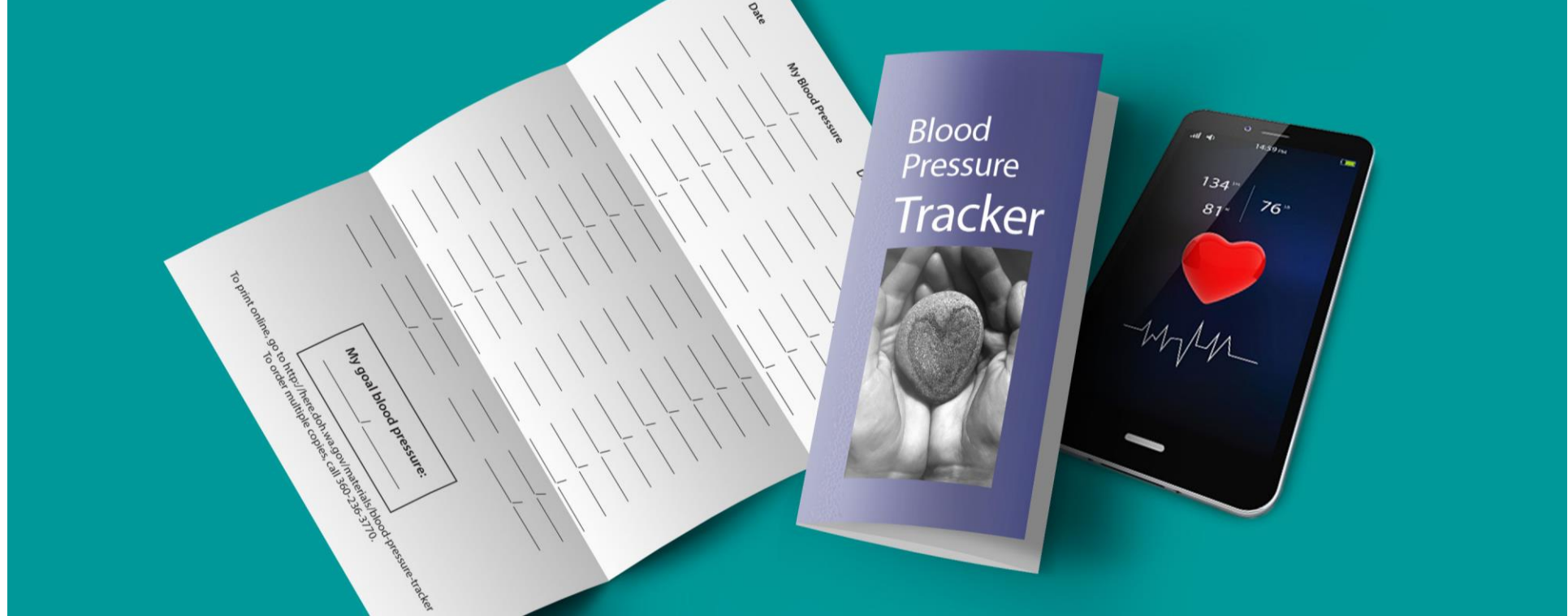


Proper Cuff Placement

- Place the cuff directly on your bare skin.
- Place cuff on upper arm, with the bottom of the cuff edge $\frac{1}{2}$ inch above elbow.
- Align the cuff so the air tube is centered on the inside of your arm.
- Wrap cuff snugly.

Using the Monitor

- Support your arm at the level of your heart on a table or high armrest.
- Stay in a seated position and avoid talking when taking a measurement.
- Press the **START** button to start the monitor.
- The cuff will inflate and feel tight for about a minute, then it will relax and display the reading.
- **RECORD THE READING**
- Press the **STOP** button to clear the display.



Tracking Blood Pressure Measurement

- Smartphone Apps for Tracking Blood Pressure
- Patient Portal
- American Heart Association's Check. Change. Control. Tracker
<https://www.ccctracker.com/>
- Paper trackers

Tools for Measuring Accurately - Department of Health

Posters in English, Spanish, Chinese, Vietnamese and Russian:

Checking Your Blood Pressure Before You Begin

- No coffee**
in the last 30 minutes. 
- No tobacco**
in the last 30 minutes. 
- No meals or exercise**
within 2 hours. 
- Visit the restroom**
A full bladder can affect the reading. 

Before You Begin

Checking Your Blood Pressure How to Check Your Blood Pressure

Whether you or a health care provider measures your blood pressure, it is important to use the size of blood pressure cuff that fits your arm.

Before you start:



- ◆ Do not drink coffee for at least 30 minutes before measuring.
- ◆ Do not use tobacco products for at least 30 minutes before measuring.
- ◆ Do not exercise or eat a large meal two hours before measuring.
- ◆ Use the restroom. A full bladder can affect the reading.

Readings can vary from arm to arm.
Use the same arm each time you check your blood pressure.

- For accurate measurement, be sure to:
1. Sit quietly in a chair for 5 minutes before measuring.
 2. Sit with your back supported and feet flat on the ground.
 3. Remove clothing from your upper arm.
 4. Make sure your arm is supported at the level of your heart on a table or armrest.
 5. Do not talk while having your blood pressure measured.

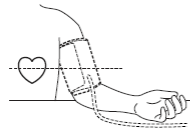
How to Check

Other Tools from Department of Health

Posters in English, Spanish, Chinese, Vietnamese and Russian:

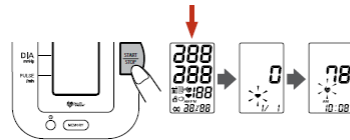
Checking Your Blood Pressure

Taking Your Blood Pressure



- ◆ Support your arm at the level of your heart on a table or high armrest.
- ◆ Stay in a seated position.
- ◆ Avoid talking when taking a measurement.

