



WACMHC
Washington Association of
Community & Migrant Health Centers

WELCOME TO

TAKING THE PULSE:

**Support for Improving Blood Pressure
Measurement & Management**

February 26, 2018

Thank you for joining us! The session will begin shortly.

Webinar from Washington Association of Community & Migrant Health Centers and the Washington State Department of Health



Hannah Stanfield

*Practice Transformation
Coordinator*



WACMHC
Washington Association of
Community & Migrant Health Centers

Quality Improvement & Practice
Transformation Program

Housekeeping

- Your lines are currently muted
- This webinar is being recorded. A recording will be made available after the session.
- Handouts, including slides, are available for download at the bottom of your dashboard.
- We'll address questions at the end of each section, as well as at the end of the presentation.
- You can ask a question in the following ways:



RAISE YOUR HAND FUNCTION - your line will be unmuted and you can ask the question verbally



QUESTIONS FUNCTION - type your question in the box and the facilitator will read it aloud



TAKING THE PULSE:
Support for Improving Blood Pressure Measurement
& Management

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

Washington State Department of Health



Cheryl Farmer, MD

Manager

Heart Disease, Stroke &
Diabetes Prevention



Sara Eve Sarliker, MPH

*Heart Disease & Stroke
Prevention Lead*

Heart Disease, Stroke &
Diabetes Prevention

Objectives



- Share information on new blood pressure guideline
- Use **M.A.P.** – **M**easure, **A**ct Rapidly, **P**artner framework to highlight resources available to support:
 - **Measuring** blood pressure accurately (**M**)
 - **Acting** rapidly to identify potential areas for workflow and process improvement (**A**)
 - **Partnering** to connect blood pressure work with patient self-management and education resources (**P**)

AMA's M.A.P.



MEASURE blood pressure accurately, every time.

Accurate measurement and recording of BP is essential to categorize level of BP, ascertain BP-related CVD risk, and guide management of high BP.



ACT rapidly to address high blood pressure readings.

Take rapid action and follow treatment protocols to bring BP under control.



PARTNER with patients, families, and communities to promote self-management and monitor progress.

Improve adherence to treatment and lifestyle changes through collaborative communication and follow-up visits.

<https://targetbp.org/tools-downloads/practice-assessment-tool/>

New AHA/ACC Guideline - Perspectives

There will never be a "magic number" that is proven to be "right" by science. Any threshold inevitably involves tradeoffs and compromises.

Larry Husten,
medical journalist,
"The Blood Pressure
Guidelines War Is
Not a Fake War,"
Forbes Feb 11, 2018



The guideline is meant to prevent strokes, heart attacks and other cardiac problems through earlier action—a combination of lifestyle changes for all of these patients, and medications for some, depending on the circumstances—to control high BP.



Sara Berg, Senior Staff
Writer, AMA Wire,
Nov 13, 2017

New Guidelines - Perspectives

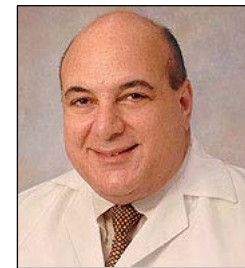
A blood pressure of 150/90 in one patient who's basically in good health, but might need to make some dietary or lifestyle changes, is not the same as another one with 150/90 who is a walking time bomb because they have other risk factors.

Mariell Jessup, M.D.,
medical director of the
University of Pennsylvania's
heart and vascular center,
in Stat News, Jan 16, 2017



Some people with blood pressures of 130 to 139/80 to 89 mm Hg who are at higher cardiovascular risk may benefit from earlier intervention, but though such a broad-brush approach may be fine from a public health perspective, it could overburden our primary care physician workforce. Proper blood-pressure measurement is critical but time consuming.

