



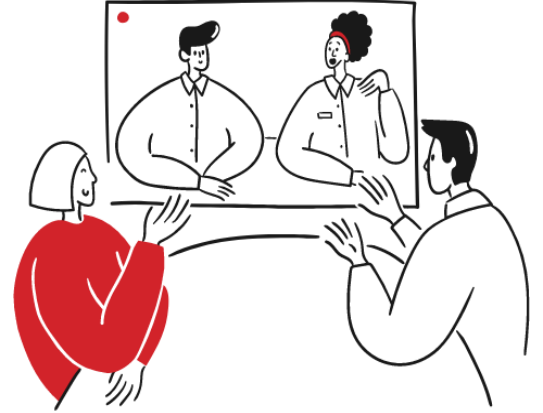
Leveraging Cross-sector Partnerships to Advance Blood Pressure Control

March 16, 2026



Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please change your name to your full First and Last Name**
- **Please add your Health Center/Organization Name next to your name!**



Speakers



Joseph Ravenell, MD, MS

Professor of Population Health and Medicine

Associate Dean for Professional Development

New York University Grossman School of Medicine



Mr Adisa Mangin

**Master Barber and Staten Island
Community Advisory Council Co-chair**





LEVERAGING CROSS-SECTOR PARTNERSHIPS TO ADVANCE BLOOD PRESSURE CONTROL

Joseph Ravenell, MD, MS

Professor of Population Health and Medicine

Associate Dean for Professional Development

New York University Grossman School of Medicine



What does high-quality, accessible care for all patients look like at your health center?



menti.com
3964 9713

0 of 12 responded



Mentimeter

Menti

3/16/2026 Webinar



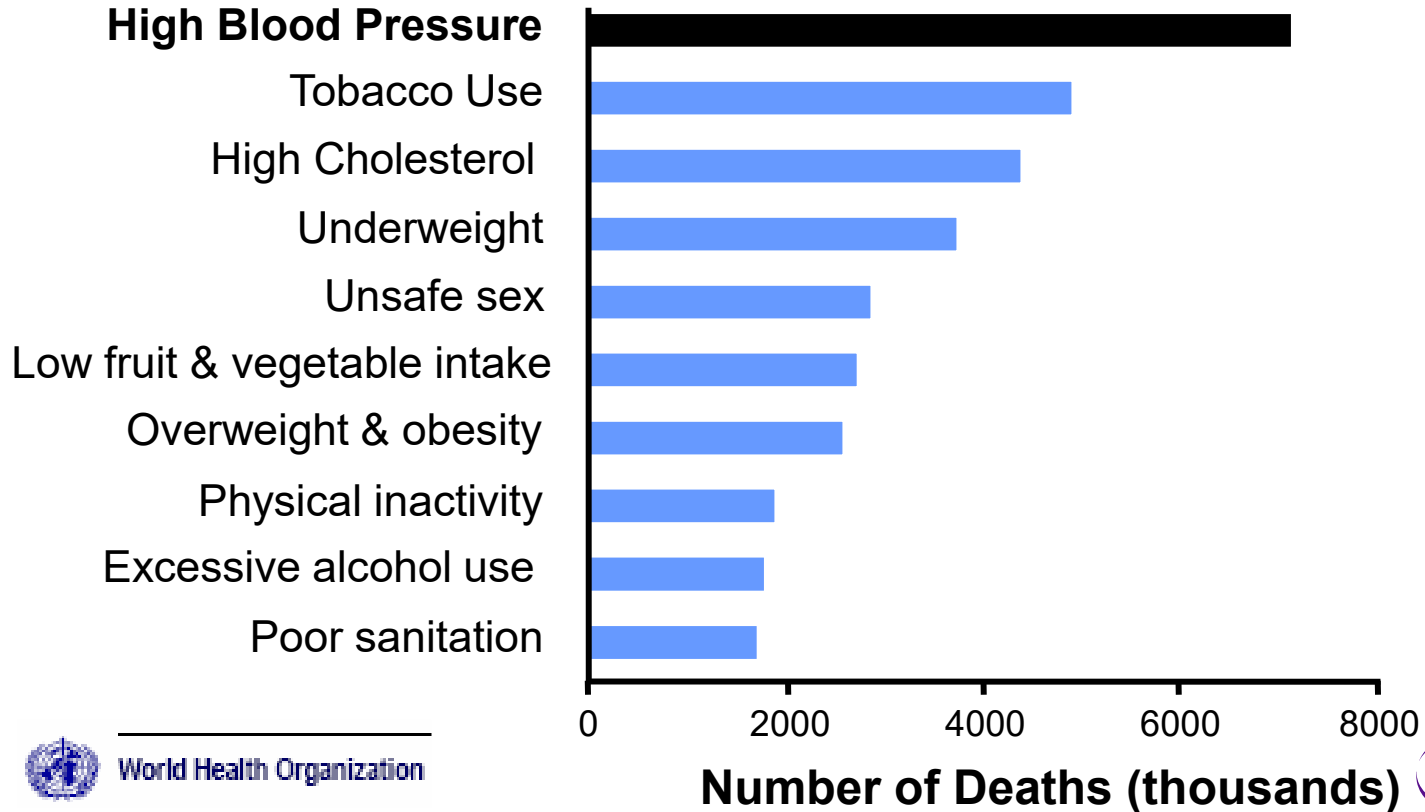
Choose a slide to present

What does high-quality, accessible care for all patients look like at your health center?

What are the major barriers to achieving hypertension control?

What are some ways to engage patients in managing blood pressure outside of the clinical setting?

