

A group of people are sitting in a room, smiling and laughing. In the foreground, a man wearing a black t-shirt and a brown hat is laughing heartily. Behind him, a woman in a colorful patterned shirt is also smiling. To the right, another man in a black shirt and cap is looking towards the camera. The setting appears to be a community center or a meeting room with large windows in the background.

**Building Community Partnerships for
Hypertension Outreach**

The Cut Hypertension Program (CHP)

November 29, 2018

1:30-3:00PM

The Team

Beatrice Huang

Project Manager, Research Analyst, and Master Trainer

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Agenda

- **What are the Ingredients for Successful Community Partnerships?**
- **The Story of CHP**
- **Training | Case Study of Health Coaching**
- **Accelerating Ideas into Action**

Ingredients for Community Partnerships



Our Ingredients



Ingredients for Community Partnerships



1. Time	
2. Strength-based	
3. Clear Goals, Flexible Implementation	
4. Bidirectional Capacity Building	
5. Clear and Consistent Communication	

CHP

The Cut Hypertension Program (CHP) is borne out of evidence that African American barbershops can be places of health prevention, community building, outreach, and treatment for African American men.

CHP Vision

Eliminate alarming cardiovascular disparities among African American men by engaging barbers as leaders in their communities to:

BUILD COMMUNITY CAPACITY

- Train and provide ongoing support for barbers nationally to take and interpret blood pressures as certified health coaches through the UCSF Center for Excellence in Primary Care.
- Conduct barbershop-based educational events.

PARTNER IN IMPLEMENTATION SCIENCE

- Develop and study the implementation model for barbershop-based blood pressure treatment in partnership with barbers and local health systems.
- Disseminate and implement CHP nationally.

BUILD A PIPELINE OF DIVERSE MEDICAL PROVIDERS

- Inspire black male youth in barbershops to become medical providers by providing black male medical provider role models.
- Build professional skills among black male students through active engagement as leaders in CHP.

Context

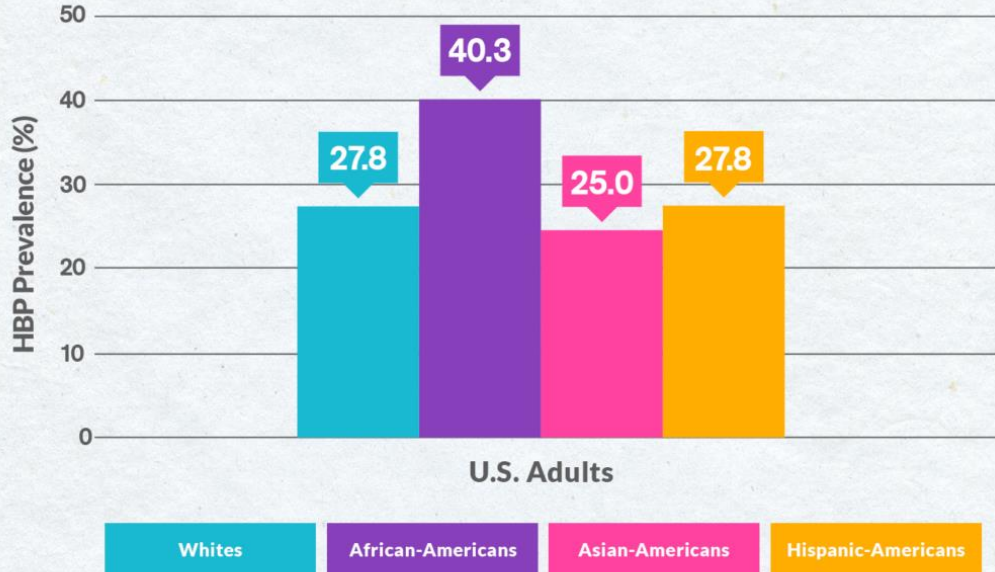
1. Health disparity: Black men have high rates of high blood pressure (hypertension) and hypertension-related death.
2. Powerful evidence-based community intervention: A landmark randomized control trial in the New England Journal of Medicine March 2018 demonstrated health promotion by barbers and pharmacist-led medication management over 6 months led to significant falls in blood pressure. “*The key next step is broad-scale implementation research*”.