George Bakris, M.D., and
Matthew Sorrentino, M.D.
NEJM Feb 8, 2018



New AHA/AAC Guideline Thresholds

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

Prevalence based on new AHA/ACC guideline

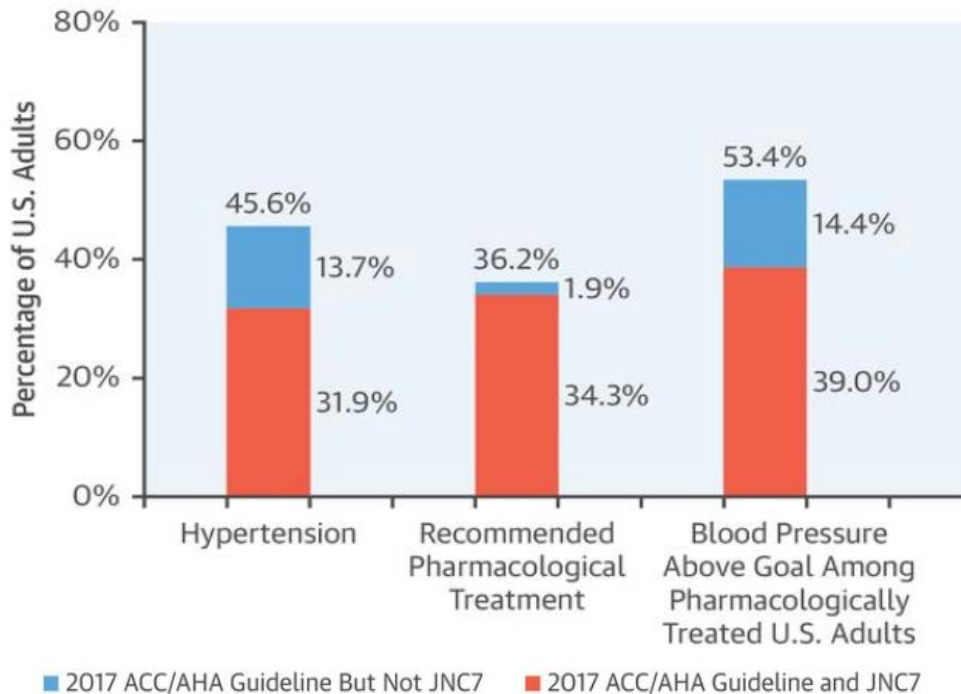
SBP/DBP greater than 130/80 mm Hg or Self- Reported Antihypertensive Medication

Overall, crude 46%

	Men	Women
Overall, age-sex adjusted	48%	43%
Age group, years		
20-44	30%	19%
45-54	50%	44%
55-64	70%	63%
65-74	77%	75%
75+	79%	85%
Race-ethnicity		
Non-Hispanic white	47%	41%
Non-Hispanic black	59%	56%
Non-Hispanic Asian	45%	36%
Hispanic	44%	42%

New AHA/AAC BP Guideline

CENTRAL ILLUSTRATION: Prevalence of Hypertension, Recommendation for Pharmacological Antihypertensive Treatment, and Blood Pressure Above Goal Among U.S. Adults According to the 2017 ACC/AHA and the JNC7 Guidelines



Muntner, P. et al. J Am Coll Cardiol. 2018;71(2):109-18.

2015 Washington State 10 Leading Causes of Death

Heart Disease and Stroke combined are the
#1 cause of death in Washington State

1	Cancer	23.2%	6	Stroke	4.9%
2	Heart Disease	20.2%	7	Diabetes Mellitus	3.3%
3	Alzheimer's	6.4%	8	Suicide	2.1%
4	Unintentional Injury	5.8%	9	Liver Disease	1.9%
5	COPD	5.8%	10	Flu & Pneumonia	1.6%

Stroke Statistics for Washington State

- 2,693 died from stroke in 2015 (about 7 deaths per day)
- Leading cause of preventable disability for adults.
- The number of people experiencing strokes is expected to increase as baby boomers age
- Trends show more younger people (ages 25-54) are having strokes.
- 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.

Questions About New Guideline?