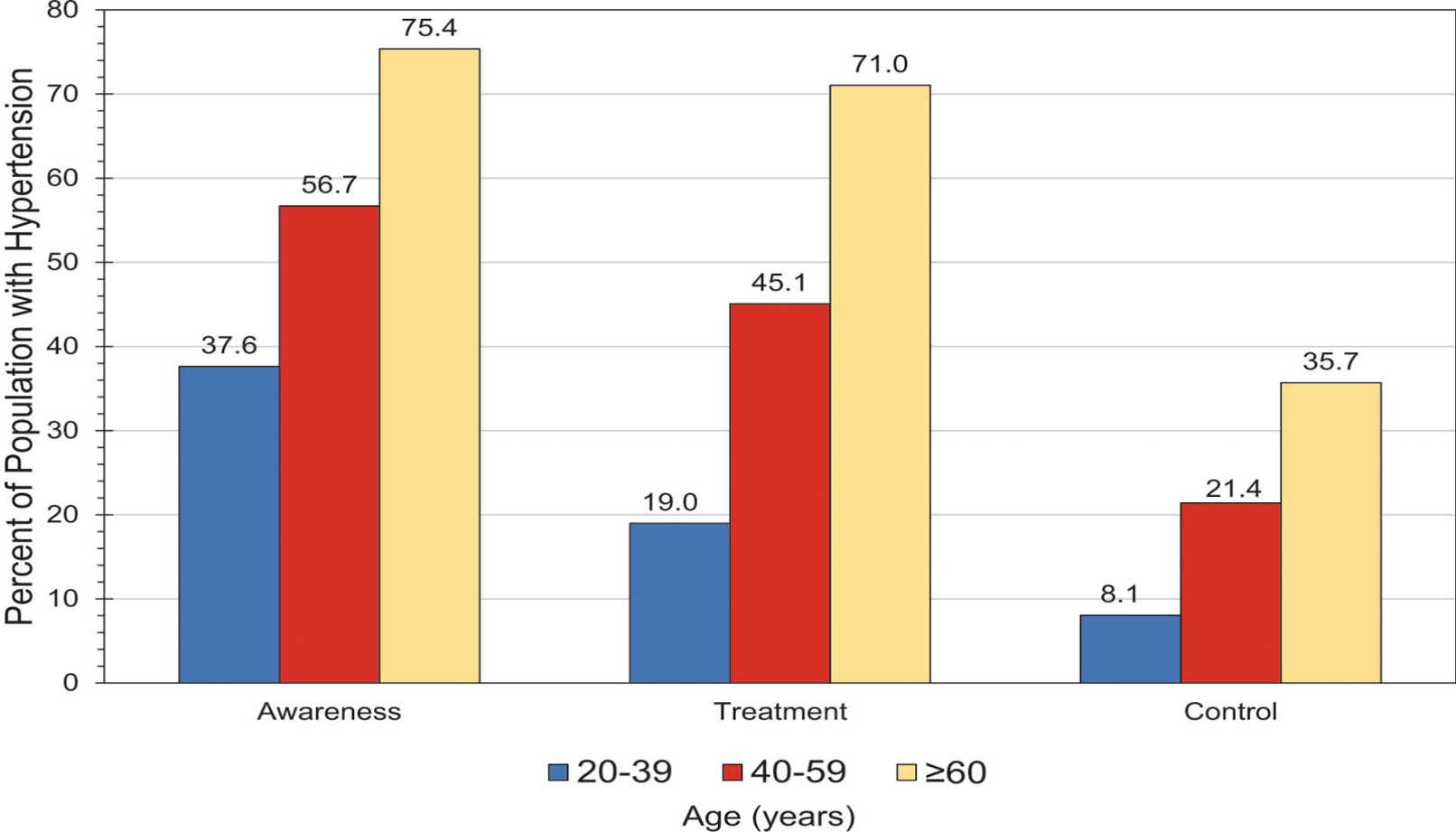
Preventable Causes of Death Worldwide



World Health Organization



Awareness, Treatment and Control



What are the major barriers to achieving hypertension control?

not regular monitoring
medication adherence
no shows
men libido
poor nutrition
time for physical activit
afordability
food insecurity
insurance coverage
no-show rates
other priorities

Mentimeter



menti.com
3964 9713

11 of 11 responded



CT

Menti

3/16/2026 Webinar



Select which slide to add



New Hypertension Guidelines

Circulation

CURRENT ISSUE | ARCHIVE |

REVIEW ARTICLE | Originally Published 14 August 2025 |  

 Check for updates

2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/A GS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

Writing Committee Members, Daniel W. Jones, MD, FAHA, Chair, Keith C. Ferdinand, MD, FACC, FAHA, FASPC, Vice Chair, Sandra J. Taler, MD, FAHA, Vice Chair, Heather M. Johnson, MD, MS, FAHA, FACC, FASPC, JC Liaison, Daichi Shimbo, MD, JC Liaison, Marwah Abdalla, MD, MPH, FAHA, FACC, ... [SHOW ALL ...](#), and Jeff D. Williamson, MD, MHS, AGSF | [AUTHOR INFO & AFFILIATIONS](#)

Definition and Classification of Blood Pressure

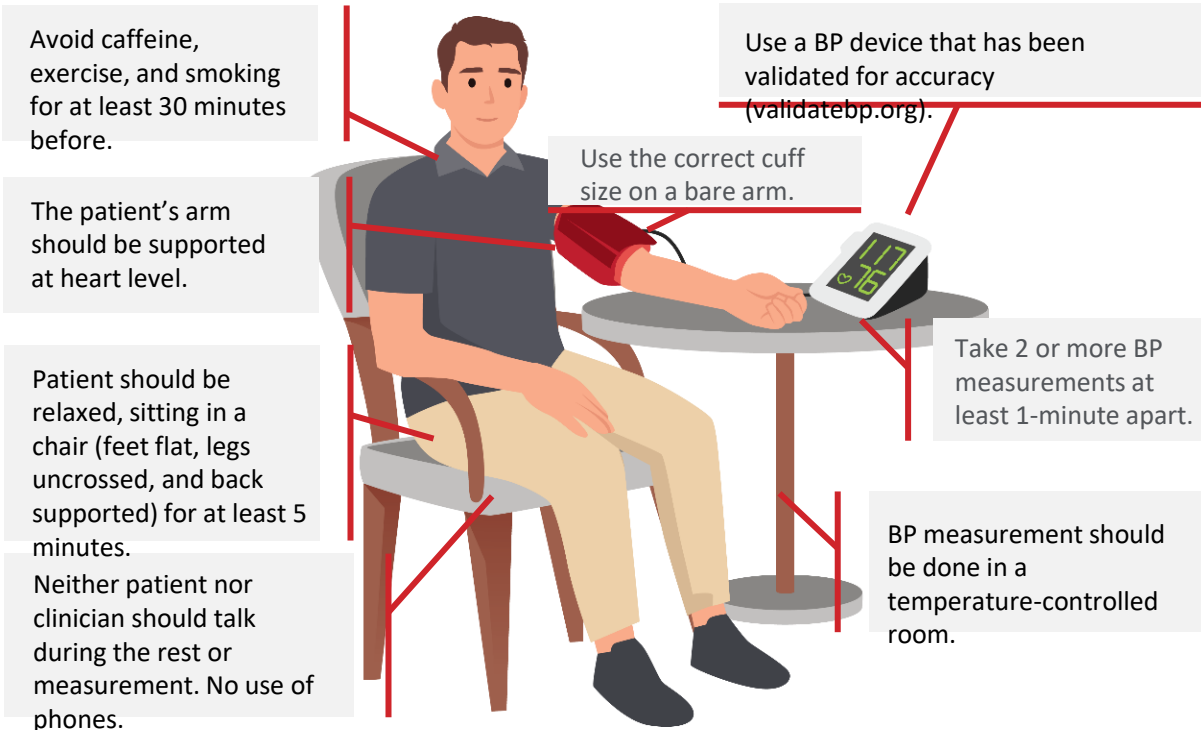
Blood Pressure Category	SBP		DBP
Normal	< 120 mmHg	and	< 80 mmHg
Elevated	120 to 129 mmHg	and	< 80 mmHg
Hypertension			
Stage 1 Hypertension	130 to 139 mmHg	or	80 to 89 mmHg
Stage 2 Hypertension	≥ 140 mmHg	or	≥ 90 mmHg

COR	RECOMMENDATIONS
1	In adults, BP should be categorized as normal, elevated, or stage 1 or stage 2 hypertension to prevent and treat high BP.



Abbreviations: BP indicates blood pressure; DBP, diastolic blood pressure; and SBP, systolic blood pressure.

Best Practices for Accurate In-Office Blood Pressure Measurement





COR	RECOMMENDATIONS
1	When diagnosing and managing high BP in adults, standardized methods are recommended for the accurate measurement and documentation of in-office BP.
2a	When measuring in-office BP in adults, it is reasonable to use the oscillometric method with an automated device over the auscultatory method.



Abbreviation: BP indicates blood pressure.

Jones, D.W., et al. (2025). 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults. *Circulation*.

Plan of Care for Adults with Uncontrolled HTN

COR	RECOMMENDATIONS
1	 Team-based care approach is recommended.
1	 An integrated treatment model that includes accurate BP measurement, prompt treatment, patient engagement, and ongoing review of HBPM is recommended to improve BP control.

Remaining Evidence Gaps



Ways to improve screening and implementation strategies for BP control

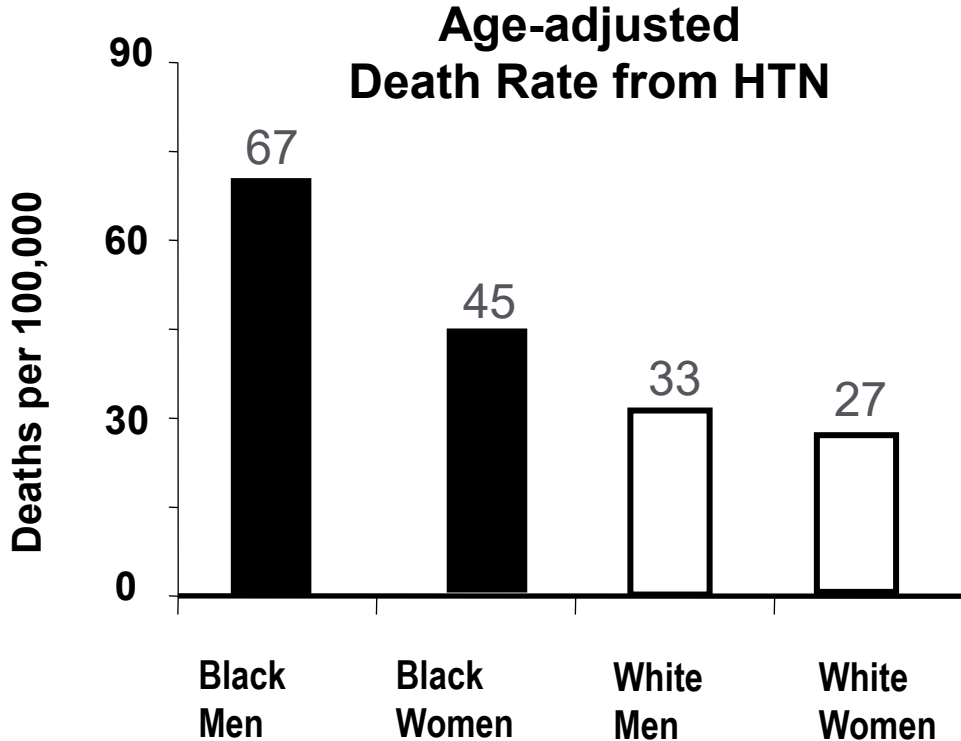


Understand intersection of BP in patient populations and factors that impact hypertension outcomes

