

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

CIGNAL All Grantees Webinar

Change Ideas to Grow, Nurture, and Lift for Hypertension

Wednesday, February 22, 2023 || 1:00pm – 3:00pm ET



CIGNAL: Change Ideas to Grow, Nurture, and Lift for Hypertension

CIGNAL All Grantees Webinar

Wednesday, February 22, 2023
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The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.

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Agenda

Welcome & Introduction

Sharon Gutu

Healthy Start TA & Support Center
(TASC)

Overview: *Hypertension and Healthy Start*

Kenn Harris
TASC

Hypertension and Pregnancy: *Why does it matter?*

Divya Mallampati, MD, MPH
Division of Maternal Fetal Medicine
Department of Obstetrics, Gynecology,
and Reproductive Sciences
University of California, San Francisco

Breakout Session 1: *Best Practices*

All

Case Studies: *How Healthy Start Programs are addressing Hypertension in Pregnancy*

Gwendolyn A. Daniels
Institute for Population Health Inc.
Margaret J. (Peggy) Vander Meulen
Strong Beginnings / Grand Rapids
African American Health Institute

Breakout Session 2: *Challenges*

All

Take-Aways and Building Resources

Divya Mallampati, MD, MPH
Kenn Harris

Closing

Sharon Gutu
TASC





This session is being recorded.



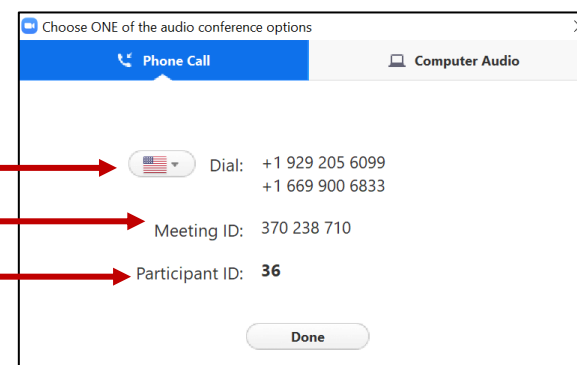
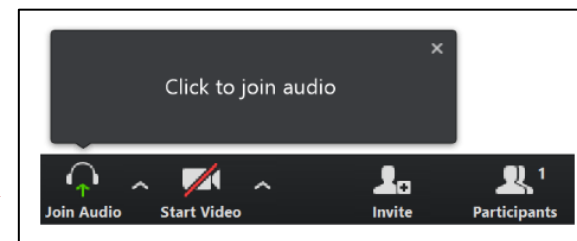
All participants are muted upon entry. We ask that you remain muted to limit background noise.



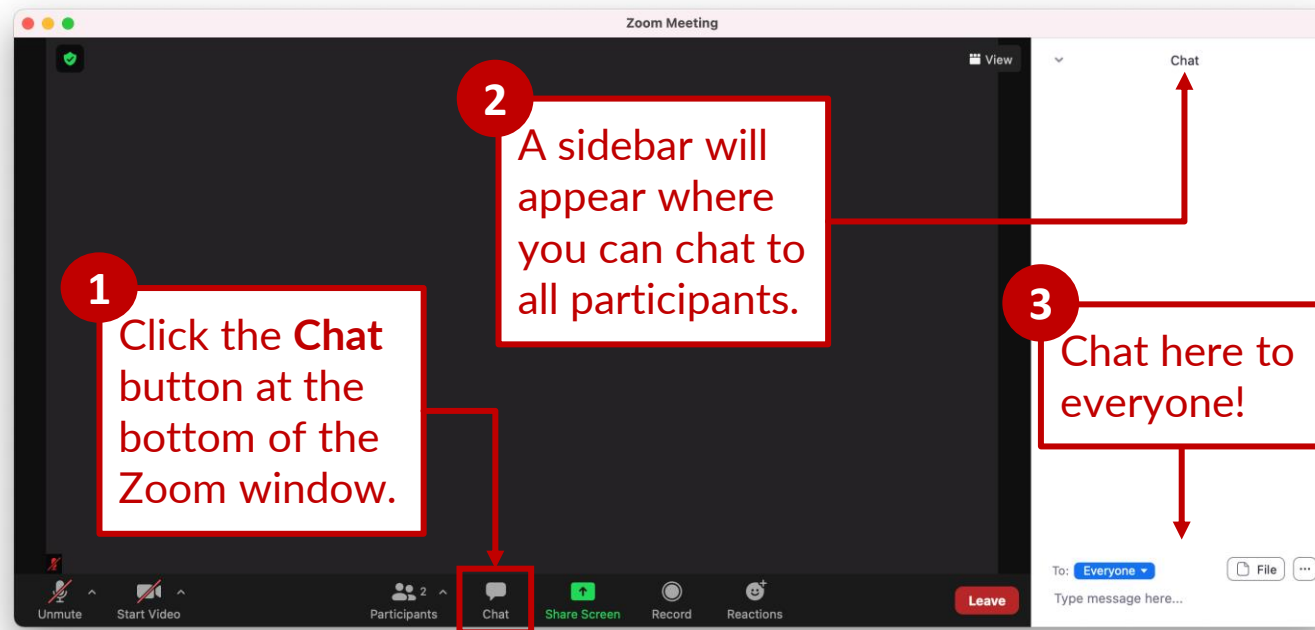
Participants are encouraged to share comments and ask questions using the chat box.

Audio

- After you join the Zoom session, an audio conference box may appear.
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If accessing the session audio via phone:
 - Dial one of the given numbers next to **'Dial'**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**



Chat





Welcome & Introduction

Sharon Gutu

TASC

CIGNAL: Hypertension All Grantees Webinar
Hosted by the Healthy Start TA & Support Center at NICHQ



CIGNAL for Hypertension Project Goal:

Enhance and strengthen the capacity of HS grantees to identify and execute strategies to assure improved and equitable hypertension services for the women and birthing people they serve.

CIGNAL Project: *Healthy Start Grantee Webinar*

Describe best practices and challenges associated with hypertension issues among pregnant and postpartum people.

Highlight stories from Healthy Start grantees doing work around hypertension.

Provide participants with resources and tools for testing these strategies in their own communities.



Overview: Hypertension & Healthy Start

Kenn Harris

TASC

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Healthy Start

Healthy Start aims to improve health outcomes before, during, and after pregnancy, and to reduce racial and ethnic differences in rates of infant deaths and negative maternal health outcomes by working to improve systems of community care.