M = Measure Accurately



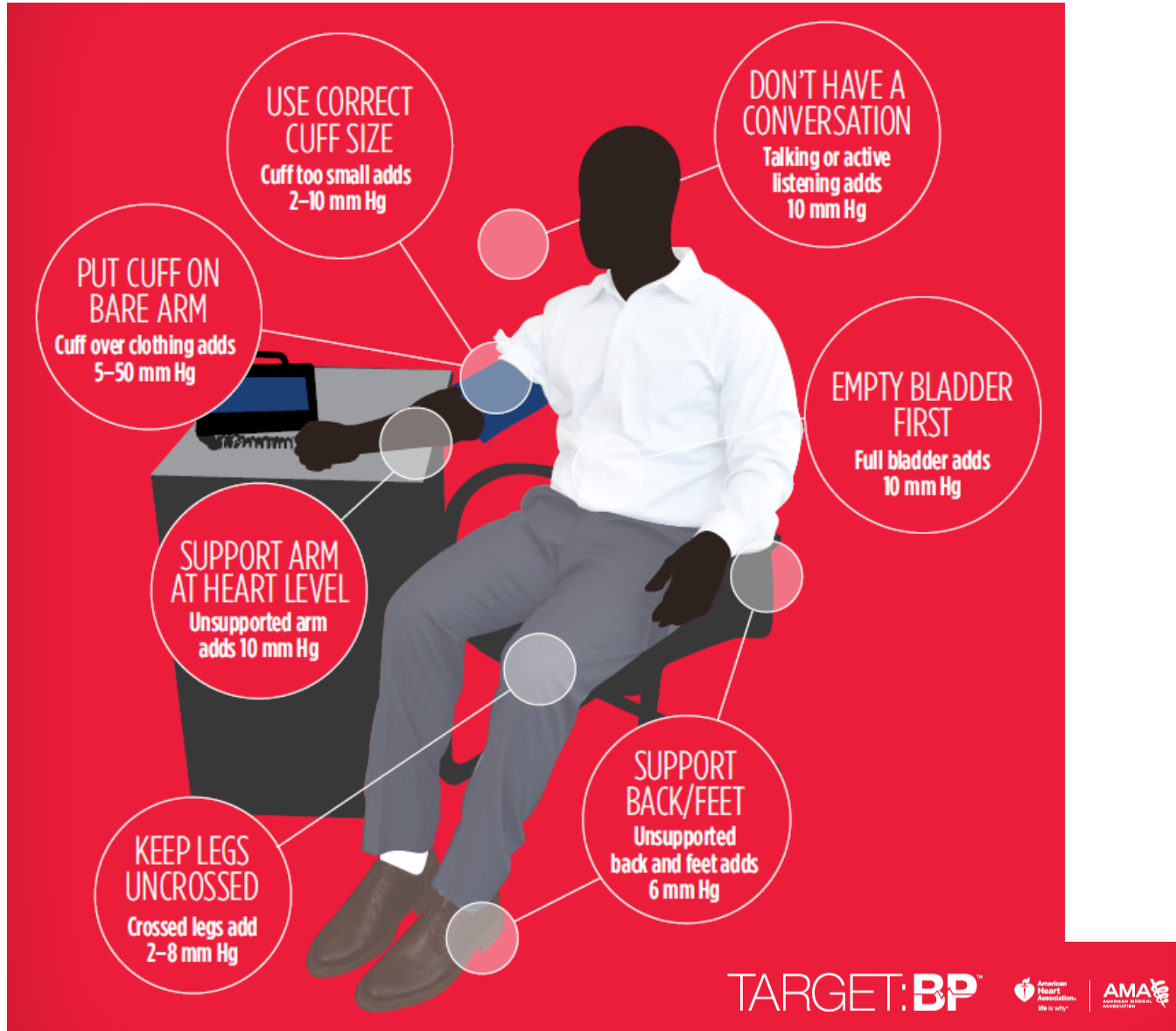
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Accurate measurement and recording of BP is essential to categorize level of BP, ascertain BP-related CVD risk, and guide management of high BP.