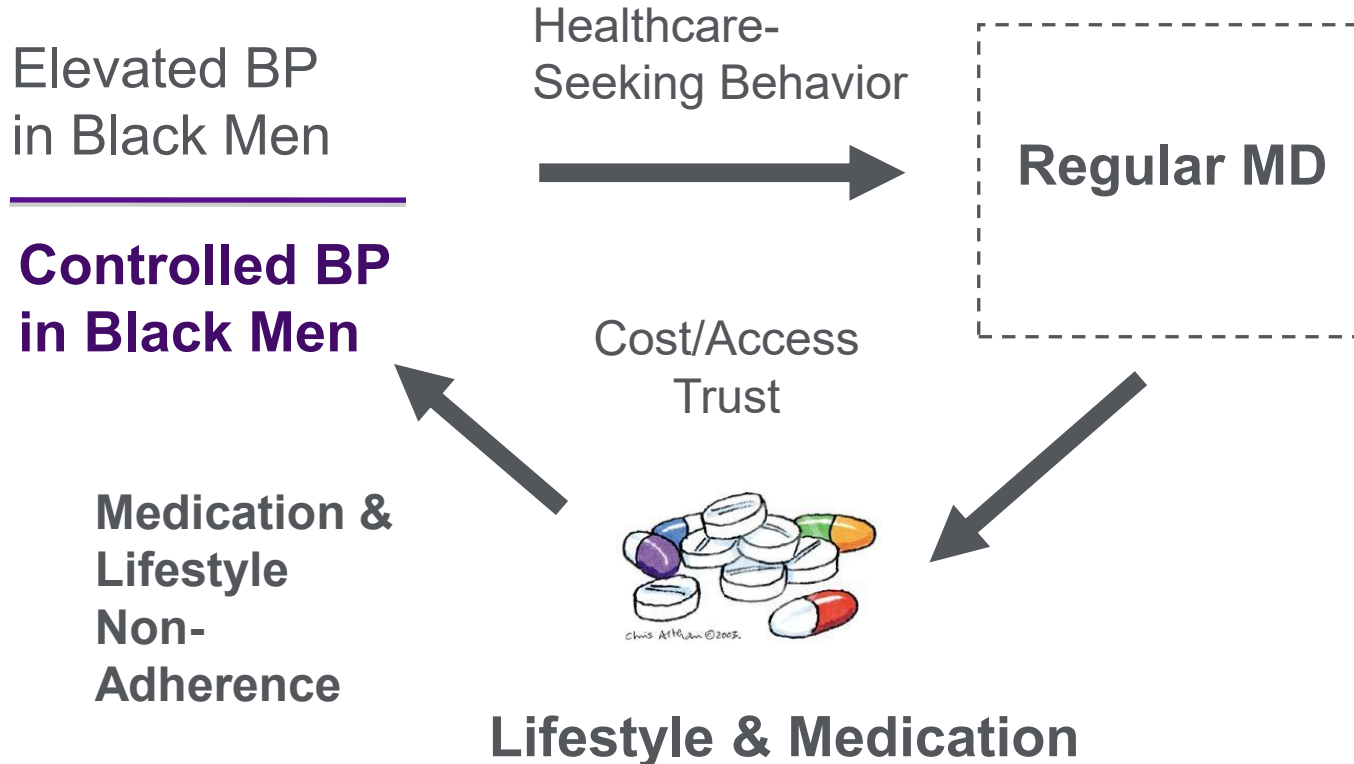


Identify alternative and accurate methods to measure BP

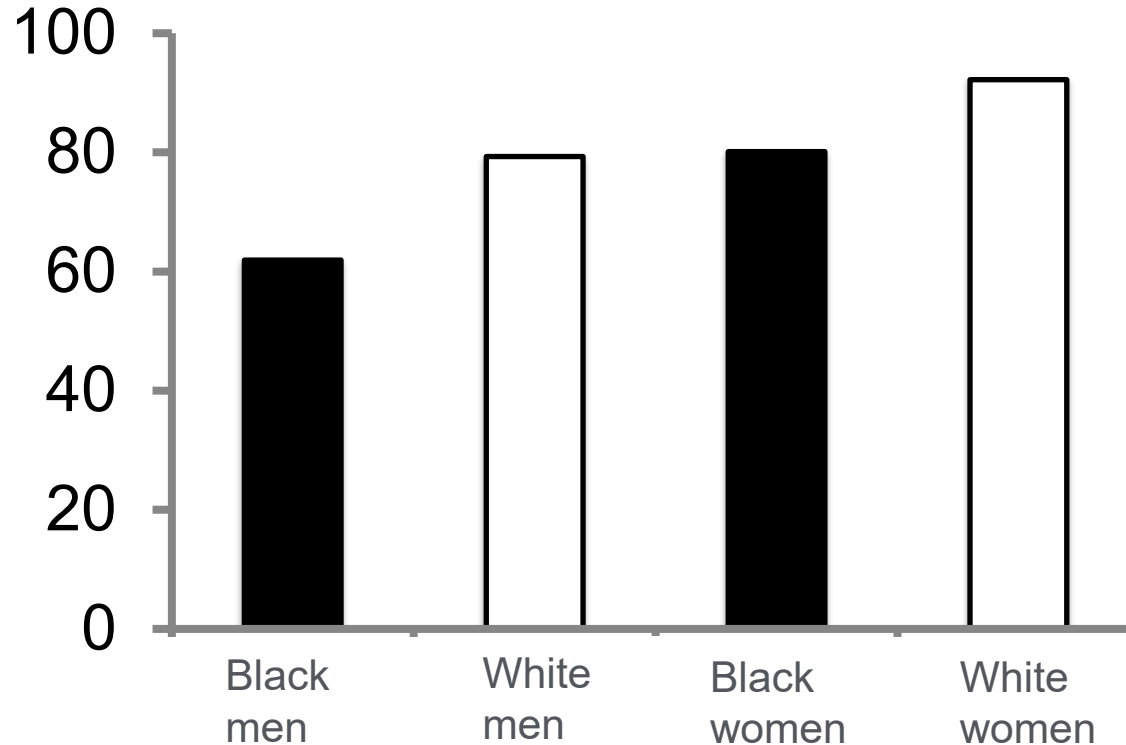
Excessive CV Mortality from Hypertension in Black Men



Barriers to HTN Prevention and Control



Black Men Are Less Likely to Have a Primary Care Provider



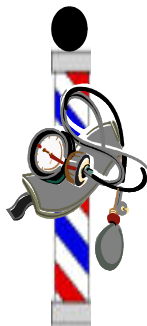
Arch Intern Med. 2008;168(12):1285-1293

How Can We Reach Black Men? The Barbershop: A Cultural Institution



Barbershops as Hypertension Detection, Referral, and Follow-Up Centers for Black Men

Step 1. Barber measures blood pressure at each haircut visit



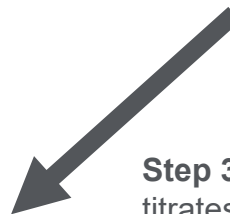
Regular Barber



Step 2. Barber refers hypertensive customers for medical care



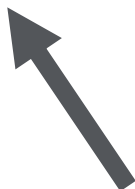
Regular MD



Step 3. MD initiates and titrates therapy based on barbershop and office BP readings

Step 4. Barber helps to monitor effectiveness of therapy and encourages medication adherence

Therapy





Attorney is Guilty of having High Blood Pressure

My name is Mr. B. I am a 35 year old Attorney. I came in to get my haircut and George took my blood pressure. My pressure today was high, so George advised me to see a doctor, even though I felt fine. Now that I have evidence that my pressure is high, I'm going to make the time to find a doctor so I can have a good defense against high blood pressure, the silent killer!