Hardest Hit

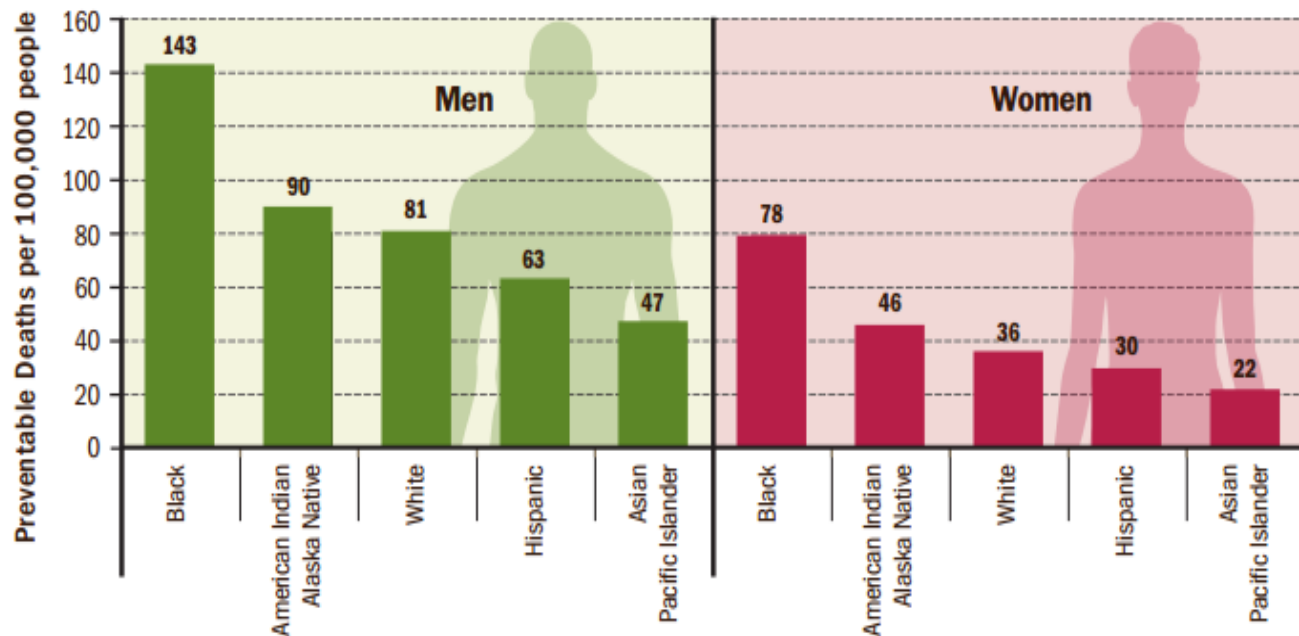
By AMERICAN HEART ASSOCIATION NEWS

High blood pressure is much more common among African-Americans than other racial and ethnic groups, according to a federal report issued in October.



Source: Centers for Disease Control and Prevention
Published Oct. 23, 2017

Black men are at highest risk of dying early from heart disease and stroke



SOURCE: National Vital Statistics System, US Census Bureau, 2010.

February 28, 2011

Effectiveness of a Barber-Based Intervention for Improving Hypertension Control in Black Men

The BARBER-1 Study: A Cluster Randomized Trial

Ronald G. Victor, MD; Joseph E. Ravenell, MD, MS; Anne Freeman, MSPH; [et al](#)

- **Control:** barbershops received HTN pamphlets and conducted business as usual
- **Intervention:** barbers continually offered BP screenings and encouraged physician follow-up. \$112 incentive per barber and \$21 per average patron for free haircut
- **Result:** Modest but significant 9% difference in control rate (~53% controlled)

A Cluster-Randomized Trial of Blood-Pressure Reduction in Black Barbershops

Ronald G. Victor, M.D., Kathleen Lynch, Pharm.D., Ning Li, Ph.D., Ciantel Blyler, Pharm.D., Eric Muhammad, B.A., Joel Handler, M.D., Jeffrey Brettler, M.D., Mohamad Rashid, M.B., Ch.B., Brent Hsu, B.S., Davontae Foxx-Drew, B.A., Norma Moy, B.A., Anthony E. Reid, M.D., [et al.](#)

- **Control:** barbers were trained to provide education and encourage follow-up with a provider
- **Intervention:** hand-off to pharmacist who then did treatment/monitoring out of the barbershop with practice agreement with PCP as well as \$25 per visit
- **Results:** 90% controlled (<140/90) versus 30%



Health Coaches

- Substantial body of literature supports the efficacy of health coaching across multiple different diseases, settings and patient populations
- Barbers and clients have expressed acceptability of the barbershop as a venue for delivering health education, screening and treatment

The Story of CHP

2010-2013:

Medical Student in West Philadelphia: SNMA, Albert Schweitzer Fellowship, NMF, Philly Cuts



2013-2014:

Atlanta, CDC Fellowship: HealthStat, Faith Barber Shop, Fade Away Cutz, and Getting Ahead Barber Shop



2015-2019:

CHP in the Bay Area



The Story of CHP

2015-2019:

CHP in the Bay Area

March 2017 to March 2018:

8 screenings of about 200 men

January, May:

Barber training

May 2018:

Barbers presented work at UCSF

September 2018:

Health coach certification

October 2018:

UCSF PRIME medical students capstone project



Our Ingredients



Skills Building

CHP & Health Coach Training

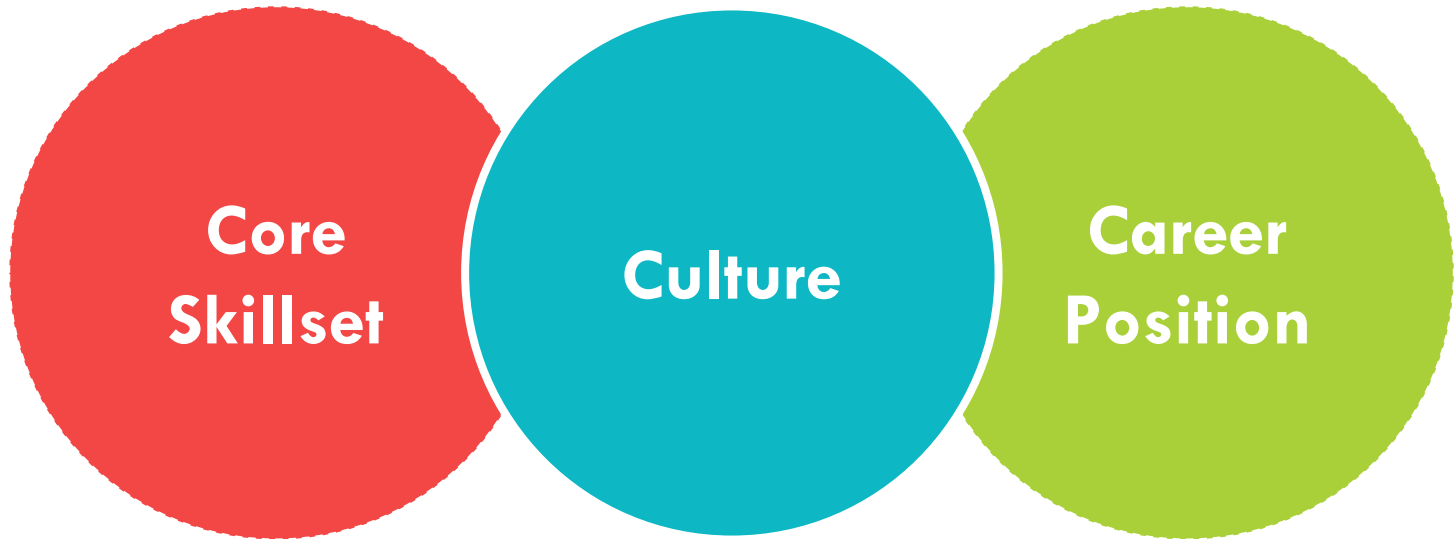
Let's Reflect...



“Give a man a fish,
and you feed him for a day.
Teach him how to fish,
and you feed him for a lifetime.”

— Lao Tzu

What is Health Coaching?



Health coaching: An adaptation

Health coaching curriculum

- 2-day, 16 hour training encompassing 9 skills
- Originally intended for use in the health care setting with medical assistants as health coaches



Health coaching curriculum 2.0

- Time
 - 3-3 hour evening sessions over 2 weeks
- Language (ex. patients → clients)
- Content/scope
- Scenarios



Conversation Scenarios

Scenario 1.

Your client has a blood pressure of 160/95. You'd like to talk them about high blood pressure. How would you approach the conversation?

Scenario 2.

Your client says he's not interested in getting a blood pressure reading. How would you approach the conversation?

Scenario 3.

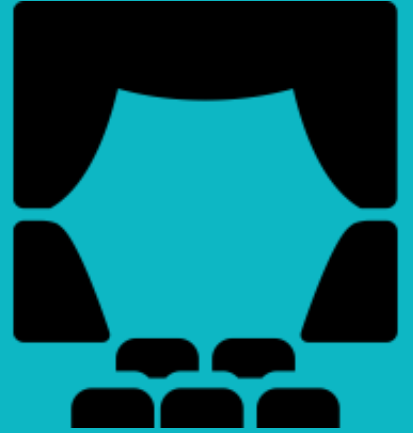
Client has medication-related questions

Scenario 3.

Client at goal; connect with health maintenance and re-engage in care

Ask-Tell-Ask

Activity



Role Play: Tell-Tell-Tell Coach

Activity Debrief



What is Ask-Tell-Ask?

A 3-step process for communicating with community partners

Balance between asking and telling

Focus is on using open-ended questions

Asking Permission

- A great way to begin a conversation
- 1st ask in Ask-Tell-Ask
- Engages our community partner

Activity



Role Play: The Ask-Tell-Ask Coach

Activity Debrief





Accelerating Ideas into Action

Accelerating Ideas into Action

COMMUNITY PROGRAM DESIGN WORKSHEET

THE PROBLEM? (WHO, WHY)	POTENTIAL PARTNERS?	OPEN ENDED QUESTIONS
ACTION STEPS:		RESOURCES NEEDED: <i>(e.g., space, phone line, protected time)</i>



Go to www.menti.com and enter the code:

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**Please use up to three words to describe
your workshop experience.**

(For example: inspiring, practical, hands on,
sobering, thought-provoking, etc.).

Your responses will build a Word Cloud in Nile Hall.