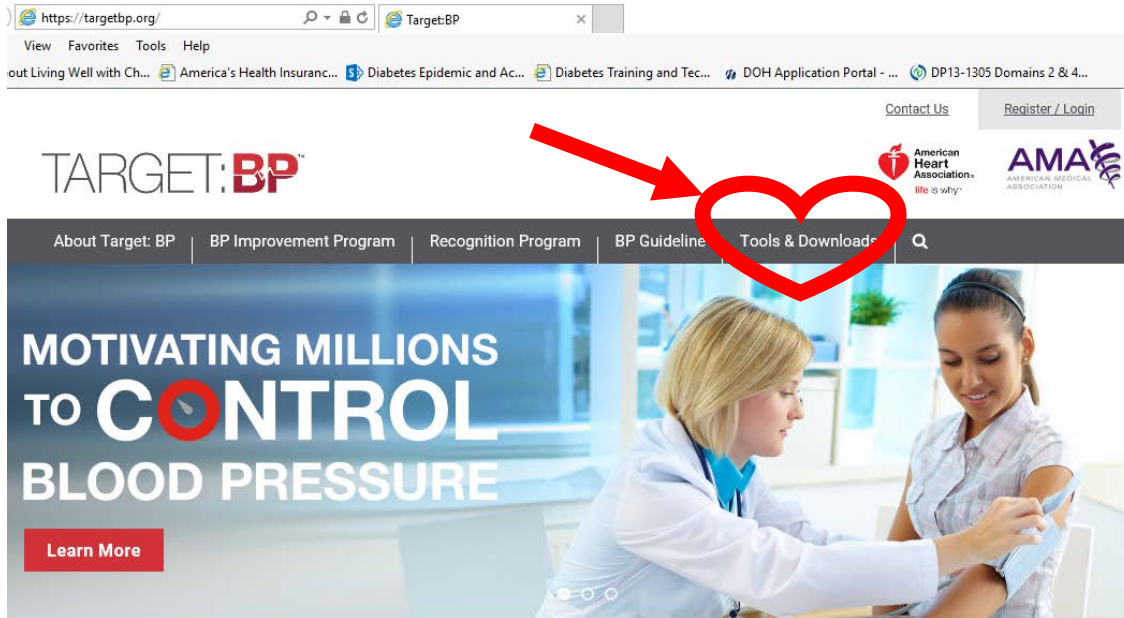
Inaccurate Blood Pressure Measurement



Accurate Blood Pressure Measurement



Tools for Measuring Accurately – AMA



targetbp.org

- No sign in required
- Technique quick-check worksheet

JOIN TARGET: BP



Commit to reducing the number of Americans with uncontrolled blood pressure.

[Register](#)

RECOGNITION PROGRAM



Achieve recognition for maintaining blood pressure control rates.

[Learn More](#)

DATA SUBMISSION



Submit data to be recognized by the Target: BP Recognition Program.

[Submit Data](#)

Tools for Measuring Accurately - Department of Health

In-Person Training on BP Measurement Accuracy

- At your facility
- In English and Spanish
- No charge
- For team members – clinical and non-clinical
- Tailored to your needs

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

Support for Measuring Accurately - WACMHC

**The WACMHC Practice Transformation Team
can link you to:**

- Practice Transformation resources
- QI best practices and tools
- Support for workflow and process improvement

Questions About Measurement?



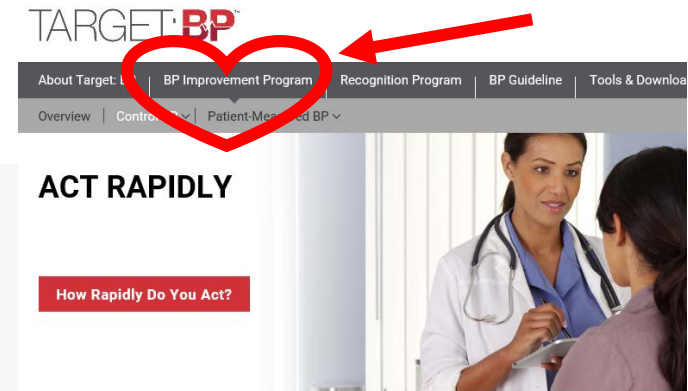
A = Act Rapidly



ACT rapidly to address high blood pressure readings.

Take rapid action and follow treatment protocols to bring BP under control.

Acting Rapidly – AMA



Practice Assessment: How Rapidly Do You Act?

Do you...

- Initiate nonpharmacologic therapy to treat Elevated BP?
- If average office BP is 130-139 mm Hg SBP or 80-89 mm Hg DBP and patient does not have clinical ASCVD, Diabetes, or CKD, and has $\geq 10\%$ ten-year risk, do you consider out-of-office BP measurement using 24-hour ABPM or SMBP to confirm the diagnosis?
- If average office BP is 130-139 mm Hg SBP or 80-89 mm Hg DBP, which is confirmed with SMBP or ABPM, and patient does not have clinical ASCVD, Diabetes, or CKD, with $\geq 10\%$ ten-year risk, do you initiate pharmacotherapy?
- If average office BP is 130-139 mm Hg SBP or 80-89 mm Hg DBP mm Hg, which is confirmed with SMBP or ABPM, and the patient does not have clinical ASCVD, Diabetes, or CKD, ten-year ASCVD risk is $>10\%$, do you follow up every 4 weeks, using treatment algorithm to guide therapy until BP is controlled to $<130/80$ mm Hg?
- If average office BP is confirmed $\geq 140/90$ do you initiate or continue non-pharmacologic therapy and treatment algorithm to guide therapy using two medications from two different classes?