- ◆ **Take 2 readings, each 5 minutes apart.**
- ◆ Press the START/STOP button on the monitor. Display symbols will appear on the screen.



- ◆ The cuff will inflate on its own and feel tight for a few seconds.
- ◆ The cuff will relax and display the reading. Record the reading.
- ◆ Press STOP.
- ◆ Wait five minutes. Repeat these steps for a total of two readings.

Taking Your Blood Pressure

What's the **BIG DEAL** about controlling my blood pressure?

Small changes make a **HUGE** difference:

Even one lifestyle change I make for my health ...

can decrease my blood pressure by small amounts

and **small** decreases in blood pressure result in **huge** health benefits.

Walking 30 minutes, five days a week

can decrease blood pressure **10 points**

Losing 5–10 lbs. of weight

can decrease blood pressure **5 points**

Quitting tobacco (call 1-800-QUITNOW)

can decrease blood pressure **5–10 points**

Limiting sodium (salt) to 1,500 mg. per day

can decrease blood pressure **2–8 points**

Every 5 points decrease in blood pressure reduces

- ◆ risk of stroke by **34%**
- ◆ risk of heart attack by **21%**

Every 3 points decrease in blood pressure reduces

- ◆ risk of stroke by **8%**
- ◆ risk of heart attack by **5%**



For persons with disabilities this document is available on request in other formats. To submit a request, please call 1-800-325-0127 (TTY/TDD: 211).



What's the Big Deal?

Patient Materials – Department of Health

Materials in English, Spanish, Chinese, Vietnamese and Russian:

What is blood pressure?



Should I talk to my medical provider about it?

How to check your
Blood Pressure



[How to check your blood pressure \(booklet\)](#)

[What is blood pressure? \(brochure\)](#)

Blood Pressure
Tracker



[Blood Pressure Tracker](#)

How can CHWs



SUPPORT BLOOD PRESSURE CONTROL?

Options for Blood Pressure Self-Monitoring

Say and Ask

Say: There are different options for measuring and tracking your blood pressure between health care visits.
Ask: May I ask you some questions to find out what could work best for you?
 Note: Wrist cuffs are not recommended, as their accuracy is not as reliable as cuffs that are placed on the upper arm.

Own an automated monitor

Say: It is possible to purchase a blood pressure monitor. They usually cost between \$40-60, depending on the model, sometimes more.
Ask: Is this something you can pay for?



Assess support needed:

- Do you need help making a plan to buy one?
- Would you like information about how to choose a monitor?
- Do you need your monitor to have any special features, like an extra-small or extra large cuff?

Assess support needed:

- It isn't common, but some-times insurance can cover a monitor. Would you like help to see if your insurance would cover it?
- Is there someone in your household who could afford one that you could use? Or could you receive one as a present?
- Consider borrowing one or using a community resource.

Get your blood pressure checked in your community

Say: Some people like to get their blood pressure checked regularly at a community center, pharmacy, or fire station.
Ask: Is this something you would be interested in?



Assess support needed:

- Do you need help finding a place to measure your blood pressure nearby? We can brainstorm about possible places and also check WIN 211.
- Where do you go during the week? If you go to a grocery store, do they have a pharmacy with a blood pressure machine? Does your church have a blood pressure monitor? Do you visit a senior center?

Assess support needed:

- Sometimes health care clinics offer free blood pressure checks. Does your provider's office offer this? Do you need help with transportation to get there if they do?

KEY RESOURCES

- Pharmacists
- Providers
- Community Health Centers
- WIN 211—dial 211 or visit win211.org
- State and local public health

Borrow an automated monitor

Say: Sometimes you can borrow a blood pressure monitor you can use while your blood pressure is getting under control.
Ask: Is this something you would be interested in?



Assess support needed:

- Have you asked your health care provider if they have one available you can borrow?
- Would you like help asking your provider's office?
- Would you like me to look into other possibilities?

Assess support needed:

- Consider using a community resource.

Provide support to everyone on:

- Accurate measurement & tracking • Connecting blood pressure readings back to provider

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711)



Roles

Must Be Done by a Licensed Clinician	Can Be Done by a Non-licensed Person (e.g., medical assistant, local public health department, community health organization, community health workers)	Must Be Done by Patient
<ol style="list-style-type: none"> 1. Diagnose hypertension 2. Prescribe medication(s) 3. Provide SMBP measurement protocol 4. Interpret patient-generated SMBP readings 5. Provide medication titration advice 6. Provide lifestyle modification recommendations 	<ol style="list-style-type: none"> 1. Provide guidance on home blood pressure (BP) monitor selection 2. If needed, provide home BP monitor (free or loaned) 3. Provide training on using a home BP monitor 4. Validate home BP monitor against a more robust machine 5. Provide training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log) 6. Reinforce clinician-directed SMBP measurement protocol 7. Provide outreach support to patients using SMBP 8. Share medication adherence strategies 9. Provide lifestyle modification education 	<ol style="list-style-type: none"> 1. Take SMBP measurements 2. Take medications as prescribed 3. Make recommended lifestyle modifications 4. Convey SMBP measurements to care team 5. Convey side effects to care team

Sample CHW Blood Pressure Guidelines for Next Steps

Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)	Blood Pressure Category	CHW GUIDELINES	CHW Recommendation
< 120	and	< 80	Normal	Excellent BP!	Continue lifestyle modifications.
120 – 129	and	< 80	Elevated	Document and/or call supervisor	Lifestyle modifications to prevent development of HBP.
130 – 139	or	80 – 89	High Blood Pressure (Hypertension) Stage 1	Call supervisor	Medical follow-up needed. See your doctor.
140 +	or	90 +	High Blood Pressure (Hypertension) Stage 2	Call supervisor	Medical follow-up needed. Call provider for appointment.
180 +	or	120 +	Hypertensive Crisis	CALL 911 THEN call supervisor!	Emergency care needed. CALL 911!