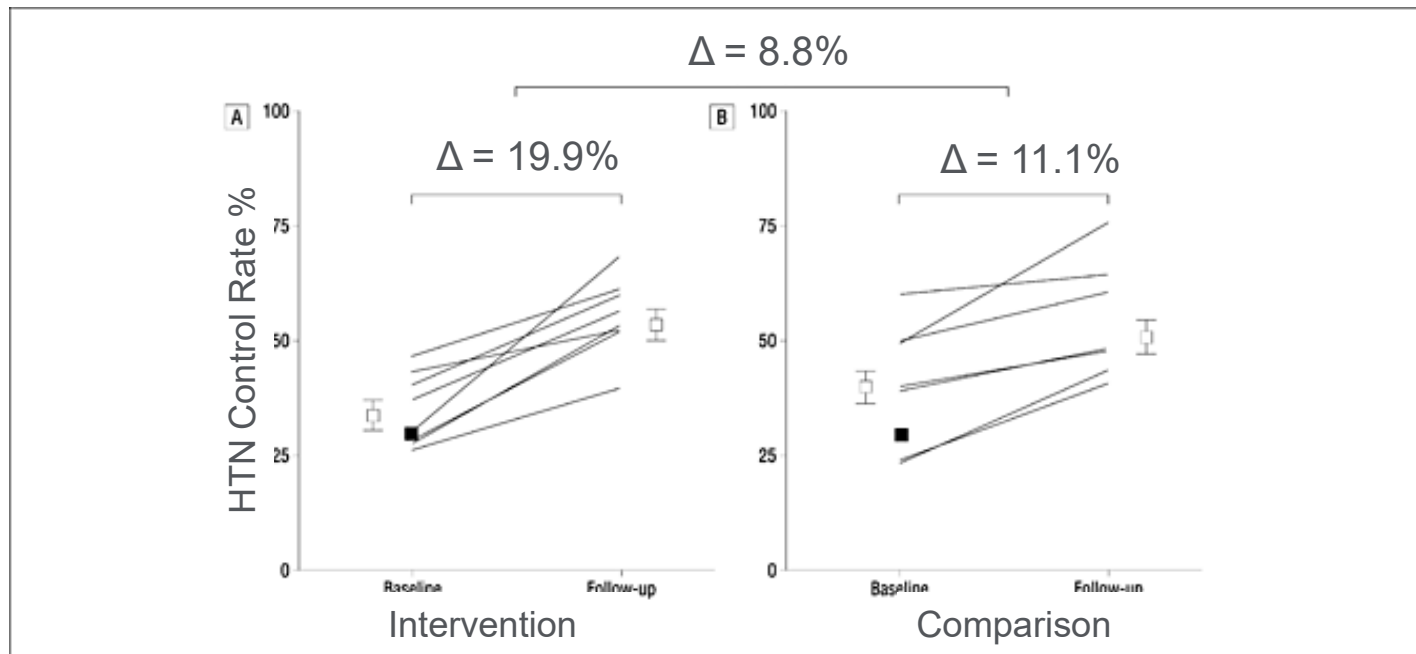


ONLINE FIRST

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; David Leonard, PhD; Deepa G. Bhat, ME; Moiz Shafiq, MD; Patricia Knowles; Joy S. Storm, BS; Emily Adhikari, BA; Kirsten Bibbins-Domingo, PhD, MD, MAS; Pamela G. Coxson, PhD; Mark J. Pletcher, MD, MPH; Peter Hannan, MStat; Robert W. Haley, MD



The NYU Men's Health Initiative

[About](#) [Press](#) [Links](#) [Contact](#)

Men's Health Initiative

2 PROJECTS, 1 GOAL.



[Projects](#)

[Facts](#)

[Schedule](#)

[Partnerships](#)

[Get Involved](#)

[Photos](#)

[Newsletter](#)



BARBERSHOP

[Know more about the study](#)

ARE YOU A...

BARBERSHOP

Looking for more information about how to get involved with the study

CHURCH OR MOSQUE REP.

Learn how to get your community involved with the study.

BLACK MAN AGED 50+

Find out where to go to participate in the study.



MAP OF SITE LOCATIONS

-  Barbershop
-  Church Site
-  Social Services Organization
-  Mosque
-  Food Pantry/ Soup Kitchen
-  Community Health Fair/Festival



CHARACTERISTICS OF UNSCREENED MEN

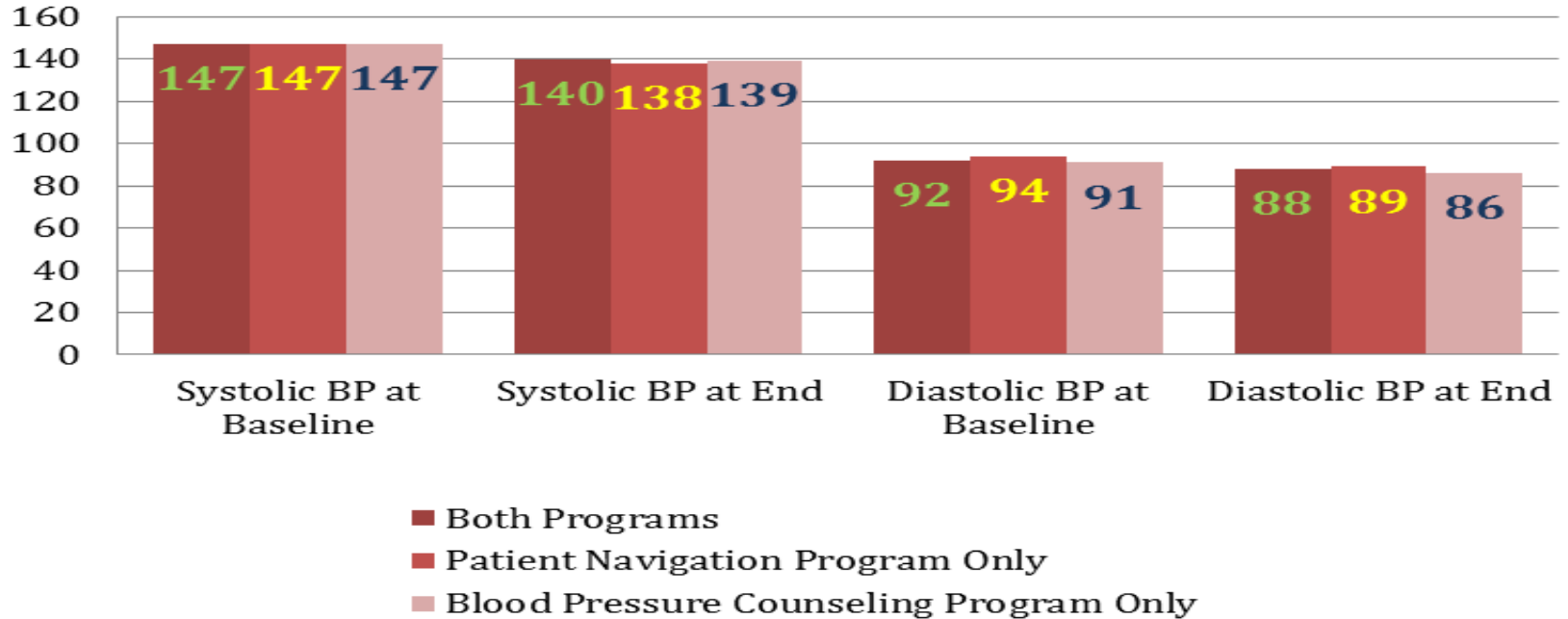
Demographics	Mister B
Age (Mean in years)	55.1
Highest Grade or Year of School	
Less than HS	29.4
HS Grad or GED	40.3
Some college or more	30.3
Born in the United States	72.5
Generally speaks English at home	90.9
Marital Status	
Married or living with a partner	25.2
Divorced	17.9
Widowed	6.7
Separated	10.4
Never Married	39.6