[Check My Score](#)

Tools for Acting Rapidly – AMA

For Elevated BP

When average office BP 120-129 and <80mm Hg at 2 or more office visits:

- Start nonpharmacologic therapy
- Follow up in 3-6 months
- Consider out-of-office BP measurement using 24-hour ambulatory blood pressure monitoring (ABPM) or self-measured blood pressure (SMBP)

Tools for Acting Rapidly – AMA

For Stage 1 Hypertension and patient does not have clinical Atherosclerotic Cardiovascular Disease (ASCVD), diabetes, or Chronic Kidney Disease (CKD)

When average office BP ≥ 130 -139 or 80-89 mm Hg:

- Use the [AHA/ACC ASCVD Risk Estimator](#) to calculate 10-year risk. If 10-year risk is $\geq 10\%$, start pharmacotherapy* and start or continue nonpharmacologic therapy. Follow up every 4 weeks, using the [treatment algorithm](#) to guide therapy until BP is $< 130/80$ mm Hg
- If 10-year risk is $< 10\%$ in low-risk patient, start or continue nonpharmacologic therapy and follow up in 3-6 months
- Consider out-of-office BP measurement using 24-hour ABPM or SMBP

*When starting a diuretic, ACE or ARB, follow up in 2 weeks to check electrolytes and renal function.

Tools for Acting Rapidly – AMA

For Stage 1 Hypertension and patient has clinical ASCVD, diabetes, or CKD

When average office BP $\geq 130-139$ or $80-89$ mm Hg:

- Start or continue nonpharmacological therapy and BP-lowering medication.* Treat as if 10-year risk is $\geq 10\%$.

* When starting a diuretic, ACE or ARB, follow up in 2 weeks to check electrolytes and renal function.

Tools for Acting Rapidly – AMA

For Stage 2 Hypertension

When average office BP ≥ 140 or >90 mm Hg:

- Start or continue nonpharmacologic therapy
- Start pharmacotherapy, prescribing 2 different classes of antihypertensive agents in most patients (with caution if patient is elderly)*
- Follow up every 4 weeks until BP is controlled
- Consider out-of-office BP measurement using 24-hour ABPM or SMBP

Reassess on an ongoing basis using SMBP to identify white coat HTN and determine a patient's adherence and response to therapy.

* When starting a diuretic, ACE or ARB, follow up in 2 weeks to check electrolytes and renal function.

Support for Acting Rapidly - WACMHC

**The WACMHC Practice Transformation Team
can link you to:**

- Practice Transformation resources
- QI best practices and tools
- Support for workflow and process improvement

Recognition Programs



Connect with us:

Search the site

Home Tools & Protocols ▾ Data & Reports ▾ Partners & Progress ▾ Learn & P

Home > Partners & Progress > Hypertension Control Champions > Challenge

Hypertension Control Challenge

Million Hearts® is accepting applications for the 2018 Hypertension Control Challenge from February 20, April 6, 2018.

2012–2017 Hypertension Control Champions

2015

- International Community Health Services, Seattle, Washington*

2014

- Peninsula Community Health Services, Bremerton, Washington*

* Denotes Champions who are [Federally Qualified Health Centers](#) (FQHCs).

<https://millionhearts.hhs.gov/>

TARGET:BP™



About Target: BP | BP Improvement Program | Recognition Program | BP Guideline | Tools & Downloads | Q

Overview | Success Stories | 2017 Recognition

RECOGNITION PROGRAM

The Target: BP Recognition Program celebrates physician practices and health systems, who treat patients with hypertension, for achieving blood pressure control rates at or above 70 percent within the populations they serve. These achievements will ultimately lead to a reduction in the number of Americans who suffer heart attacks and strokes. The AHA and AMA acknowledged [early adopters](#) of this initiative and recognized over [300 organizations in 2017](#). Be part of the 2018 Recognition Program by registering and submitting your 2017 data now through June 1, 2018.