Hypertensive Disorders in Pregnancy: Background

- Hypertensive disorders in pregnancy (HDP) are strongly associated with severe maternal complications (e.g., heart attack, stroke) and are a leading cause of pregnancy-related death in the U.S. ([cdc.gov](https://www.cdc.gov))
- Prevalence of HDP was highest among delivery hospitalizations of:
 - Non-Hispanic Black or African American (Black) women: (20.9%)
 - Non-Hispanic American Indian and Alaska Native (AI/AN) women (16.4%) ([cdc.gov](https://www.cdc.gov))
- Recommendations for identifying and monitoring pregnant persons with hypertension include measuring blood pressure throughout pregnancy, including self-monitoring. ([cdc.gov](https://www.cdc.gov))



Hypertension and Pregnancy: Raising the Clinical and Public Health Alarm

Dr. Divya Mallampati

University of California,
San Francisco

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What is hypertension in pregnancy?



Chronic Hypertension

Gestational Hypertension

Preeclampsia

Eclampsia or HELLP

Chronic Hypertension

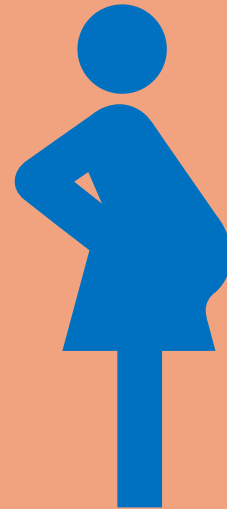
Implications for Mother and Baby

Seizures
Strokes

Cardiopulmonary complications

Liver Dysfunction
Kidney failure

Death



Poor fetal growth

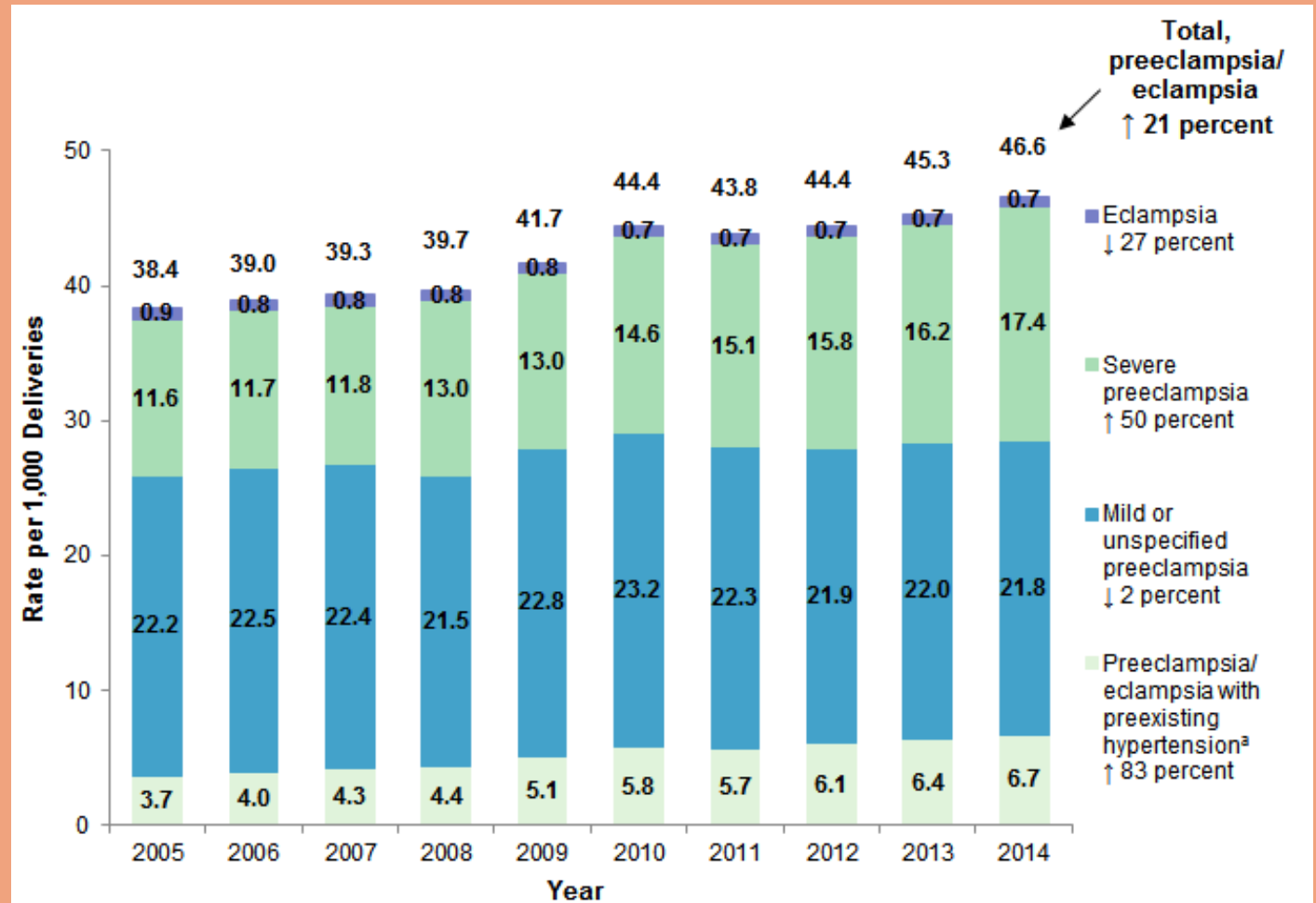
Previabile birth
Prematurity

Placental abruption

Stillbirth
Neonatal death

Epidemiology

- Complicate 2-8% of pregnancies
- The 7th cause of maternal mortality in the US
- Disproportionately affects Black and AI/AN pregnant people



Clinical Management in Pregnancy and Postpartum

Risk Factors for Preeclampsia

- Nulliparity
- Multifetal gestations
- Preeclampsia in a previous pregnancy
- Chronic hypertension
- Pregestational diabetes
- Gestational diabetes
- Thrombophilia
- Systemic lupus erythematosus
- Prepregnancy body mass index greater than 30
- Antiphospholipid antibody syndrome
- Maternal age 35 years or older
- Kidney disease
- Assisted reproductive technology
- Obstructive sleep apnea