CHARACTERISTICS OF UNSCREENED MEN

Demographics	Mister B
Employment	
Employed for wages	21.1
Out of work less than 1 year	10.8
Out of work for 1 year or longer	34.8
Retired	12.1
Unable to work	11.5
Annual household income (sd)	17,003 (18,883)
Currently uses tobacco products	45.1

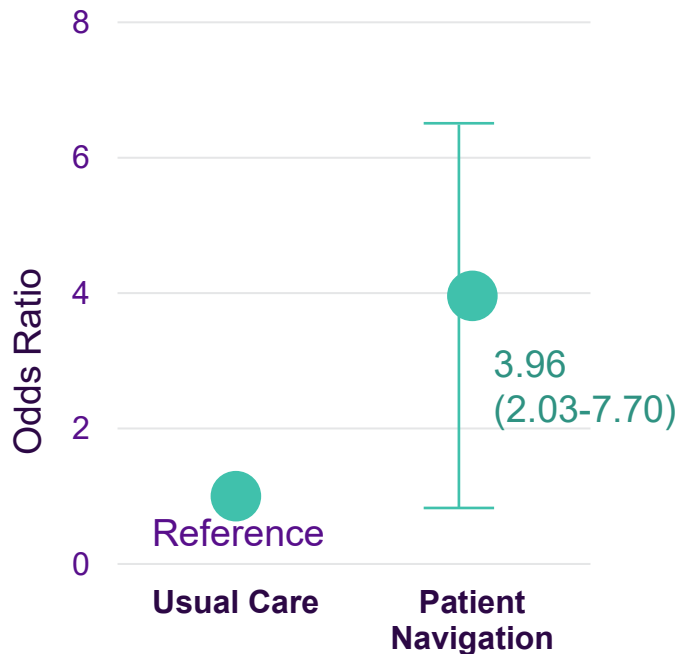
Blood Pressure at 6 Months

Average Blood Pressure Measurements by Program Received



Barbershop Model for CRC Prevention

Improved CRC screening in Black men
by patient navigation intervention

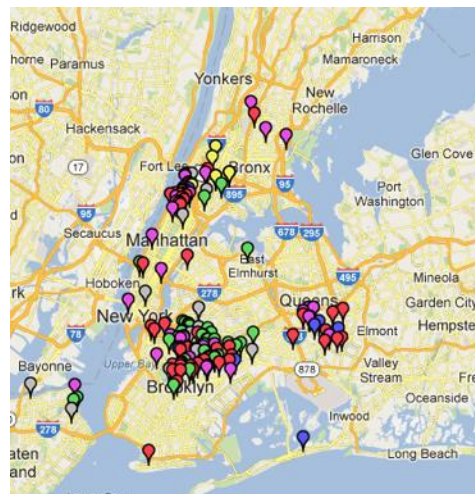


Funded: NIH/NIMHD 5P60MD003421-05; CDC U48DP002671-03

AJPH
A PUBLICATION OF THE
AMERICAN PUBLIC HEALTH ASSOCIATION

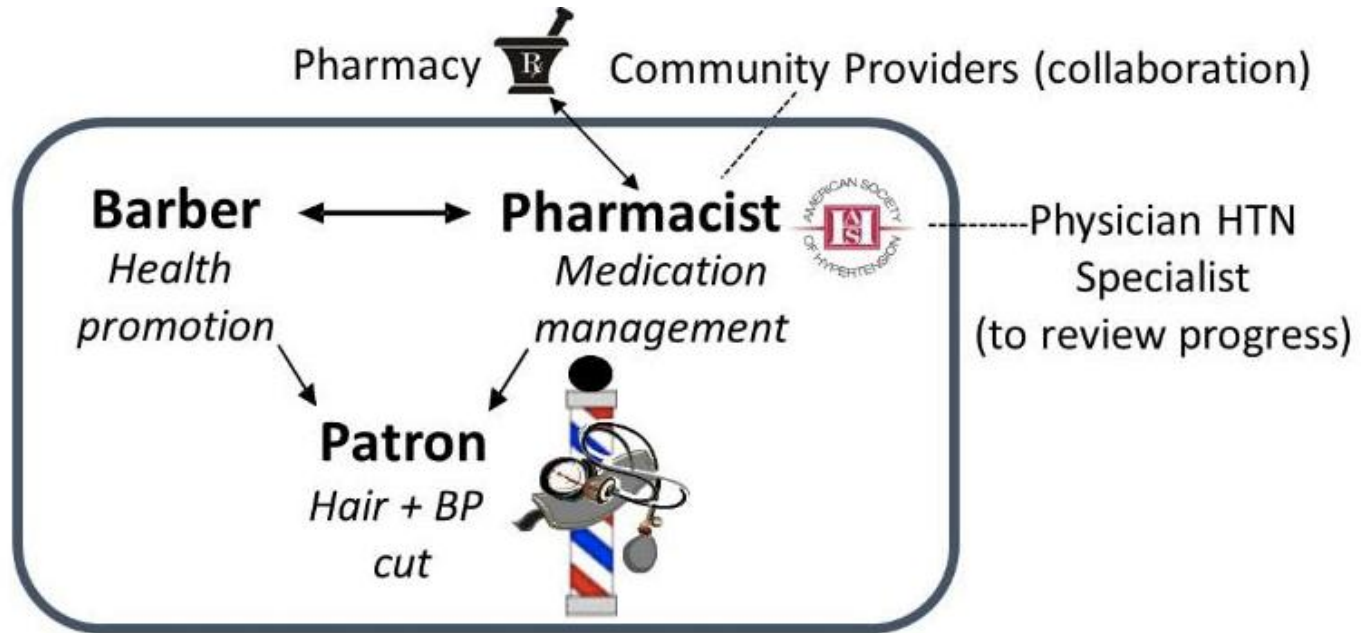
Community-Based, Preclinical Patient Navigation for Colorectal Cancer Screening Among Older Black Men Recruited From Barbershops: The MISTER B Trial, *AJPH, September 2017*

Helen Cole DrPH, Hayley S. Thompson PhD, Marilyn White MD, Ruth Browne PhD, Chau Trinh-Shevrin DrPH, Scott Braithwaite MD, MS, Kevin Fiscella MD, MPH, Carla Boutin-Foster MD, MS, and Joseph Ravenell MD, MS



- Barbershop
- Church Site
- Social Services Org
- Mosque
- Food Pantry/Soup Kitchen
- Community Health Fair/Festival

New Conceptual Model of BP Reduction in Black Barbershops (Ron Victor)



Aim- to develop an effective intervention which links health promotion by barbers to drug therapy by pharmacists, and evaluate efficacy in a cluster RCT.

Randomized black male patrons with uncontrolled HTN by barbershop

Intervention Group

- Barbers promoted follow up w/ specialty-trained pharmacists.
- Pharmacists met patrons monthly at the barbershops:
 - Checked BP
 - Prescribed medications (collaborative practice)
 - Monitored electrolytes
 - Sent progress notes to PCPs

Control Group

- Barbers promoted:
 - follow up w/ PCPs
 - lifestyle modification

Primary Outcome:

Δ systolic BP at 6 months



Intervention Group Medication Protocol

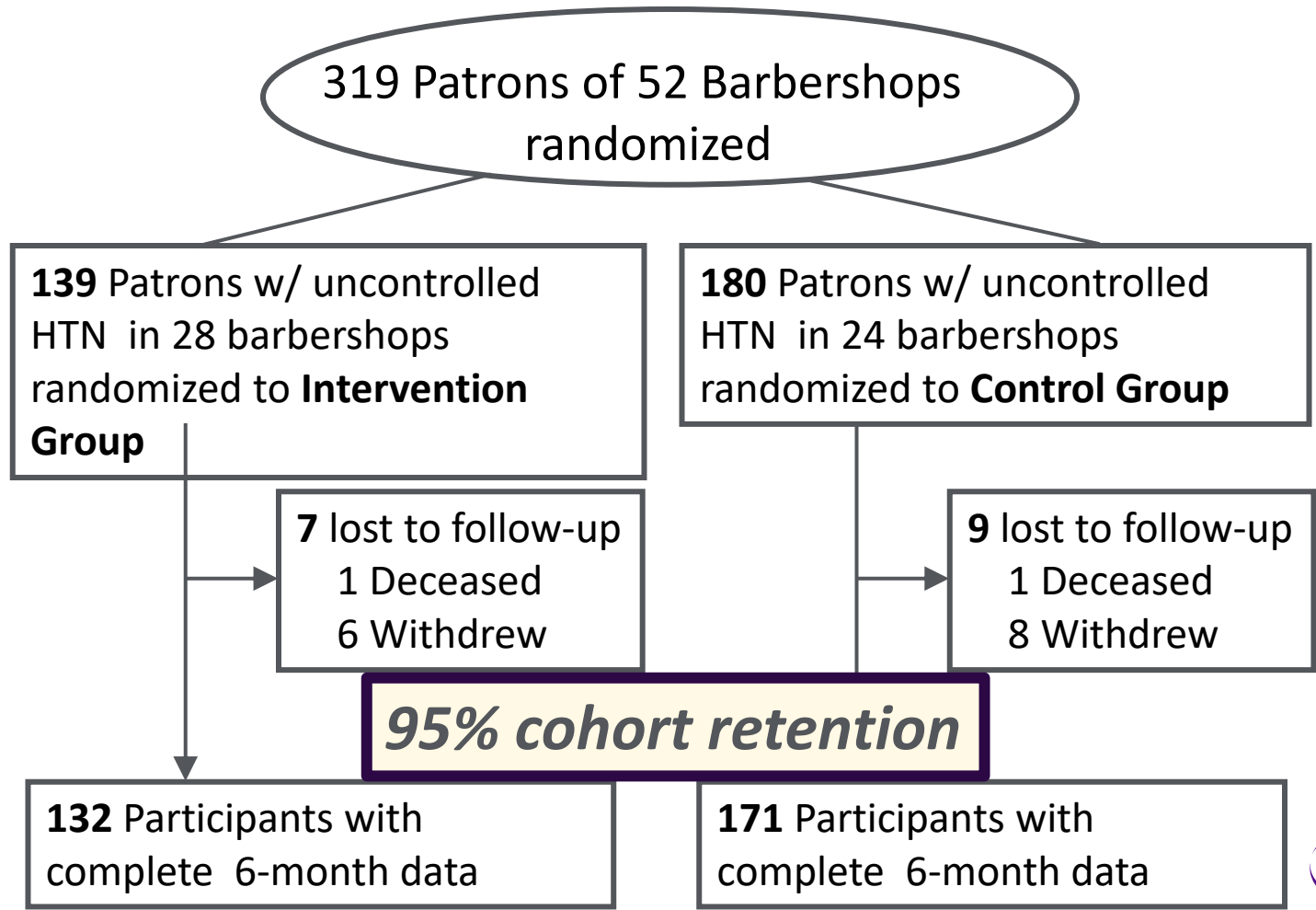
**Goal: in-barbershop BP < 130/80
mmHg
= new 2017 ACC/AHA/ASH guidelines**

- Step 1.** CCB *plus* ARB or ACEI
- amlodine *plus* irbesartan
- Step 2.** *add* thiazide-type diuretic
- indapamide
- Step 3.** *add* aldosterone antagonist
- spironolactone



**Plasma electrolytes
at the point of care**





Primary Outcome: Systolic BP

	Intervention N = 132	Control N =171	Intervention Effect	
			Group Difference* (95% CI)	p- value*
Systolic BP, mmHg				
Baseline	152.8	154.6		
6-months	125.8	145.4		
Change	-27.0	-9.3	-21.6 (-14.7 to -28.4)	<0.001

*Mixed linear effects model, with random intercepts for clusters, and adjusted for baseline BP, routine doctor, and high cholesterol. Drop outs were considered occur at random.

Conclusions

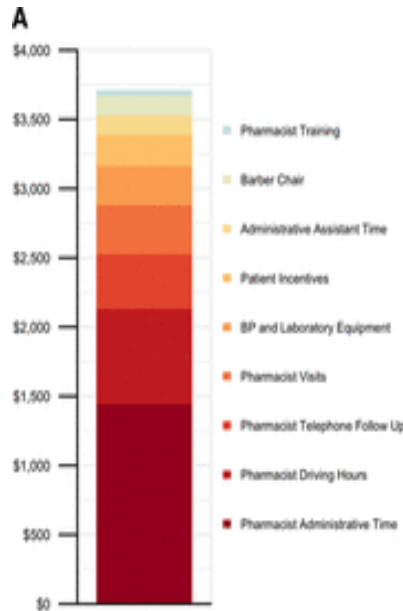
- Medication management delivered in barbershops by specialty-trained pharmacists, as compared with standard management, resulted in much larger BP reductions in patrons of those shops who had hypertension.
- Because hypertensive black men often have many CVD risk factors, marked reductions in BP—if sustained using our approach and then initiated widely—might reduce high HTN-related disability & death among black men in the United States.

Key findings from health economic/scale-up analyses of LA Barber

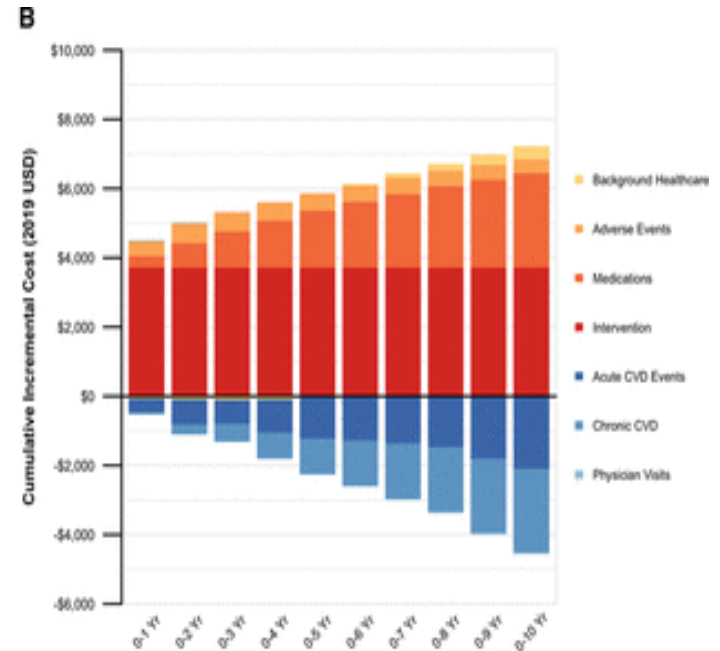
At national scale, a pharmacist-barber intervention could reach a **third of all Black men with hypertension**

40% of major cardiovascular events could be averted in these men

Payors should be willing to pay **\$1440 per patient-year** enrolled in the program.



Intervention Costs



Cumulative Years



Bryant K et al., Circulation 2021
Kazi D et al., Circulation 2021



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

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

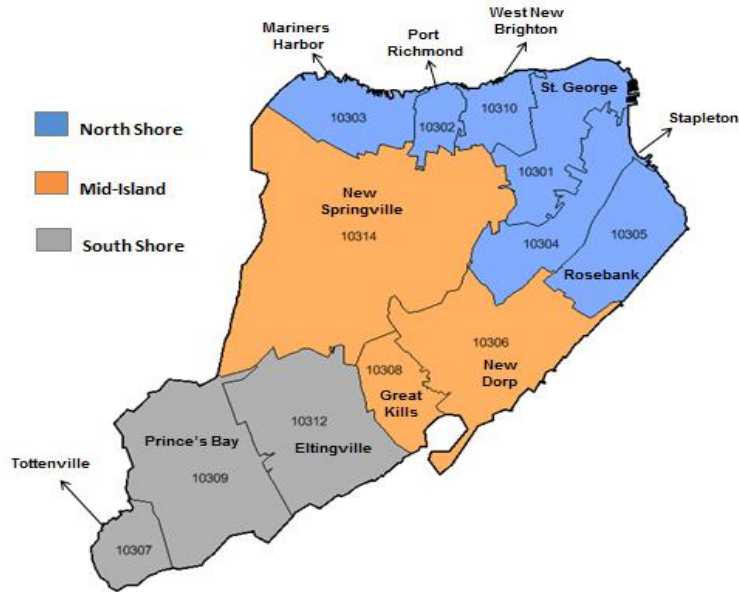
Ronald G. Victor, M.D., Kathleen Lynch, Pharm.D., Ning Li, Ph.D.,
Ciantel Blyler, Pharm.D., Eric Muhammad, B.A., Joel Handler, M.D.,
Jeffrey Brettler, M.D., Mohamad Rashid, M.B., Ch.B., Brent Hsu, B.S.,
Davontae Foxx-Drew, B.A., Norma Moy, B.A., Anthony E. Reid, M.D.,*
and Robert M. Elashoff, Ph.D.