[Submit Data](#)

Levels of Recognition

There are two levels at which your organization may be recognized.

Gold Status

Recognizes practices that have 70 percent or more of their adult patient population with high blood pressure controlled.



Participation Status

Recognizes practices that have submitted data and committed to reducing the number of adult patients with uncontrolled blood pressure.



Celebrate Your Success!

We will help promote your success as an example for others to follow.

<https://targetbp.org/>

Questions About Acting Rapidly?



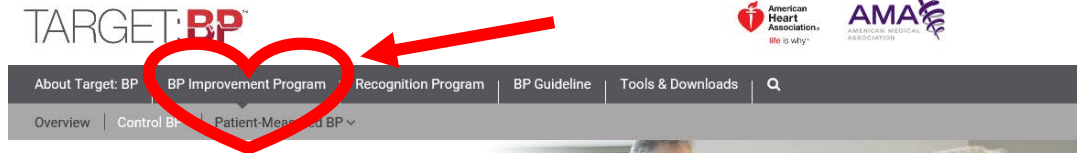
P = Partner



PARTNER with patients, families, and communities to promote self-management and monitor progress.

Improve adherence to treatment and lifestyle changes through collaborative communication and follow-up visits.

Partnering – AMA



Practice Assessment: How Well Do You Partner?

Do you...

- Engage patients using evidence-based collaborative communication strategies, such as teach-back?
- Encourage patients to self-manage using Self-Measured Blood Pressure (SMBP)?
- Direct patients and families to resources that support medication adherence?
- Promote adoption of healthy habits, and connect patients with resources that can help?
- Foster specific lifestyle changes that can prevent and help manage high blood pressure?

[Check My Score](#)



Partnering – AMA

- Once blood pressure is controlled, patients with a diagnosis of hypertension can use SMBP to monitor their blood pressure.
- Patients need clear instructions about what to do if they get a reading outside of the expected range (low or high) or if they have symptoms (chest pain, shortness of breath, dizziness, etc.).
- As a basis for clinical decisions, patients should record a full week's worth of SMBP, following the recommended protocol and share all readings with the clinical team.
- Local partnerships can also help some patients—particularly those with lower incomes—achieve their treatment goals. Following through on lifestyle recommendations may be challenging for some patients with poor social support, obstacles to exercise and healthy foods, and challenging finances.
- When possible, help patients who need support from local partners connect with organizations that can help.
- Simplifying medication regimens, either by less frequent dosing or by single-pill combination drug therapy, also improves adherence.

Partnering – AMA

Evidence suggests that health professionals—both clinical and non-clinical staff—can use these communication skills to engage patients.

- Open-ended questions—ask questions that require more than a “yes” or “no” answer and that help discover what the patient thinks is important
- Reflective listening—ask for clarifications to get a better understanding of what patients say, or rephrase what patients say
- Positive reinforcement—encourage healthy ideas or behaviors that patients mention
- Ask-provide-ask—ask patients what they already know about an issue, give brief answers that fill gaps in their knowledge, and then ask for their thoughts on what you told them
- Teach-back—ask patients to tell you what they took away from the conversation and what they think the next steps should be

Tools for Partnering – AMA

TARGET:BP™



About Target: BP | BP Improvement Program | Recognition Program | BP Guideline | **Tools & Downloads** |

TOOLS & DOWNLOADS

These tools and resources are designed to help your practice improve blood pressure control for all of your patients. Resources include interactive tools, fact sheets, podcasts, webinars, and videos, along with handouts you can give your patients.

How Do I Manage My Medicines?

FAQs about taking blood pressure medication, with a chart to help track medication use. Available in English and Spanish.

FOR My Patients

TOPIC Create & Update a Treatment Plan

Questions to Ask Your Doctor

Patients often have questions but aren't sure how to ask. This handout can help.

FOR My Patients

TOPIC Create & Update a Treatment Plan

What Is High Blood Pressure Medication?

The medicines prescribed to help lower blood pressure and their possible side effects.

FOR My Patients

TOPIC Create & Update a Treatment Plan

7 Day Recording Log (2 times/day – average)

For patients to record their average blood pressure readings twice a day.

FOR My Patients

TOPIC Patient-Measured BP

7 Day Recording Log (2 times/day)

Help patients to record their blood pressure readings.