Ref: ACOG

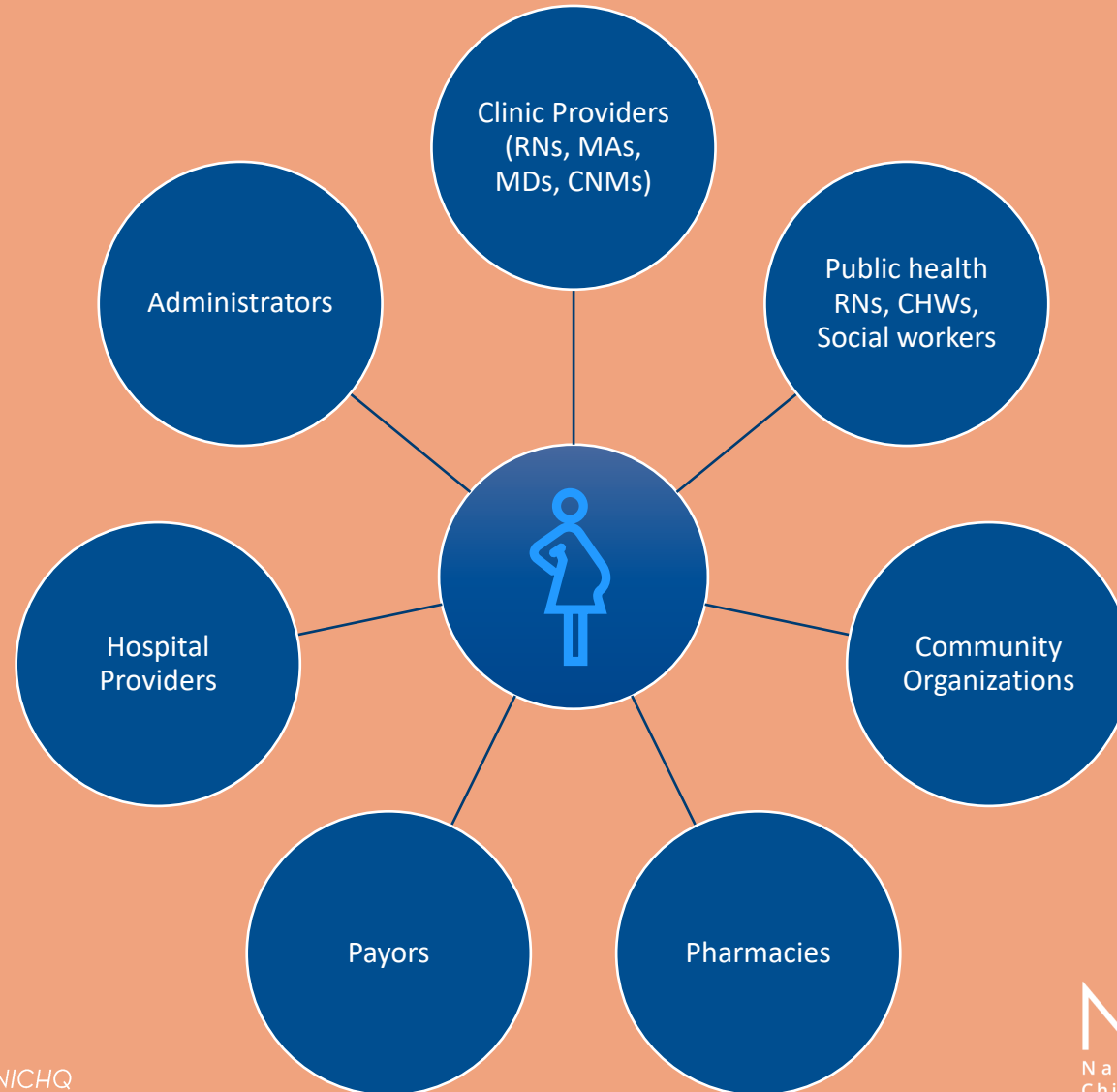
• Prevention

- Identifying risk factors
- Aspirin
- Blood pressure monitoring

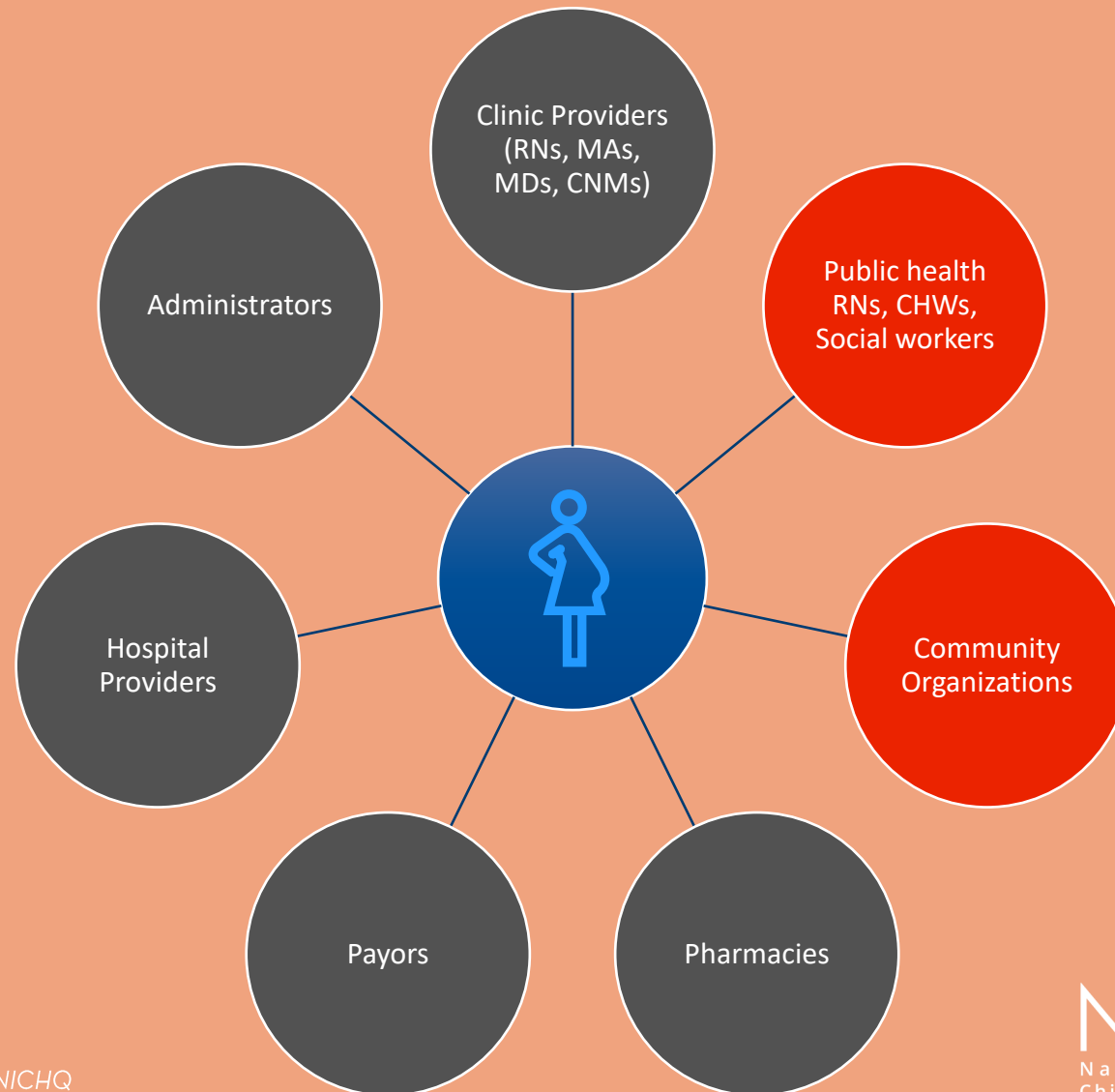
• Management

- Medications
- Inpatient Magnesium
- Delivery

Team-Based Management of Hypertension

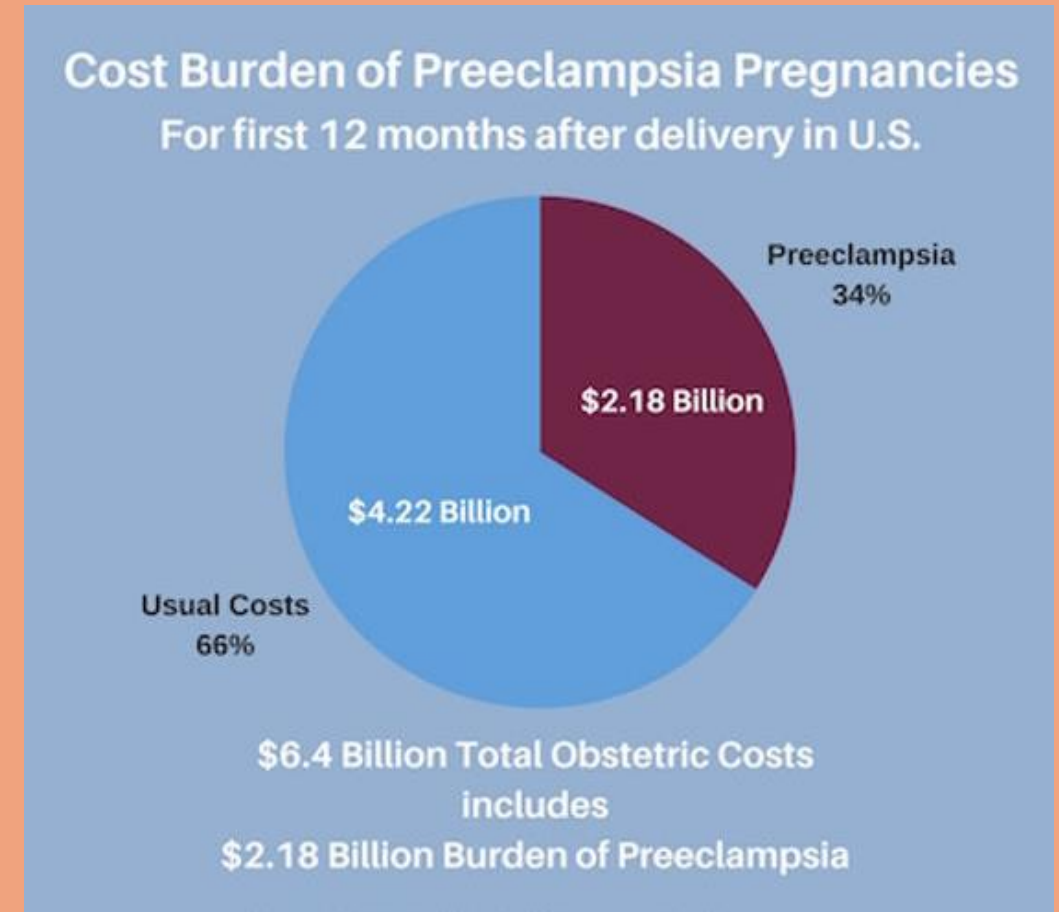


Team-Based Management of Hypertension



Impact on Health Care

- **Hypertensive disorders of pregnancy costs the US health care system over \$2 billion per year**




Ref: The Preeclampsia Foundation

Pregnancy is a window into one's future health

- **A history of preeclampsia risks cardiovascular disease, stroke, and related death later in life**
- **With worsening disparities and a population with more clinical complexity, hypertension in pregnancy is a public health matter**



Pregnancy is a window into our future health

A photograph of a woman with a warm smile holding a baby. The image is split vertically: the left side is a close-up of the woman's face and the baby's head, both with an orange color overlay. The right side shows the woman's torso and the baby's face, with a soft, out-of-focus background.

Breakout Session 1: Best Practices for Hypertension and Pregnancy

All

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Questions to Consider

1. How do hypertensive disorders affect pregnant people in your community?
Are there specific stories that stand out to you?
2. What are the components of your Healthy Start Program that address hypertensive disorders (ex. Blood pressure cuff kits, Centering pregnancy, CHWs)?
3. What aspects of your program work well and why?
4. Do you have a success story from your program?

Sharing Our Best Practices

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The logo icon for Healthy Start features a stylized plant with a green stem and two leaves, positioned above a red square that is divided into four quadrants.

Case Studies: How Some Healthy Start Sites Are Supporting People with Hypertension

Gwendolyn A. Daniels, Institute for Population Health Inc.

Margaret J. (Peggy) Vander Meulen, Strong Beginnings /
Grand Rapids African American Health Institute

Self Measured Blood Pressure: A Pilot Project

Target population: pregnant or post-partum clients

Institute for Population Health, Inc.