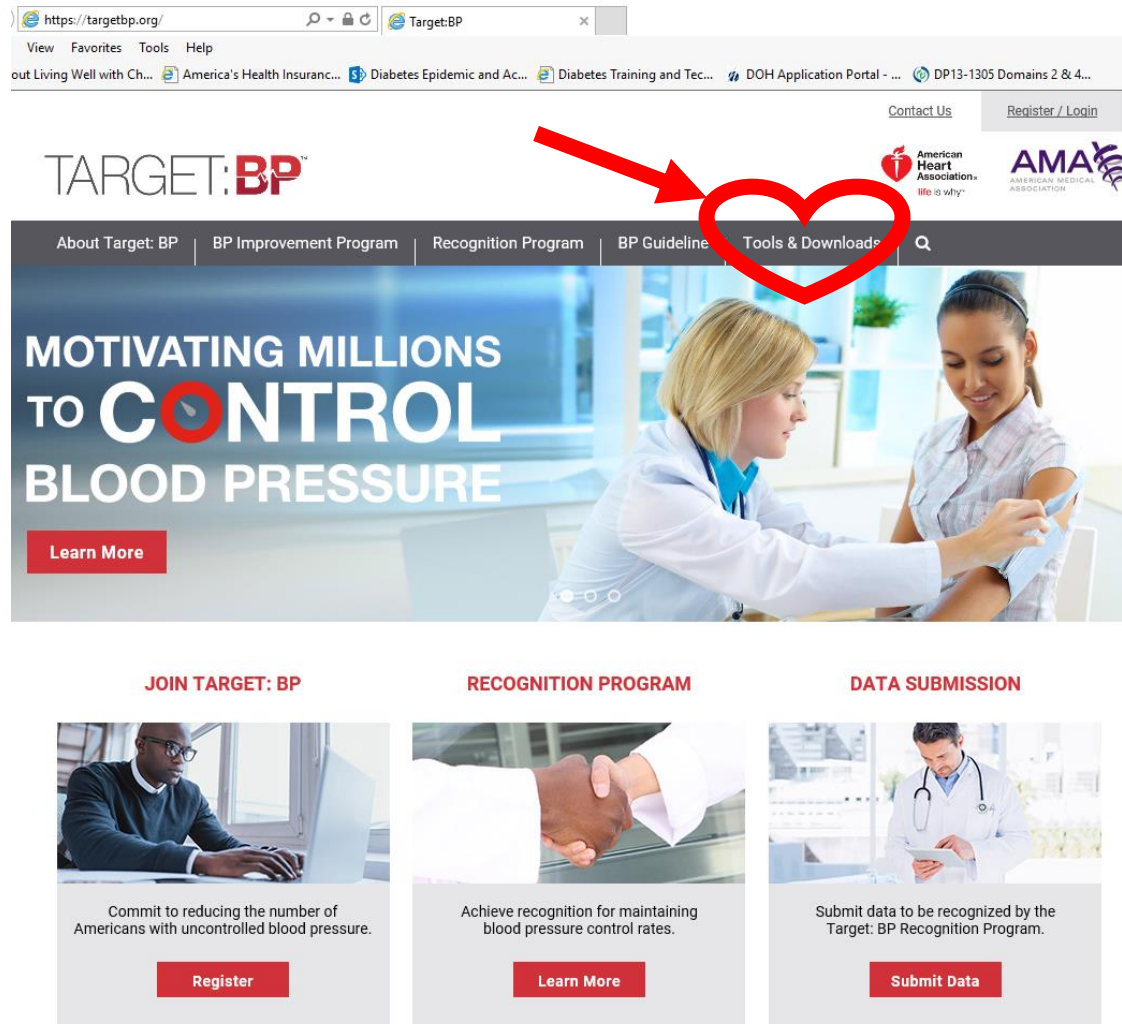
Lifestyle Modification

American Heart Association's Life's Simple 7™

- Manage Blood Pressure
- Control Cholesterol
- Reduce Blood Sugar
- Get Active
- Eat Better
- Lose Weight
- Stop Smoking



Tools from American Heart Association/AMA



targetbp.org

- No sign in required
- Materials for patients
- Share with your Quality Improvement colleagues



Interactive Activity

- Get a partner.
- Introduce yourself to each other.
- Take turns taking your own blood pressure and recording your numbers.
- Observe your partner and provide support.
- Share your observations, thoughts, and/or any questions you want to ask.

How can we manage risk factors for



CARDIOVASCULAR HEALTH?



American Heart Association Life's Simple 7

- Manage Blood Pressure
- Control Cholesterol
- Reduce Blood Sugar
- Get Active
- Eat Better
- Lose Weight
- Stop Smoking



How do we manage emergencies in



CARDIOVASCULAR HEALTH?





Signs of a Heart Attack

- Chest pressure or tightness
- Pain in the chest, neck, back, arms, or jaw
- Palpitations, fluttering in the chest, abnormal heartbeat
- Anxiety
- Fatigue
- Shortness of breath
- Lightheadedness
- Sweating (cold sweats)
- Nausea, vomiting, indigestion, gas-like pain

Signs & Symptoms of a Stroke

- Sudden **numbness** of arm, face, or leg
- Sudden **confusion**, trouble speaking or understanding
- Sudden **trouble seeing**
- Sudden **trouble walking**
- **Severe** **headache**

F.A.S.T.