FOR My Patients

TOPIC Patient-Measured BP

How to Measure Blood Pressure Accurately

Make sure you're getting accurate blood pressure readings.

FOR My Patients

TOPIC Patient-Measured BP

Loaner Device Agreement

Enable a patient to use a loaner device.

FOR My Patients

TOPIC Patient-Measured BP

Tools for Partnering – AMA

TARGET:BP™



About Target: BP | BP Improvement Program | Recognition Program | BP Guideline | **Tools & Downloads** | Search

TOOLS & DOWNLOADS

These tools and resources are designed to help your practice improve blood pressure control for all of your patients. Resources include interactive tools, fact sheets, podcasts, webinars, and videos, along with handouts you can give your patients.

RESOURCES FOR

Healthcare Professionals

My Patients

See All

TOPIC

All Topics

[Reset Filters](#)

[Filter](#)

Treatment Algorithm

Use this tool to see the recommended treatment for each BP threshold.

FOR Healthcare Professionals

TOPIC Create & Update a Treatment Plan

Blood Pressure Average Calculator

Help your patients keep track as they measure and monitor their BP.

FOR Healthcare Professionals

TOPIC Patient-Measured BP

Device Accuracy Test

Verify that a patient device can measure accurately.

FOR Healthcare Professionals

TOPIC Patient-Measured BP

Inventory Management

Keep track of your self-measured BP loaner devices.

FOR Healthcare Professionals

TOPIC Patient-Measured BP

Patient Training Reference Guide

Ensure that designated staff has everything they need to train patients to self-measure blood pressure at home.

FOR Healthcare Professionals

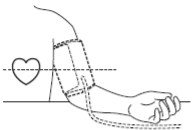
TOPIC Patient-Measured BP

Tools for Partnering – Department of Health

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

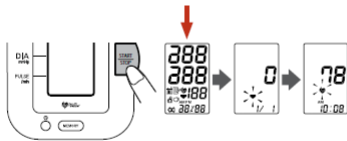
Checking Your Blood Pressure

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 1-800-525-0127 (TTY: 703-711).



What's the Big Deal?

Tools for Partnering – 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](#)

Tools for Partnering – Department of Health

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

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Washington State Department of Health
 DOH 345-353 September 2017

Support for Partnering – WACHMC

**The WACMHC Practice Transformation Team
can link you to:**

- Peer learning for promising clinical practices, care team models, or specific challenges
- Resources for creating community partnerships

Support for Partnering – Other resources

- Community Health Workers
- Chronic Disease Self-Management
- Diabetes Prevention Program
- TOPS
- Health Ministries
- Service Clubs (Lions, Eagles, Veteran's Groups)

Support for Partnering – Other resources



Health Education Programs

- Chronic Disease Self Management
- Diabetes Prevention
- Diabetes Education and Support

Housing / Shelter

- Emergency Shelter
- Low Income Housing
- Transitional Housing
- Home Improvement / Minor Home Repair

Legal

- General Legal Assistance
- Landlord / Tenant Assistance

Transportation

- Transportation Programs

Food

- Food Pantry / Food Bank
- Hot Meals
- WIC - Women, Infants & Children

Material Goods

- Clothing / Diapers
- Household Goods / Furniture

Financial Information/Education

- Credit Counseling / Debt Management

Mental Health / Substance Abuse

- Crisis Intervention Hotlines
- Outpatient Substance Abuse Programs
- General Counseling Services

Financial Assistance

- Bus Tickets / Gas Money
- Rent Payment Assistance
- Rental Deposit Assistance
- Utility Assistance

Health Care

- Dental Care
- General Medical Care

Employment

- Employment Services & Training

Veterans Resources

- Veterans Programs
- Operation Military Family

American Heart Association Life's Simple 7

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



Any Questions?



Contact information – Department of Health

Heart Disease,
Stroke, & Diabetes
Prevention Unit

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Prevention Specialist*



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Manager



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<http://wacmhc.org/programs/quality-improvement-practice-transformation>

UPCOMING EVENTS

WACMHC MI Training

April 3rd

Tacoma, WA

DOH CHW Conference

April 12th & 13th

Lynnwood, WA

Please complete the survey after the end of the session.
Your feedback is appreciated!

