Project Goal/Outcome: To reduce the incidence of high blood pressure in African Americans in Metro Detroit to increase life expectancy.

**Socio-Economic, Political and Cultural Context**
- Chronic diseases are a major issue in the African American community.
- Positive Factors include:
  - Community Partnerships
  - Provider engagement/enrollment
  - Affordable Care Act and new insurance mandate will increase the overall utilization of hospitals for conditions that can be managed on an outpatient basis.
- Negative Factors include:
  - Lack of health insurance
  - Food deserts
  - Transportation Concerns
  - Family traditions, history
  - Joblessness, hopelessness
  - Concerns among stakeholders that education is the sole element needed for change

**Rationale**
- High blood pressure is a major issue in the community and is a contributing factor to many chronic conditions. It has a large human and financial impact on health systems, community partners, and families.
- African American's have a disproportionate rate in comparison to the community and is a contributing factor to many chronic conditions. It has a large human and financial impact on health systems, community partners, and families.
- African American’s have a disproportionate rate in comparison to the state as a whole, leading to additional comorbidities and decreased life expectancy.
- Large concern with employment status and a competent workforce.
- Limits the overall ability to thrive.
- Disparity in lifespan for African American’s.

**Stakeholders**
- Health Care Partners (hospitals, providers and clinics)
- Consumers, Governments, families
- Health department
- Insurers
- Foundations
- Communication partners
- Private community partners (UAW, National Kidney Foundation etc.)

**Pathway to Change/ Key Activities**
- A multi-level education and action approach focusing on health care providers, consumers, businesses, education partners, governments and the environment focusing on ways for African American’s to maintain an acceptable blood pressure.
- Exploring with the team alternative approaches to transform our thinking from improving health for the sub group around high blood pressure, to improving community impact and outcomes.
- Expanding our discussion from hypertension to the root causes and concerns in our community that inhibit those with disease with the ability to thrive.
- Developing a broader focus area to improve health from both a clinical and social perspective.
- Exploring additional research and data sources that focus on improving health and not just healthcare outcomes, that would affect individuals’ ability to self –manage and improve quality of life.
- Developing and integrating strategies that can achieve improvements in outcomes and life expectancy for those in Metro Detroit.
- Engaging key stakeholders in the discussion of how best to build a comprehensive approach of change.

**Leadership Learning Priorities**
- Invite and encourage innovative approaches/intervention to accelerate the translation and application of best practices and new approaches.
- Change the narrative from silo discussions on improvements in health to a shared vision of community improvement.
- Engagement of partners to advance the development of shared goals and outcomes.
- Focus on results driven strategies to improve the health of the community as a whole, not just a subset of the population.
- Getting to sustainable impact.

**Indicators of Success**
- **Output and Process Indicators**
  - By December 2013:
    - # of additional community stakeholders engaged on committee
    - % of meeting time focused on addressing expansion of intervention methods from hypertension to change in life expectancy.
    - # of new intervention approaches discussed and explored among coalition
    - # of data sources identified among partners that encompasses the entire community, not just subset of provider practices
    - Development of new shared vision of health
  - By June 30, 2018:
    - % aggregate change in blood pressure among identified subset
    - % of identified population with self-reported change in understanding of hypertension related issues
    - % of African Americans using emergency departments for essential hypertension management among the identified subset
    - % African Americans participating in self-management programs

- **Outcome Indicators**
  - By June 30, 2014
    - % aggregate change in blood pressure among identified subset
    - % of identified population with self-reported change in understanding of hypertension related issues
  - By June 30, 2018:
    - % of African Americans with essential hypertension in Michigan
    - % of African Americans with ED utilization and hospitalizations for essential hypertension in Michigan
    - % change in life expectancy