- F.A.S.T. is an easy way to remember the sudden signs of stroke.
- When you can spot the signs, you'll know that you need to call 9-1-1 for help right away. If you **think** the person is having a stroke, **call 9-1-1 immediately!**



Face Drooping

Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?



Arm Weakness

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?



Speech Difficulty

Is speech slurred or hard to understand? Ask the person to repeat a simple sentence, like "The sky is blue." Is the sentence repeated correctly?



Time to call 9-1-1

If you see any of these signs, even if the symptoms go away, call 9-1-1. Check the time so you'll know when the first symptoms appeared.

For more information, visit:

American Heart Association/American Medical Association

www.TargetBP.org

Million Hearts Initiative

www.MillionHearts.hhs.gov

Washington State Department of Health

www.DOH.wa.gov

Contact information



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saraeve.sarliker@doh.wa.gov

*Heart Disease & Stroke
Prevention Specialist*
Heart Disease, Stroke, &
Diabetes Prevention Unit



handle: WADeptHealth



Washington State Department of

Health



Check. Change.
Control.[®]
Self-Monitoring
Blood Pressure Tracker

Overview

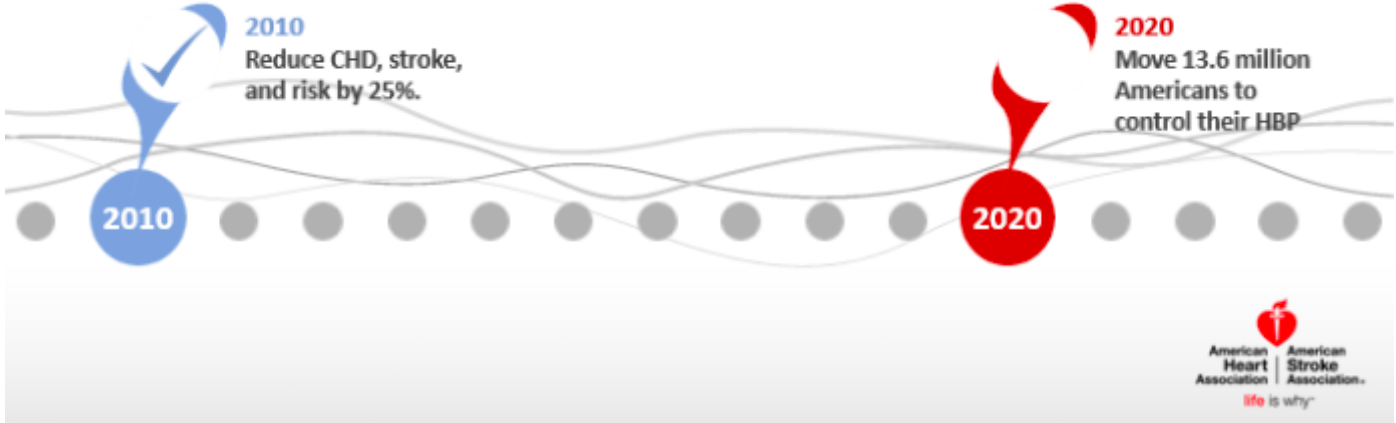
- ❖ **What is Check. Change *Control.*[®]?**
 - Program Goals
 - Evidence based practice
 - Why it works
- ❖ **Implementation**
 - Roles
 - Program Lifecycle
- ❖ **AHA support system**



Mission: Building healthier lives, free of cardiovascular diseases and stroke.

AHA 2020 GOAL

Improve the CV health of all Americans by 20% while reducing deaths from CV diseases and stroke by 20%.



Check. Change. *Control.*®

What is Check. Change *Control.*®?

- Blood pressure self monitoring
- Weekly readings for 4 months
- Volunteer accountable
- Education
- Remote monitoring and tracking
- Target Audience: Individuals with high blood pressure



Check. Change. *Control.*[®]

• Goals

- Increase HBP diagnoses among the at-risk
- Increase the number of Americans controlling their HBP
- Increase awareness between HBP & risk of heart attack/stroke
- Innovative HBP management



Check. Change. *Control.*®

Evidence-Based Scientific Principles



- Pilot program: Check It, Change It.
- Evidence-based
- Especially effective among African Americans

(Thomas et al. (2012). Check It, Change It: A Community-Based Intervention to Improve Blood Pressure Control).

What is making the difference?