Detroit Healthy Start Project Director

Gwendolyn A. Daniels, DNP, RN

Purpose

- This work started as a result of the Healthy Start Initiative: Eliminating Disparities in Perinatal Health Supplemental: Action Plans for Infant Health Equity NOFO HRSA-21-120. The Action Plan was designed to target policy and/or systems-level strategies that will reduce infant mortality disparities among non-Hispanic Black or non-Hispanic American Indian/Alaska Native infants.
- One Goal of the Action Plan was to pursue policy changes to assure electronic devices for blood pressure monitoring is a standard of care for home visiting programs to detect preeclampsia and reduce infant mortality.
- Objective 1: By September 30, 2022, Medicaid health insurance plans will consider home blood pressure monitoring for pregnant and post-partum people as a standard of care.

Partner Sharing

- State Health Department convenes a quarterly Mother Infant Health & Equity Collaboration (MIHEQ). IPH Healthy Start Detroit saw an opportunity to share the self measured blood pressure (SMBP) goal of the Action Plan with members of this state-wide collaborative on May 19, 2022.
- During that meeting a representative from Strong Beginnings Healthy Start, Priority Health Medicaid Health Plan, and Region 2 & 3 Perinatal Quality Collaborative expressed interest in working the IPH Detroit Healthy Start project to make recommended policy changes.
- After the MIHEQ meeting, IPH lead three subsequent meetings with those listed above to identify current blood pressure monitoring activities for pregnant and post-partum people and confirm support for the policy recommendations. A Physician from St. Joseph Berrien County, and a Physician, Chair of the Michigan MiAIM also attended subsequent meetings. This work group is currently meeting quarterly. This work started in August 2022 and had most recent meeting in January 2023.

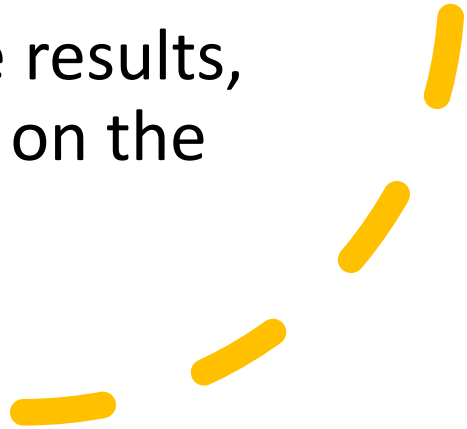
Insurance Coverage of Home Blood Pressure Cuffs

- Michigan Department of Health and Human Services (MDHHS) reported strong evidence supports the use of self-measured blood pressure (SMBP) monitoring to manage hypertension and prevent the serious consequences of uncontrolled diseases. Therefore, MDHHS recommended that all health insurance plans should provide full coverage of automated home blood pressure devices with no inclusion criteria.
- The Maternal Infant Health Promotion (MIHP) is Medicaid Certified and is an evidenced based home visit case management program in Michigan staff by nurses and social workers. Yet, nurses are not required to take a blood pressure reading and/or provide a SMBP device. This practice presents an opportunity for system level policy changes to reduce infant mortality due to low-birth weight or preterm delivery as a result of preeclampsia (after 20th week of pregnancy).

Telling the Story

- IPH decided to conduct a pilot project to deliver blood pressure devices in the home of pregnant and/or postpartum people. The aim is to collect data to inform the feasibility of blood pressure monitoring by a nurse during a case manage visit. This data will inform the policy recommendations.
- The Home Visiting Intervention for Blood Pressure Education was adopted from Strong Beginnings Strengthening Families for a Health Start project developed by Michigan State University. The IPH pilot project used the following implementation process:
 - Intervention workflow for the Registered Nurse home visit protocol
 - Definition of High Blood Pressure
 - Preeclampsia Cuff Kit, blood pressure log, emergency plan,
 - Provider Notification
 - Telehealth services by a Certified Nurse Midwife, Family Nurse Practitioner

Client Recruitment

- Received a list of pregnant and post-partum clients identified with hypertension from our clinic, MIHP home visiting program and Priority Health Plan.
 - Currently enrolled 9 MIHP, 1 clinic, 1 Health Plan participants since October 2022.
 - A dedicated trained Registered Nurse making home visits, using the Preeclampsia Cuff Kits, patients returning the demonstration of blood pressure results, subsequent visits planned based on the blood pressure readings.
- 

Home Visit Activity

Developed a recruitment flyer designed inform the clients about the program.



Packet included: “Pre-eclampsia Foundation The Cuff Kit”, a welcome letter, an automated blood pressure monitor, information on how to properly take your blood pressure at home, signs and symptoms of Preeclampsia, Still-At-Risk Bracelet for after delivery, a participation blood pressure log results.



Control Your Blood Pressure and understanding your numbers *hand-out* AMA (2019).



What Can I do to Improve My High Blood Pressure *hand-out* from the AMA (2019).

Findings: Case Study # 1

31-year-old, Black, lived in Detroit on the Westside, G4, P3, EDD March 26, 2023, attends prenatal appointments, no ER visits, Denies history of hypertension.

Concerned about paying utilities, working full time, Father of the baby involved, has own transportation.

Receptive to the home visit and returned demonstration of use of blood pressure device.

Blood pressure readings as following: 105/69, 103/68

Reviewed the “Control Your Blood Pressure” hand-out and how to report an elevated blood pressure reading to her medical provider and need for an ER visit.

Case Study # 2

- 34-year-old, Black, lives in Detroit on the Westside, 32 weeks gestation, G3, P2, previous delivery C-Section. Attending prenatal visits for a high-risk pregnancy. Scheduled for a C-Section at 37 weeks gestation due to high blood pressure.
- Concerned about living in an apartment, paying rent, wants to move soon, yet no location in mind, wants to complete high school requirements.
- Receptive to scheduling home visits and returned demonstration of use of the blood pressure device.
- Blood pressure readings: 151/89, 133/89
- Instructed patients to monitor blood pressure readings 2 times per day, log results, and report to medical provider the same day.
- Instructed when to seek care at the ED for pre-eclampsia signs.