Keys to Success for Barbershop-based Approaches

- Close the community-to-clinic loop
- Multi-level buy-in and team-based approach
- Community-centered and addresses non-medical needs

How do we translate these findings to real world implementation?

Addressing HTN Control in Staten Island



Staten Island (SI) is one of five NYC boroughs with rich socioeconomic variation. About 10% of the 475,000 people in SI are Black. Nearly 90% of all Black residents live in one of the zip codes comprising the “North Shore”, which has the highest prevalence of HTN on SI. *Source: SI*

PPS & NYC DOHMH

Staten Island (SI) Zip Codes. Blues denotes the North Shore zip codes, which has the highest HTN prevalence in SI, and where nearly 90% of Black SI residents.

Take the Pressure Off - Staten Island Barbershop Initiative (TPO-SI)

- **What is it?**

- A one-year demonstration program to increase awareness and treatment of hypertension patterned after successful barbershop-based blood pressure programs for black men with high blood pressure

- **What are the key goals?**

- *The goals of this initiative align with the three goals of TPO, NYC!*
 - Increase hypertension awareness among 1,000 customers who frequent Black barbershops on Staten Island
 - Promote heart-healthy behaviors among customers who frequent Black barbershops on Staten Island
 - Increase primary care linkage among customers identified as having high blood pressure

To facilitate these goals, we will create a network of community and clinical partners

Barbershops as Detection, Referral, and Follow-Up Centers for Hypertension and Non-Medical Needs

Step 1. Navigator measures blood pressure at each haircut visit and screens for non-medical needs



Regular Barber

Social services



Primary Care

Step 2. Navigator refers hypertensive customers for medical care and social services to address non-medical needs as needed

MCO

Step 3. Provider initiates and titrates therapy based on barbershop and office BP readings

Pharmacies

Social services

Therapy

 = Facilitators

Take the Pressure Off Staten Island: Barbershop



TPO SI is a program offered through a collaboration of Borough President James Oddo, the City Health Department and Dr. Joseph Ravenell along with community partners. The goal is to increase awareness and treatment of high blood pressure in black men in our community and help connect them to various resources.

KICK OFF EVENT

to launch the year long initiative

AUG 8TH FROM 12 NOON TO 4 P.M.

For your safety, masks must be worn. Social distancing will be strictly adhered to at all times.

WHERE:

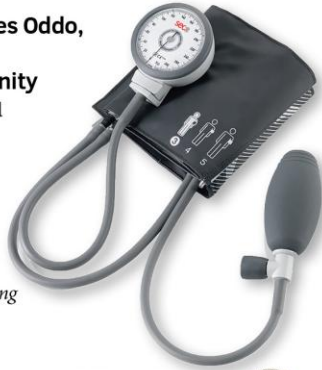
AGAINST DA GRAIN BARBERSHOP -

206 Bay Street, Staten Island, NY 10301

Blood pressure screening and education at the event

COVID testing to be provided by New York City Health & Hospitals

*Saving Black Lives,
One Haircut at a Time*



NYC

NYU Langone Health

COMMUNITY HEALTH ACTION OF STATEN ISLAND
A PARTNER OF BARBERSHOP



Take the Pressure Off
Staten Island
“On the Go”
with
Community Health Action
of Staten Island
(CHASI)



TPO-SI: August 2020 through July 2021

Total # Of Individuals Who Received Outreach/Education: **2958**

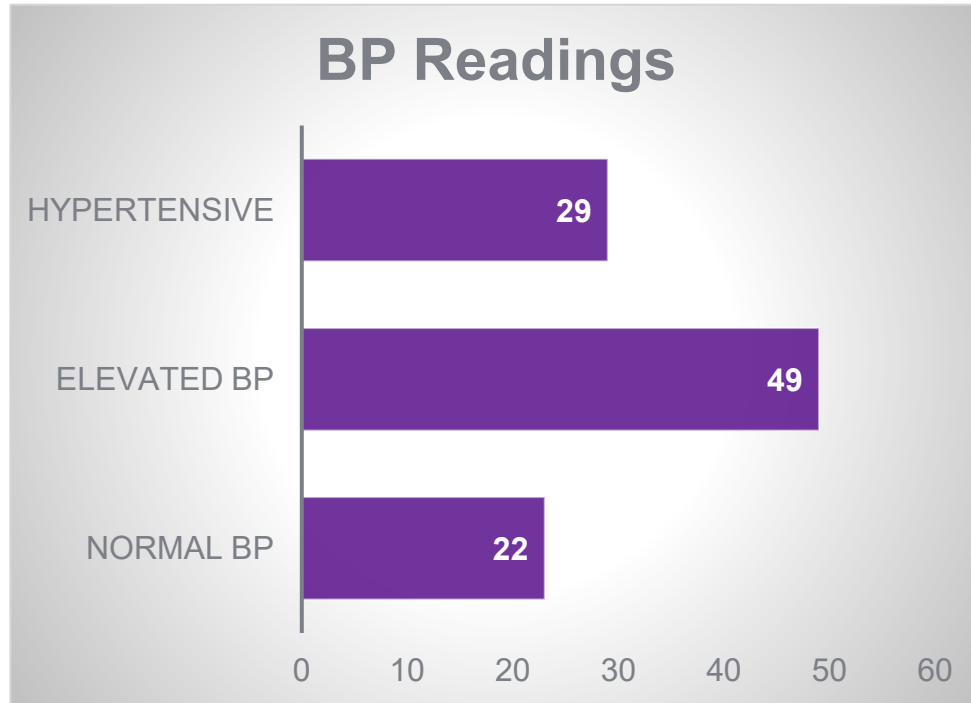
Total Readings: **1277**

Elevated Readings: **799**

Clients With Previous Diagnosis Of Hypertension: **480**

Total # Of Consents to Ongoing Engagement: **763**

BP Readings With AHA Guidelines



Levels

- Normal BP <120/<80
- Elevated BP 120-129/ <80
- Hypertensive 130-139/ 80-89

Overall

- 85% Had Health Insurance
- 55% Did Not Have A Primary Care Physician



What are the major barriers to achieving hypertension control?

not regular monitoring
medication adherence
no shows
men libido affordability no-show rates
poor nutrition food insecurity other priorities
insurance coverage
time for physical activit



menti.com
3964 9713

11 of 11 responded



Menti

3/16/2026 Webinar



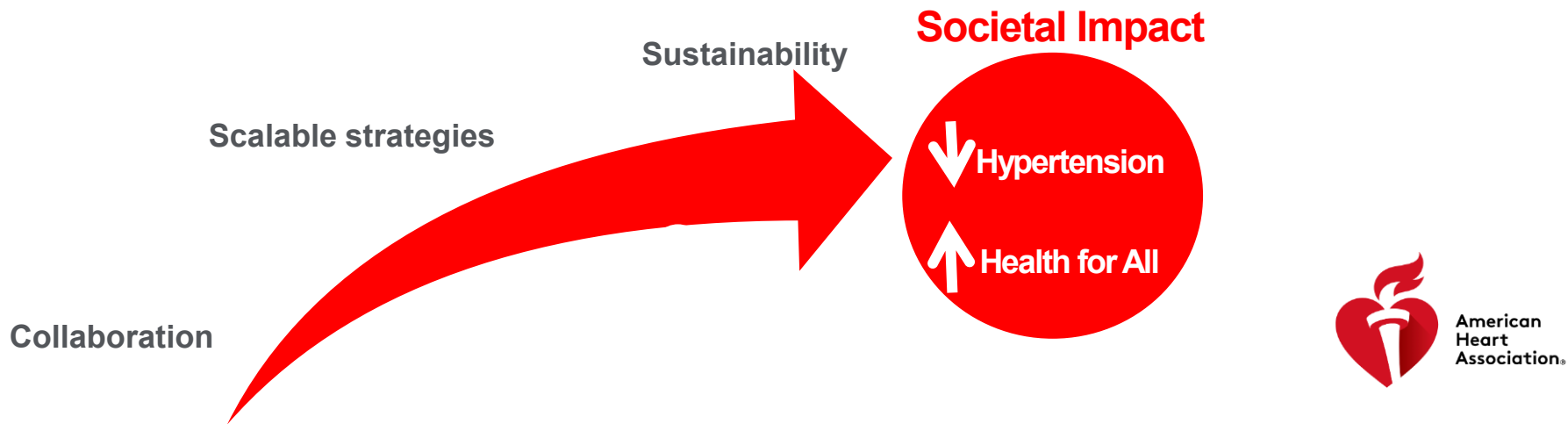
Select which slide to add



RESTORE

N E T W O R K

Advancing the American Heart Association Mission
Through Translation and Implementation