- **Self Monitoring**
- **Personal Interaction**



Implementation

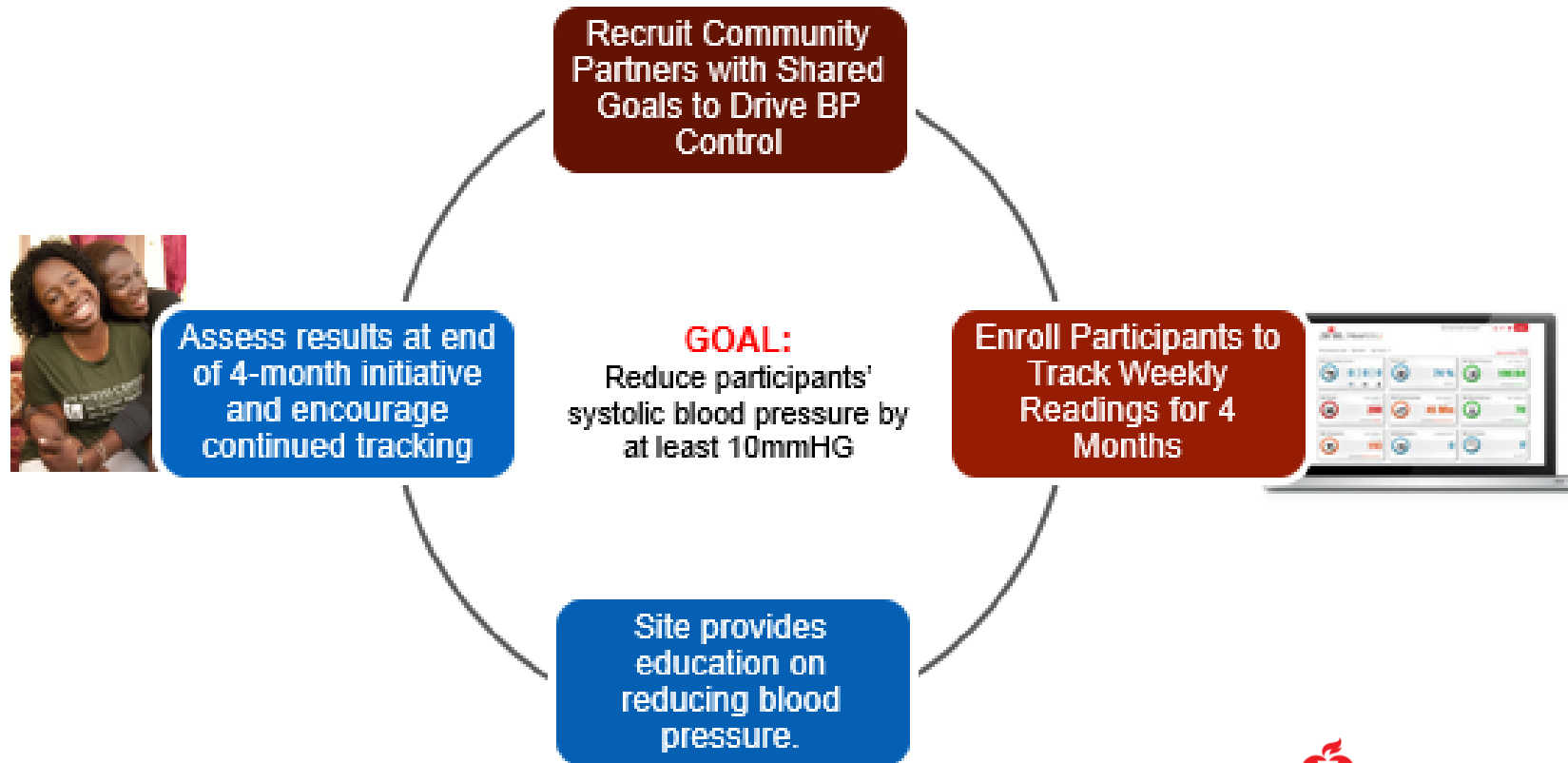
❖ Roles

- Champion
- AHA representative
 - Provides champion support and resources
- Volunteer



Check. Change. Control.® Lifecycle

Implementation Overview



Implementation

1. Identify volunteers
2. Obtain leadership support
3. Training for volunteers – CCC basics, tracking tool
4. Volunteer meets with AHA rep to plan program
5. Create timeline/plan for implementation with AHA
6. Set enrollment goals



Champion/Volunteer Responsibilities

- Take blood pressure
- Track blood pressure or encourage tracking
 - Identifiable or via participant ID
- Know the new BP guidelines



Check. Change. *Control.*[®]

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Check. Change. Control.®

Volunteer Responsibilities

- Obligated to protect participant privacy
- Accidental disclosure to a third party, must be reported to participant ASAP.



CCC Tracker – Program code: XXXXX

Welcome to the American Heart Association's Check. Change. Control.® Tracker
Check Change Control uses self-monitoring and tracking of blood pressure readings at home to help you achieve and maintain a healthy heart. Sign up today to start managing your heart health!

American Heart Association American Stroke Association. life is why.
Check. Change. Control.

To begin taking positive steps towards blood pressure control, sign up for the Check. Change. *Control.*® Tracker at www.heart.org/ccc

Register using Campaign Code: **XXXXXX**

CCC Tracker - Creating a Participant Account

CREATE A NEW PARTICIPANT ACCOUNT

[← GO BACK](#)