Case Study # 3

- 28-year-old, Black, lives in Detroit on the Eastside, G5, P5, now 5 weeks post-partum. History of hypertension during pregnancy. Discharged from hospital on blood pressure medications.
- Caring for 7-year-old twins, 6-year-old, 4-year-old, 5-week-old newborn. Supportive FOB and family
- Returned demonstration of use of the SMBP device. Blood pressure results 133/100, 132/97, on Procardia 30mg once per day.
- No refills on the medication and no scheduled appointment for post-partum visit. RN contacted CNM on her behalf during the visit. Scheduled for telehealth visit.
- Instructions given “What can I do to Improve my blood Pressure?”
- Receptive to ongoing home visits by the nurse and a telehealth visit from the certified Nurse Practitioner.

Next Steps

- Continue to recruit and engage new participants in the pilot project. Seven 7 of the 11 patients are on hypertensive medication and compliant. Ten 10 devices given away. Patients receptive to the visit.
- Provide quality follow up for any blood pressure reading out of range.
- Evaluate client response to SMBP and actions.
- Review and improve education process and client understanding of the importance of blood pressure monitoring and control.

Policy Recommendations

- Present 25-50 hypertension case study data to Division of Maternal Child and Family Health MDHHS regarding importance of blood pressure monitoring in the home for pregnant and post-partum people.
- Make case for policy changes in the Medicaid certified MIHP program that nurses are not practicing at the top of their training when blood pressures are not checked. It is not enough for a nurse to ask about history of blood pressure and not know what the blood pressure ready is that day. It is not enough to ask about stressors impacting the blood pressure such as lack of transportation, housing, childcare, food on the health of the pregnant person when a blood pressure ready is not known. A nurse is missing an opportunity to address racial disparities in cardiovascular disease, reduce maternal mortality, and prevent pre-term delivery when blood pressures are not monitored in the home.



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Our Mission

Strong Beginnings is a partnership of seven community agencies working to improve maternal, paternal and child health among African Americans and Latiné, promote father engagement, and eliminate racial disparities in birth outcomes



Program Components – Core Services



- Certified CHWs - Outreach to recruit eligible clients, serve on MIHP care coordination teams, home visits for social support, goal-setting, education and referrals.
- Fatherhood initiative - parallel services for male partners.
- Individual & group counseling for mental health & SUD.
- Extensive community education & anti-racism
- MMM initiatives

Five Month Hypertension Pilot: The Why

Hypertensive disorders of pregnancy can place people at greater risk for cardiovascular disease later in life

Hypertensive disorders of pregnancy are the 2nd highest cause of pregnancy-related death in Michigan.

Black birthing persons in Mich. are 2.8 times more likely to die from pregnancy-related causes than White birthing persons.

1 in 3 of SB clients have a HTN diagnoses.
1 in 4 MIHP clients have HTN.

Hypertension Pilot: The Why

Delays in identifying, seeking, reaching, and receiving timely care account for birthing individuals obtaining care late and in worse clinical condition.

Home visitors have more frequent contact with those at greater risk for hypertensive disorders and have an opportunity to educate and support individuals managing their risk and treatments.

While Medicaid will pay for in-home BP cuffs for women diagnosed with high blood pressure, only a few places are authorized to dispense them, and many clients have trouble with transportation to get there.

The Why - Client Story

“With my first pregnancy, I wasn't listened to much, and I wasn't sure what to look for and what the warning signs were. My pre-eclampsia wasn't caught or noticed despite extreme swelling and headaches. It got really difficult at the end with a 5-day induction due to high blood pressure. The providers didn't let me make many choices, which brought up previous trauma triggers and made the birth process much more complicated.

With my second, I had a lot more knowledge and information. I had seen the Hear Her materials and was much more aware of the warning signs, and so we caught the pre-eclampsia much earlier. I was able to get the treatment I needed and was much more involved in the decisions with my care. I was able to advocate for myself better and describe my symptoms in a way that got the health care professionals to listen to me. This skill was essential when I ended up back in the ER about a week postpartum with high blood pressure and a clot. I also want to mention the difference in my mental state between the 1st and the 2nd delivery. I was in constant flight mode during the 1st delivery and for the 2nd, everyone listened more so I was much calmer and had much better outcomes.



