# Senior Center Blood Pressure Screening Program

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Bronx Community Health Network, Inc

## **Organization Overview**

Bronx Community Health Network (BCHN) is a non-profit, community-based organization and Federally Qualified Health Center (FQHC). BCHN was founded in 1996 with the mission of improving health, assuring access to health care, securing financial resources and promoting disease prevention and healthy lifestyles for all residents across the Bronx.

Our FQHC network includes 18 health centers, 9 community-based health centers and 9 school-based health centers, that provide primary care services to more than 100,000 patients across the Bronx.

Additionally, our community health and wellness programs assist approximately 47,000 Bronx residents a year.

## **Program Overview**

BCHN partnered with Jewish Association Serving the Aging (JASA), a non-profit agency serving older adults in New York City (NYC), to deploy community health workers (CHWs) to Bay Eden Neighborhood Senior Center in the Northeast Bronx.

The CHWs provide weekly on-site blood pressure screenings, social needs screenings and referrals, health education, and support with creating and implementing action plans to achieve healthy lifestyle goals for the members of the senior center. The program's goal is to decrease the burden of hypertension and related diseases on the community served.

## **Impacted Communities and Populations**

Program participants are 60 years and older. Most participants are Black and/or Latino and identify as women. The Bay Eden Neighborhood Senior Center is in Edenwald, a neighborhood located in the Northeast Bronx. According to the NYC Community Health Profile, most residents are Black (64%) and Latino (25%). A breakdown by age shows most residents are 25-44 years old (27%), followed by 45-64 years old (26%), and 0-17 years old (23%).

In the 2023 NYC Department of Health and Mental Hygiene (DOHMH) Epi Data Brief on the prevalence of hypertension in NYC it shows Black adults continue to experience higher prevalence and earlier onset of hypertension. This same report showed that Black adults aged 60 and older with hypertension had lower control compared with Latino and White adults in the same age group.

# **Centering the Voices of Community Members**

BCHN launched the Senior Center Blood Pressure Screening Program in 2018 in response to identified community needs, with support from the Bay Eden Senior Center.

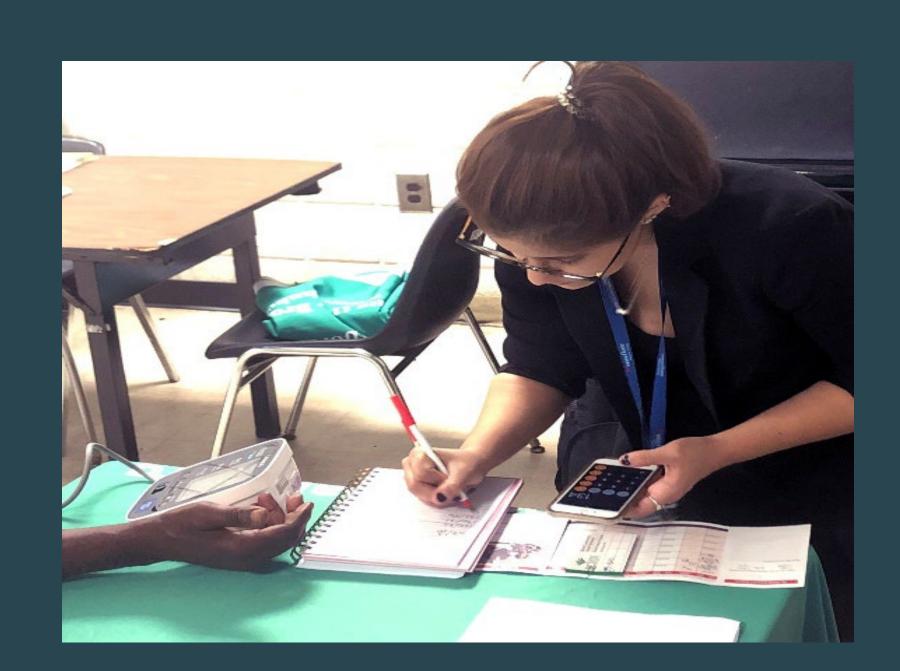
The program's success stems from the close collaboration with Bay Eden, enabling swift adaptations to participants' evolving needs. During COVID-19, BCHN transitioned the program to a remote format by providing free blood pressure monitors to participants without access. CHWs conducted follow-up calls to monitor blood pressure, which also helped combat social isolation among homebound seniors. Additionally, BCHN CHWs used the outreach van to deliver food to seniors in response to their requests.

# Opportunity for Collaboration Conjugates Contact Placed Processing Program

Senior Center Blood Pressure Screening Program

BCHN can provide guidance for those interested in implementing blood pressure screening programs at senior centers. We can also collaborate to develop tailored protocols and toolkits for establishing effective blood pressure screening initiatives for older adults.

BCHN is also exploring opportunities to expand the Senior Center Blood Pressure Screening Program to additional senior centers and community-based settings, including barbershops, salons, and faith-based organizations.









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## **Outcomes**

CHWs conducted 1,015 blood pressure screenings in 2023, reaching 99 participants. Seventy-eight percent of the screenings identified participants with abnormal blood pressure readings based on the American Heart Association blood pressure readings chart: Elevated (21%), Hypertension Stage 1 (24%), Hypertension Stage 2 (32%), or Hypertensive Crisis (1%).

CHWs also screened for social determinants of health (SDH) needs, referring participants to onsite social work staff as appropriate. CHWs supported participants in developing and implementing action plans and provided education on healthy eating and active living to prevent and manage hypertension.

### Successes

- Longer participation yielded better outcomes: 12-24 months of participation improved blood pressure control from 17% to 40%, while 48+ months achieved 43%.
- Collaboration between CHWs and Bay Eden case workers was critical for connecting participants to primary care providers (PCPs) and addressing health insurance challenges.

## Challenges or Lessons Learned

- Few participants (7) developed action plans. Increasing adoption could enhance outcomes.
- Integration into a primary care or hospital setting with robust EHR would improve care coordination.
- Scaling requires additional staff and funding.



# **Operationalizing Our Program**

The program is administered by two CHWs and supported by Bay Eden and additional BCHN staff. A CHW Supervisor, Assistant Director and Data Analyst from BCHN help identify and address program successes and challenges. Bay Eden staff work closely with BCHN CHWs to support appropriate referrals for social services. Data for the program is collected and monitored in REDCap.

BCHN CHWs implement the BCHN blood pressure screening protocol that is reviewed and updated regularly using the latest recommendations from the American Heart Association (AHA) and materials and trainings from NYC DOHMH. CHWs also participate in annual refresher trainings on blood pressure monitoring led by national and local organizations. In addition to blood pressure monitoring training, the CHWs are trained to support their members in addressing various healthcare and SDH needs.

In 2024, BCHN partnered with the Arthur Ashe Institute for Urban Health (AAIUH) to provide specialized training to BCHN Programs team. The training emphasized effective strategies for implementing health programs in barbershops and salons—trusted community spaces where health education and screenings can have a meaningful impact. BCHN continues to apply the insights and best practices developed with AAIUH to refine and expand its hypertension programming.