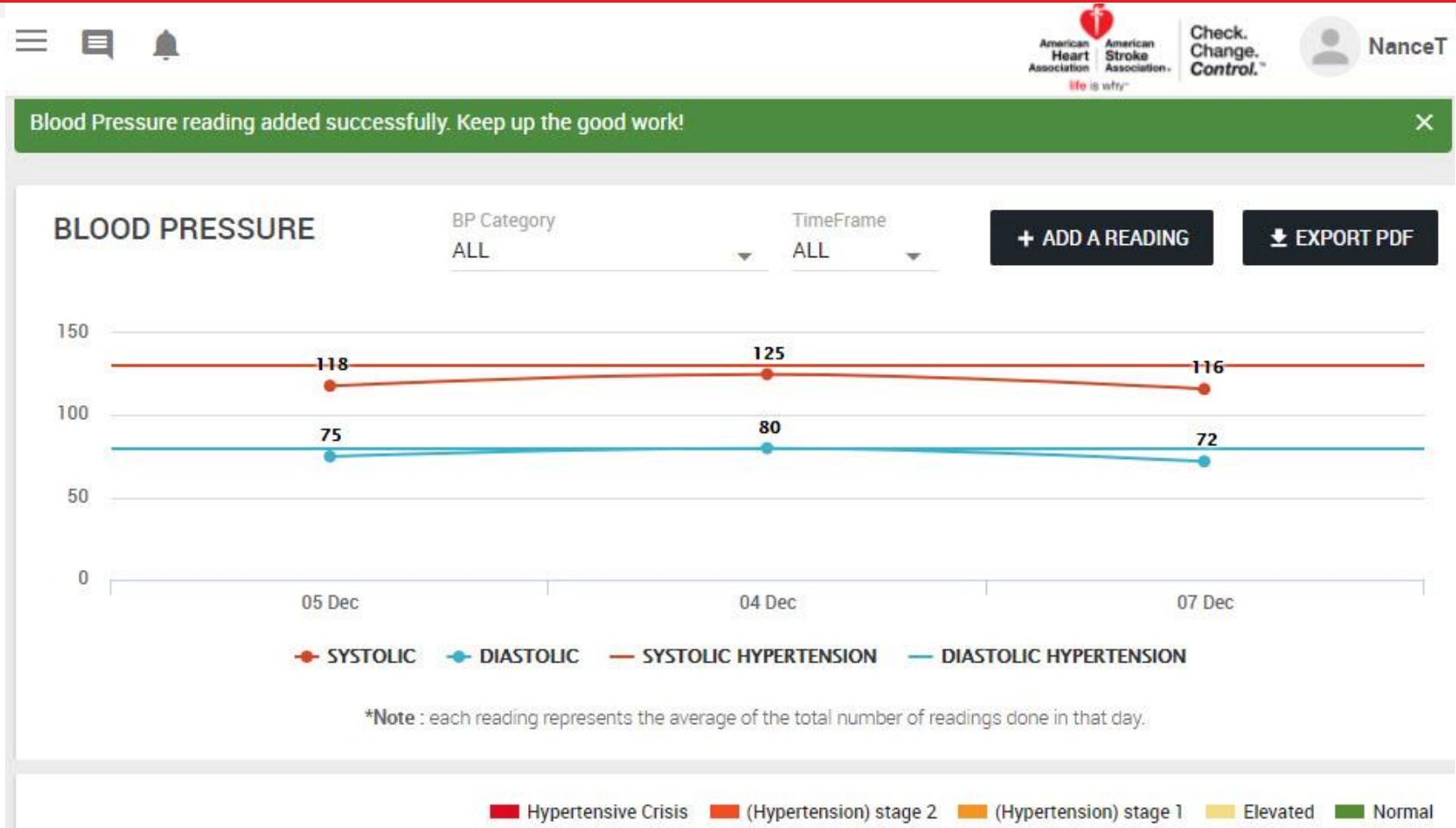
UserName JaymeAnn	Email jayme.keithley@heart.org	
Numbers and letters are allowed.		
Password *****	Confirm Password *****	
6 character minimum.	6 character minimum.	
Full Name Jayme Keithley	Birth Year 1970	
Gender Female	Country C... +1	Mobile Number 7703801718
Ethnicity White	Enter Zip Code 75225	
State Texas	City Dallas	
Enter Campaign Code AHA88		

By checking this box I acknowledge that I have reviewed and I agree to the terms and conditions outlined in the [subscription agreement](#), [terms of service](#), and [privacy policy](#).

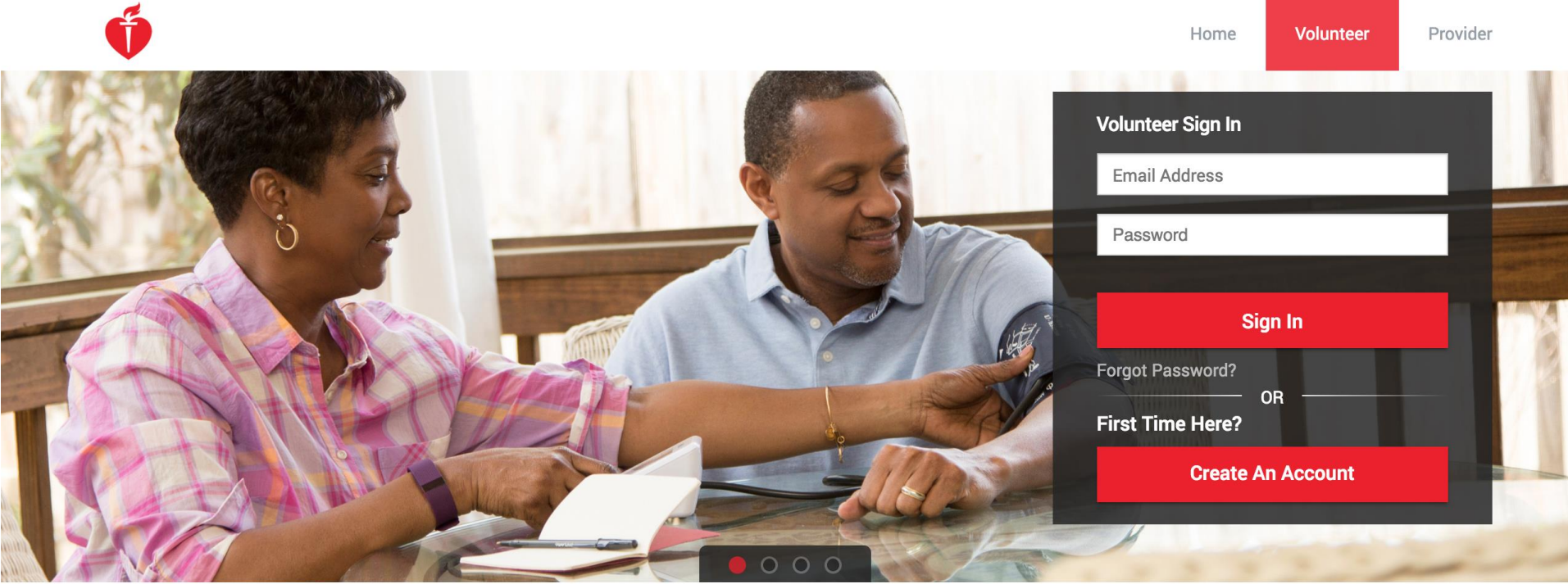
[Register](#)

Signing up as a participant is simple: Enter a campaign code (XXXXXX), User Name, email address, password, and required fields. Check the box to agree to terms and conditions, click Register and account is created.