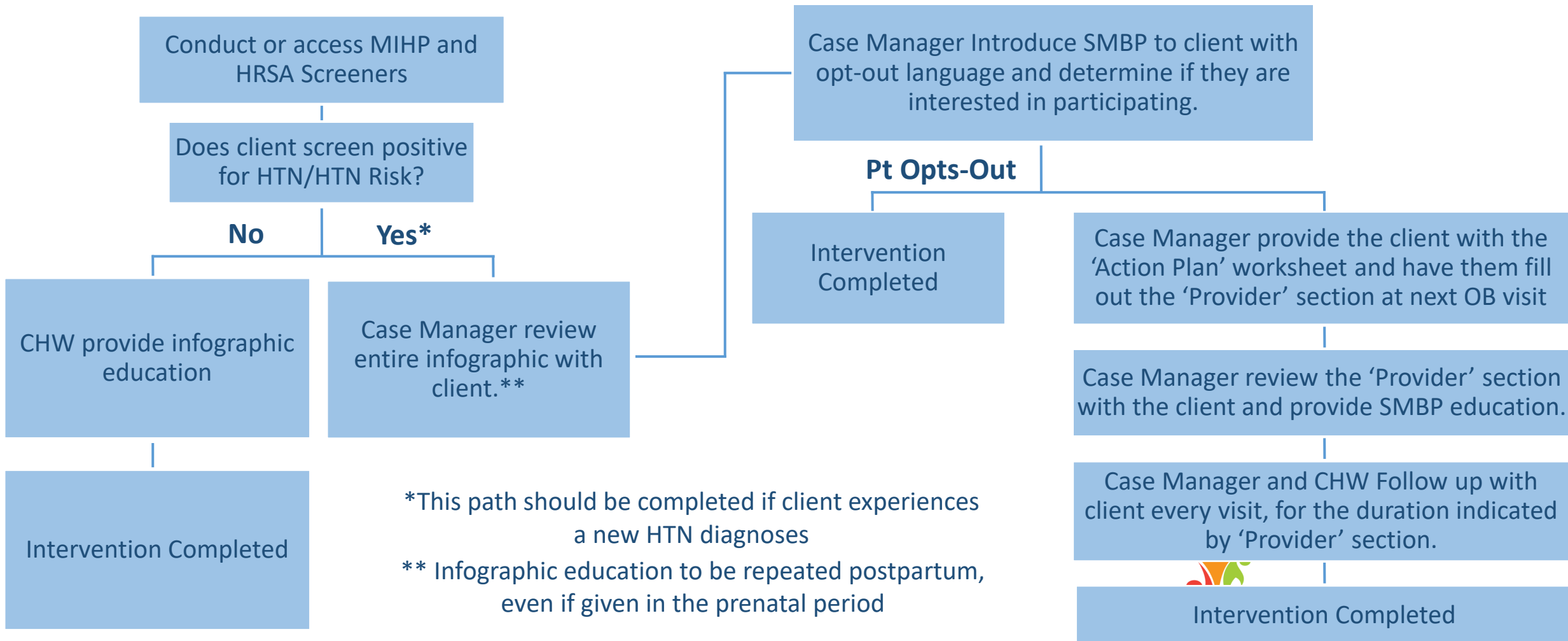
The How: Intervention Overview

- Focused on empowering birthing individuals and their families to recognize critical symptoms, get timely care, and engage providers in potentially life-saving conversations.
- Gathered feedback from clients, CHWs, prenatal care clinicians, health system administrators, to create guidelines, educational materials and processes.
- Developed implementation processes with HV providers (e.g., workflows, roles & responsibilities, documentation methods).
- Trained CHWs & MIHP RNs in HTN

The How: Intervention Overview

- Delivered by SB CHWs & MIHP RNs working in tandem
- All SB clients receive education on hypertension and preeclampsia
- High risk clients receive additional education from RNs:
 - How to self-monitor blood pressure
 - Distribute BP cuffs & logs
 - Develop client-specific action plans
- English, Spanish, Kinyarwanda, Swahili & French
- Designed to build off CDC's HEAR HER Campaign
- Data collection to date:
 - Process surveys staff & clients
 - Stories

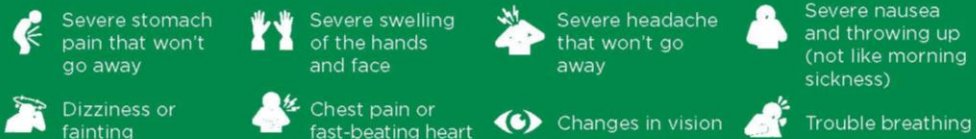
The How: Workflow



HIGH BLOOD PRESSURE DURING & AFTER PREGNANCY

WARNING SIGNS

GET MEDICAL CARE RIGHT AWAY IF YOU START HAVING ANY OF THESE WARNING SIGNS:



This does not list every warning sign you might have. If something doesn't feel right, contact your health care provider.

HIGH BLOOD PRESSURE:

High blood pressure (also called hypertension) happens when your blood pushes too hard against the walls of your blood vessels. High blood pressure does not usually cause symptoms until a severe or life-threatening stage. It can start before you get pregnant, while you are pregnant, or after your pregnancy.

RISKS FOR HAVING HIGH BLOOD PRESSURE



Also, being overweight and having diabetes.

RISKS TO YOU AND YOUR BABY

- Preeclampsia
- Stroke
- Heart disease
- Your baby being born too early or being too small

PREECLAMPSIA:

Preeclampsia is high blood pressure with signs of other problems. Some of these signs can be protein in your urine or seizures. Your provider will test your blood and urine to see if you are having these problems.

Preeclampsia can happen after the 20th week of pregnancy. It can also happen after giving birth, even if you did not have high blood pressure during pregnancy.

RISKS FOR HAVING PREECLAMPSIA



**Also a risk for developing high blood pressure.*

RISKS TO YOU AND BABY

- Stroke
- Seizures
- Organ damage
- Death
- Your baby being born too early

MANAGING HIGH BLOOD PRESSURE DURING & AFTER PREGNANCY

TAKE CARE OF YOURSELF

NUTRITION

Focus on eating:

- Fruits and veggies
- Whole grains (oatmeal and whole grain bread/pasta)
- Low-fat milk, yogurt and cheese
- Skinless chicken and fish
- Nuts, peas and beans

Fresh, canned, and frozen fruits and veggies are all healthy choices.

Look for veggies labeled low-sodium, reduced-sodium, or no-salt-added.

PHYSICAL ACTIVITY*

5 days a week, 30 minutes a day is best. But, even just 10 minutes a day can help.

Pick a few exercises that work for you.

Examples - walk, dance, yoga, or find simple exercises online.

**Talk with your provider before changing your activity levels.*

DON'T SMOKE, USE DRUGS, DRINK ALCOHOL, OR USE MARIJUANA PRODUCTS.

MANAGING STRESS

It's normal to experience stress during and after pregnancy.

To help manage stress:

Make a list. What needs to be done and what can wait?

Try deep breathing or meditation.

Remember, it's okay to ask for help.

Work with your provider to address any mental health concerns you may have.

WORK WITH YOUR PROVIDER

MONITOR YOUR BLOOD PRESSURE AT HOME

If you are taking your own blood pressure at home, talk with your provider about important things to know.

What symptoms could mean I'm having problems with my blood pressure? What should I do if I'm having symptoms?

If a reading is higher than normal, when should I call the provider's office or go to the emergency room?

What is a healthy blood pressure reading for me?

MEDICATION

If you and your provider decide that medication is needed:

- Do not stop taking it without talking to your provider.
- Follow the directions written on your bottle.
- Talk with your provider about side effects and how to manage them.

SHARE YOUR BLOOD PRESSURE LOG



Use a blood pressure log to write down your readings. Share this log with your provider at appointments.

GO TO YOUR APPOINTMENTS

Your provider will monitor your blood pressure readings, symptoms and changes in your urine and blood.

Created by Michigan State University and Strong Beginnings, a Federal Healthy Start Program. This project was supported in part by funding from the Michigan Department of Health and Human Services. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department.