CCC Tracker – Tracking BP Readings



CCC Tracker – Volunteer Registration



Welcome to the American Heart Association's Check. Change. Control.® Tracker



CCC Tracker – Volunteer Dashboard

9 PARTICIPANTS + INVITE BY EMAIL

11 GROUPS + CREATE GROUP

0 UNREAD MESSAGES + SEND MESSAGE

Category	Participants	Systolic	Diastolic
HYPERTENSIVE CRISIS	0	Greater Than 180	Greater Than 120
HYPERTENSION STAGE 2	2	Greater Than Equal To 140	Greater Than Equal To 90
HYPERTENSION STAGE 1	3	Greater Than Equal To 130	Greater Than Equal To 80
ELEVATED	1	Greater Than Equal To 120	Less Than 80
NORMAL	3	Less Than 120	Less Than 80





COMMUNICATE WITH PARTICIPANTS All

Legend: ■ Hypertensive Crisis ■ (Hypertension) stage 2 ■ (Hypertension) stage 1 ■ Elevated ■ Normal


PENDING INVITATIONS

HollyHeartful 4952A2D90F9C

CCC Tracker – Participants









Check. Change. Control.™



HollyHeartful
4952A2D90F9C

MY PARTICIPANTS All ▼ ■ Hypertensive Crisis ■ (Hypertension) stage 2
■ (Hypertension) stage 1 ■ Elevated ■ Normal

PARTICIPANT NAME	EMAIL	LAST READING	SYSTOLIC	DIASTOLIC	HEART RATE	SOURCE	
JaymeK	jayme.keithley@att.net	Dec 03, 2017. 05:31 PM	134	66		Text (SMS)	 Disconnect
BeckyP	beckypressure3@outlook.com	Nov 09, 2017. 02:30 PM	130	90	0	Home	 Disconnect
Ableheart	ableheart78@outlook.com	Dec 04, 2017. 10:58 AM	118	75	0	Home	 Disconnect
VelvetH	VelvetHeart@hotmail.com	Dec 07, 2017. 02:50 PM	118	76	0	Home	 Disconnect
Evanston	evanstonley56@outlook.com	Oct 20, 2017. 09:22 AM	150	95	0	Home	 Disconnect
NanceT	nance60trier@outlook.com	Dec 07, 2017. 02:53 PM	116	72	0	Home	 Disconnect

CCC Tracker Option B

- AHA will provide an excel spreadsheet for tracking
- Participants can track their own BP using their BP tracking card



Target Blood Pressure

Target BP: is a national movement aimed at improving blood pressure control, to reduce the number of Americans who have heart attacks and strokes. Target BP provides physician practices and health systems resources and support to achieve a 70% blood pressure control rate with a **target** of achieving 80% or higher.

- A call to action motivating hospitals, medical practices, practitioners and health services organizations to prioritize blood pressure control
- Recognition for healthcare providers who attain high levels of blood pressure control in their patient populations, particularly those who achieve 70, 80 or 90 percent control
- A source for tools and assets for healthcare providers to use in practice, including the AHA/ACC/CDC Hypertension Treatment Algorithm and the AMA's M.A.P. Checklist



TARGET: **BP**™

Who is our Target Audience?



- Primary Care System
 - Federally Qualified Health Clinic (FQHC)
 - Federally Designated Rural Health Clinic (RHC)
 - Indian Health Service practice/clinic
 - Practice/Clinic with mission to serve publicly insured, underinsured, or uninsured
 - Private Clinical System (non-FQHC)
- Government Agency or Organization providing care to patients

Share our Target BP program and resources with your Quality Improvement staff and clinic managers

TARGET: **BP**[™]

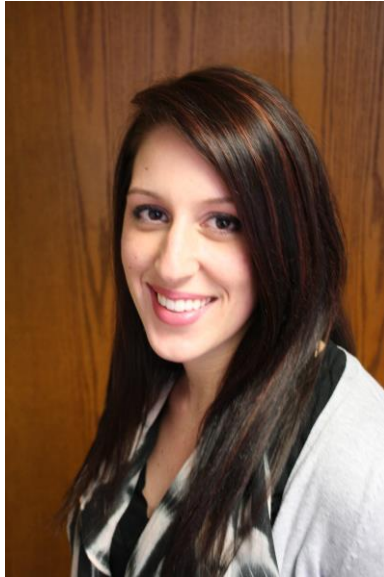


How you can help

- Visit www.heart.org/ccc and sign-up for the Check. Change. *Control.*® Tracker – Campaign Code: **XXXXXX**
- Review resources on our CCC Community Partner [page](#) and share
- Become a Check. Change. *Control.* Champion and lead a program at your site
- Share Target BP information with clinics



Contact Information



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Check.
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What Is Public Charge?

What has changed?