SELF-MONITORING BLOOD PRESSURE ACTION PLAN

What concerns you most about high blood pressure?
What is most important to you about managing your high blood pressure?
Choose 1-3 goals that you can do over the next two weeks: <ul style="list-style-type: none"><input type="checkbox"/> Monitor my blood pressure<input type="checkbox"/> Be more active<input type="checkbox"/> Manage stress/Practice self-care<input type="checkbox"/> Quit smoking<input type="checkbox"/> Take medications given to me by my doctor<input type="checkbox"/> Other:
Some things that may stop me from completing my goals are:
If this happens, I will:
My support people are:
How sure are you that you can follow this plan? <ul style="list-style-type: none"><input type="checkbox"/> Very Sure<input type="checkbox"/> Sure<input type="checkbox"/> Somewhat sure<input type="checkbox"/> Not sure at all

MY CARE TEAM

OB Provider:
MIHP Case Manager:
Community Health Worker:

SELF-MONITORING BLOOD PRESSURE OB PROVIDER VISIT

Bring this sheet to your next visit with your health care provider. Use the guide below to help start the conversation and to write down your provider's answers.

Start the Conversation (example):

"Thank you for seeing me. As you know, I've been diagnosed with high blood pressure. I'm planning to work with my home visiting providers to track my blood pressure at home. Before I start, I wanted to ask you some questions"

ASK YOUR HEALTH CARE PROVIDER AND WRITE DOWN THEIR RESPONSE.

Can you write me a prescription for a blood pressure cuff?
When should I report my readings to you and what is the best way to report them?
What is a healthy blood pressure for me?
If my reading is higher than this, when should I call your office?
When should I go to the emergency room?
What symptoms could mean I am having problems with my blood pressure?
What should I do if I'm having them?

Ask your health care provider any other questions you may have about high blood pressure.

Data to Date – Client Surveys

- What clients learned: Hypertensive warning signs were mentioned 43 times, information about preeclampsia was mentioned 18 times, and high blood pressure facts were mentioned 19 times
 - 89.4% (84) clients stated they learned something from the infographic
 - 100% (94) clients stated that they would recommend the infographic to friends or family
 - 98.6% (73) providers stated that the infographic helped them talk about treatment options with their client

WHAT DID YOU LEARN FROM THE INFOGRAPHIC?

“That hypertension and preeclampsia are very similar in the fact that they both deal with blood pressure, but the warning signs and outcomes can be very different.”

“How serious it is to be healthy and to watch out for the [warning] signs.”

“That one needs to go immediately when any symptoms are present and not leave it till tomorrow or later, thinking that this will go away in a little while but rather that we need to go to the doctor right away because it could be some of the warning signs that put us at risk - including death.”

Data to Date

Staff Surveys

99% (73) provider respondents stated they would use the handout with other clients

99% (73) providers stated that the infographic handout helped them talk about treatment options with their client

What else would you like us to know about administering this part of the intervention with your client?

"It was very helpful; the information was very detailed and clear."

"Nothing, this was very helpful, and the client seemed to be very engaged. It was very helpful for me as well because I have high blood pressure."

"This client had hypertension with [their] second pregnancy and states [they] were glad we did a review as a reminder to pay attention to warning signs."

"The information is very important to discuss with our clients, it can actually save a life."

I recently had a telehealth visit with my community health worker. She was telling me about all the warning signs and things to look out for with hypertension and preeclampsia.

Then when I was at work, I noticed my vision going blurry and very spot like, and I began to sweat all over. I had to immediately sit down before I passed out. I contacted my doctor immediately and they explained how I needed to go to the emergency asap. I then got the care I needed.

Had I not known the warning signs from my health care worker I wouldn't have been able to recognize what was going on.



Factors for Success

Cannot demonstrate actual outcomes yet, so can't claim "success"

Factors leading to making the pilot project a standard intervention:

- Engaged frontline staff (CHWs), clinicians, administrators, RNs, etc. in pilot project development
- Recompensed clients for field-testing materials and giving feedback
- Having race and ethnicity concordant CHWs with small caseloads who develop long-term trust relationships with clients
- Providing no-cost BP cuffs and teaching their use in-home
- Frequent follow-up with clients on their action plans and BP logs
- Sufficient funding

Challenges

- Time and competing priorities for both clients and staff.
 - Prioritized CHW interventions (required vs. desirable)
 - Educate clients on risks of HTN and importance of HTN control
- Obtaining agreement among clinicians on cut-offs for HTN
 - Using ACOG recommendations
 - Created template for individualized action plans to complete w/ provider
- MIHP RNs not allowed to take BPs
 - Work-around to call it “education” and “calibrating BP cuff”
 - Working on advocacy with MDHHS to change MIHP policy

Next Steps for HTN Work

Will meet with CHWs & MIHP RNs and review data, identify what worked / didn't, make necessary changes, and proceed with implementation as a standard intervention.

Two-year MHEF grant to MSU with SB as sub-recipient to evaluate HTN initiative, expand to Flint and Detroit, and create toolkit for use by other communities / programs.

State HTN WG advocate for MIHP policy changes:

RNs allowed to take BP
during home visits

Re-Screen for HTN /
gestational HTN



THANK YOU!

Funded in part under the Health Resources and Services Administration,
Maternal and Child Health Bureau grant No. H49MC03591





Presenter Panel Discussion

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Discussion

1. What does it look like in your community?
2. What are the components of your programs?
3. Who is involved in your program?
4. What are the challenges in your program? What are future directions?

Questions

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Breakout Session 2: Challenges

All

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Questions to Consider

1. What do you think pregnant/postpartum people with hypertension in your communities struggle with the most?
2. What challenges do you feel your program faces in addressing the needs of pregnant/postpartum people?
3. How has your organization attempted to overcome or mitigate those challenges?

Sharing Our Challenges

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Take-Aways and Resources

Divya Mallampati
Kenn Harris

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Resources



If you have any resources you would like to share with other grantees, please send them to healthystart@nichq.org.

Let's Take a Pause to Digest

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What do you think about the change ideas and strategies we have discussed?

What are your reactions to the ideas generated today?

Next Steps: Themes & Ideas to Explore in the Future

TASC

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Satisfaction/Engagement Survey

Your feedback is extremely valuable and will help ensure the HS CIGNAL Projects address your needs!



CIGNAL Summary Artifact

- TASC will take the ideas generated during this CIGNAL webinar and create a summary artifact
- Document will be shared with the Healthy Start community

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Request 1:1 TA

- Our Quality Improvement Advisor, Jane Taylor can provide 1:1 TA support to help your HS project further develop and test change idea strategies
- Visit the EPIC website to submit a TA request!
 - Click the “HS EPIC Center Tab” and select “Request Technical Assistance”



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**If you have any questions, please email
the Healthy Start TA & Support Center
at healthystart@nichq.org**

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Thank you!

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