- Two developments this year regarding public charge:
 - 1) Department of State changes to Foreign Affairs Manual (FAM) regarding public charge for those seeking LPR (and non-immigrant) statuses outside the U.S. that were implemented in January 2018
 - 2) the more recent (October 2018) proposed regulations that would change how DHS interprets "public charge" for people seeking green cards within the U.S. While the second change is still a proposal, the first one is already being implemented

Critical Points re “Public Charge” Proposal:

1. This is a BAD proposal

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2. But it is *STILL* a proposal
3. Does *NOT* apply to current benefits or those received before effective date

Critical Points re “Public Charge” Proposal:

1. This is a BAD proposal
2. But it is STILL a proposal
3. Does NOT apply to current benefits or those received before effective date
4. Should generally NOT stop people from pursuing benefits they are eligible for at this time

Even IF this proposal were adopted:

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1. Would NOT apply to some immigrants

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2. Would NOT apply to benefits funded by state, local gov't, nonprofits

Even IF this proposal were adopted:

1. Would NOT apply to some immigrants
2. Would NOT apply to benefits funded by state, local gov't, nonprofits
3. Would NOT apply to benefits received by US citizens/legal residents

Even IF this proposal were adopted:

Even IF this proposal were adopted:

4. Does NOT apply to educational benefits

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4. Does NOT apply to educational benefits
5. WA State Programs that would be safe:
 - Apple Health for Kids
 - WASFA (Higher Education)
 - WA State Food Assistance
 - And others . . .

Details

- Because some people in the immigrant community may need to pursue consular processing in order to secure LPR status and the DOS changes to FAM are being implemented now, we can't say on a blanket basis that a particular type of government assistance is "safe" and would not adversely affect someone who is undocumented or only has temporary status in a future immigration case.
- At the same time, we do not advise people who are relying on a government benefit that is providing crucial support to them or their family members to drop those benefits now simply because of the possibility this might impact them when they apply for immigration benefits years from now.
- Our advice is for people who have questions to get an individualized consultation with an immigration attorney or accredited representative about their situation and how their receipt of public benefits could affect a future immigration case. It is particularly important for people who are considering starting or have already started an immigration process to speak with an attorney or accredited representative about their case and especially if this will require them to leave the United States.

Details Continued

- The public charge concept does not apply to people who are pursuing "green card" (LPR) status on the basis of a number of humanitarian protections including asylum and refugee status, U and T visas, Special Immigrant Juvenile Status (SIJS) and VAWA protections. Receipt of public benefits therefore won't affect the ability of individuals in those categories to be able to secure LPR status. However, individuals in these categories should know that their receipt of public benefits may be taken into account if they try to petition for family members through the family visa process and receipt of such benefits may affect their ability to do so.
- The recent adopted and proposed changes to "public charge" rules generally do not impact people who are already green card holders (that is, have LPR status). There are two exceptions: 1) the "public charge" changes can be applied to a green card holder who leaves the U.S. for a period of more than six months as the public charge inadmissibility ground can be applied; and 2) the receipt of public benefits by a green card holder could be taken into account if that individual seeks to petition for other family members to obtain status. In addition, the Administration has announced that it is considering further changes to the "public charge" rules that could affect green card holders but nothing has been proposed as of yet and those changes will not be retroactive.

Review Re: Public Charge

- What about those who already have green cards?
- What if you're trying to petition for a relative?
- What about family members obtaining visas abroad?

Take-home Message

- This is complicated.
- Affects certain communities and people in some statuses more than others
- Many benefits not implicated
- Need to weigh importance of benefits now vs. uncertain impact of receipt of benefits for future case
 - Get individualized review from immigration attorney

www.protectingimmigrantfamilies.org

- Note: everyone should submit comments (to oppose it)!

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www.nwirp.org

www.waisn.org



PUBLIC CHARGE RESPONSE STRATEGY- COMMUNITY HEALTH CENTERS



NATIONAL CAMPAIGN: PROTECTING IMMIGRANT FAMILIES

Protecting Immigrant Families National Campaign

- National coalition of immigrants' rights organizations, civil rights advocates, health care and social service providers

Protecting Immigrant Families - WA

- Convened by Children's Alliance, with Health Care, Nutrition Assistance, Housing, Legal, Faith, and ethnic sector leads

Washington Association for Community Health/Community Health Network of Washington

- Community Health Center sector leads

NATIONAL STRATEGY

GENERATE PUBLIC BACKLASH

Media

Public Comment



EDUCATE MEMBERS OF CONGRESS

New Congress Seated Early Jan.

Plan for Hearings, Public Pressure



PREPARE FOR LITIGATION

State Attorneys General

Civil Rights/Impact Litigation Organizations

PUBLIC COMMENT STRATEGY

“Public Comment”?

- By law, federal agencies must solicit public input on rule changes
- Public comment period ends **December 10**

Why?

- Delay implementation and give Congress time/information!
- Set the stage for litigation

Goal

- 40,000 unique submissions nationwide
- 200 from the WA CHC sector

HOW YOU CAN HELP

Educate Clients

- Who would and would not be impacted
- No advantage to disenrolling now

Public Comment #1

- On your own behalf!
- How would this impact your work and your clients?

Public Comment #2

- On behalf of one of your clients
- How would this impact their family, health, and financial security?

PUBLIC COMMENT GUIDELINES

It doesn't have to be long!

- Tell as much of the story as you/your client feels comfortable.
- Be clear, precise, and forthcoming.
- Comments must include English translation

What to include:

- Your name and contact information.
- Specific, concrete impact to your work, your clients, and your community.
- Make it unique!
- Submit by December 10!

WHERE TO SUBMIT

Dedicated Microsite for WA CHCs:

<https://p2a.co/r275itS>

- Fill out form on right-hand side
 - Full Name
 - Zip Code
 - Email Address
 - Text