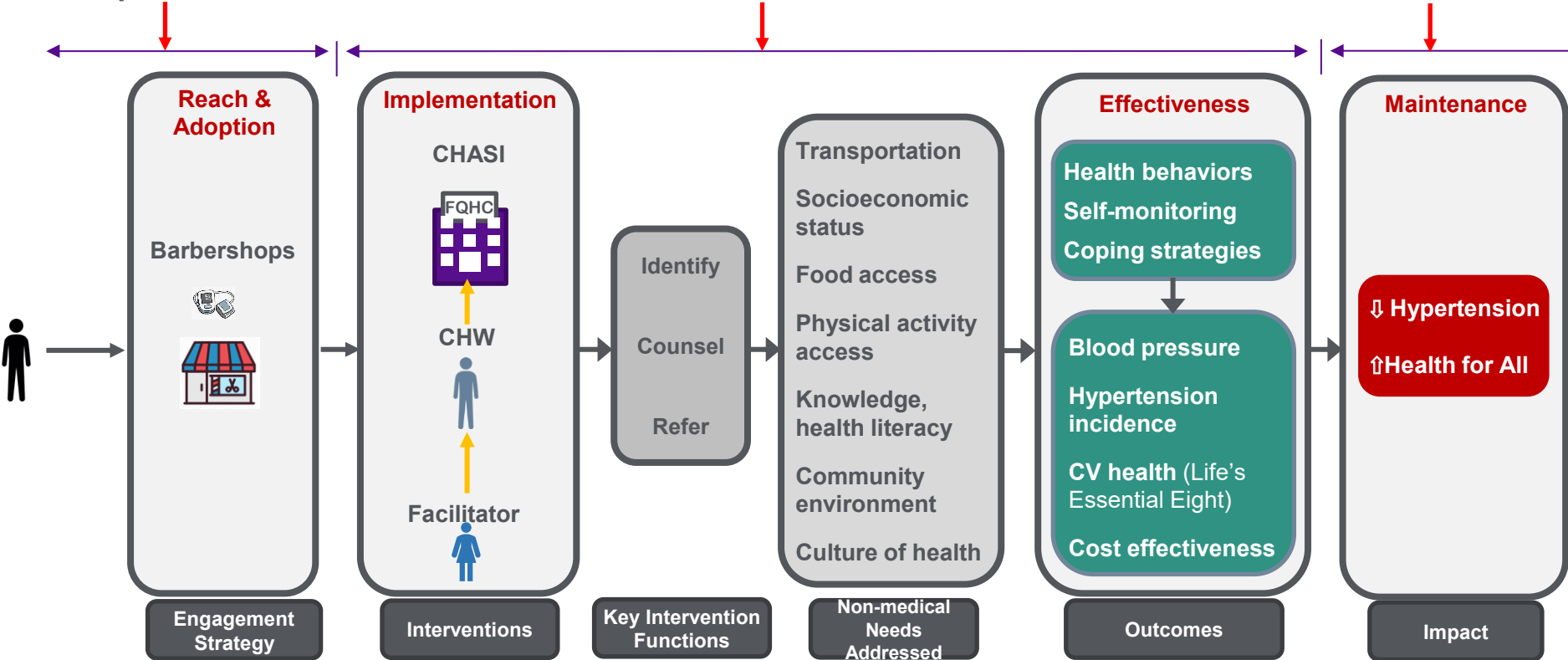


Community-to-Clinic Linkage Implementation Program to Control Hypertension in Barbershops

Pre-implementation Phase

Implementation Phase

Post-implementation Phase



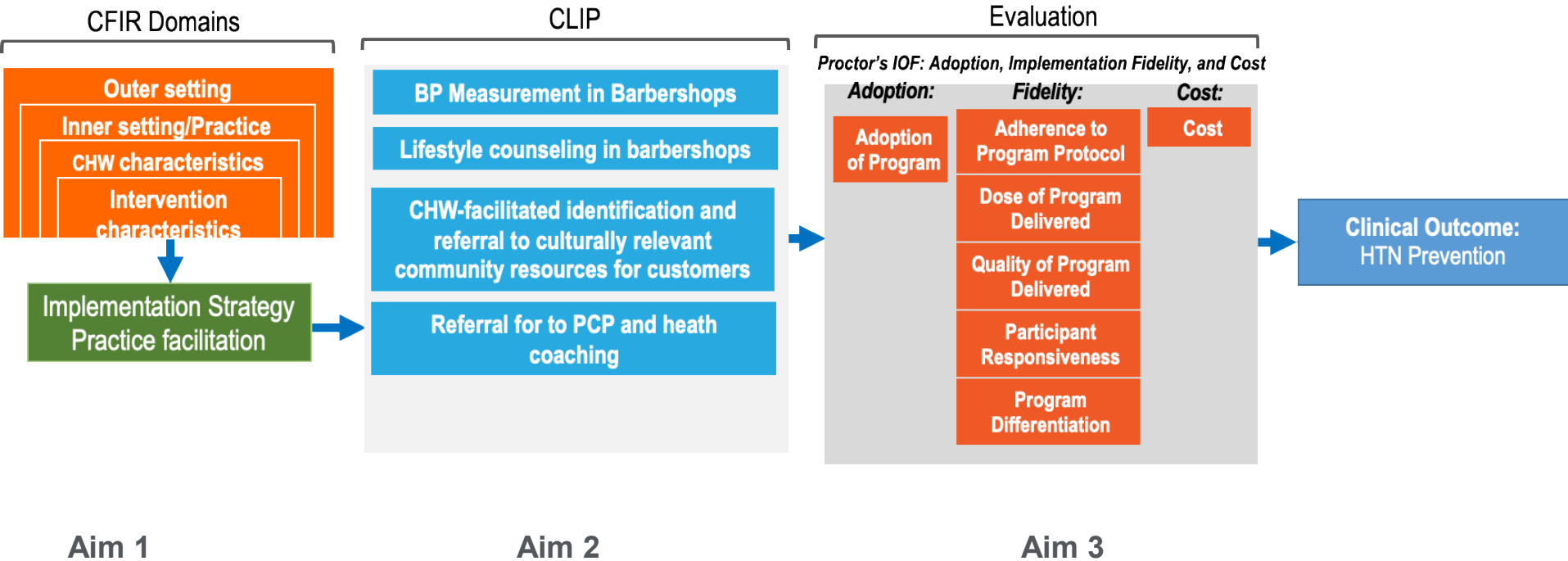
CHW: Community Health Worker; FQHC : federally qualified health center



CLIP STUDY AIMS

- 1** Assess barriers and facilitators of adopting CLIP for HTN prevention in barbershops; and develop a context-specific BF implementation strategy.
- 2** Compare in a cluster RCT of 20 barbershops among 420 Black men with elevated BP or stage 1 HTN, the effect of barbershop facilitation (BF; n=10 barbershops) vs a self-directed control (n=10 barbershops) on BP reduction (primary outcome), rate of incident HTN, linkage to care, and adoption of CLIP (secondary outcomes) at 12 months.
- 3** Compare the effect of BF strategy vs. a self-directed control on sustainability of CLIP at 18 months (secondary outcome); and cost-effectiveness of CLIP over a 10-year time horizon.

Overview of Implementation Strategies



Overview of Practice Facilitation



Onsite observation
and coaching



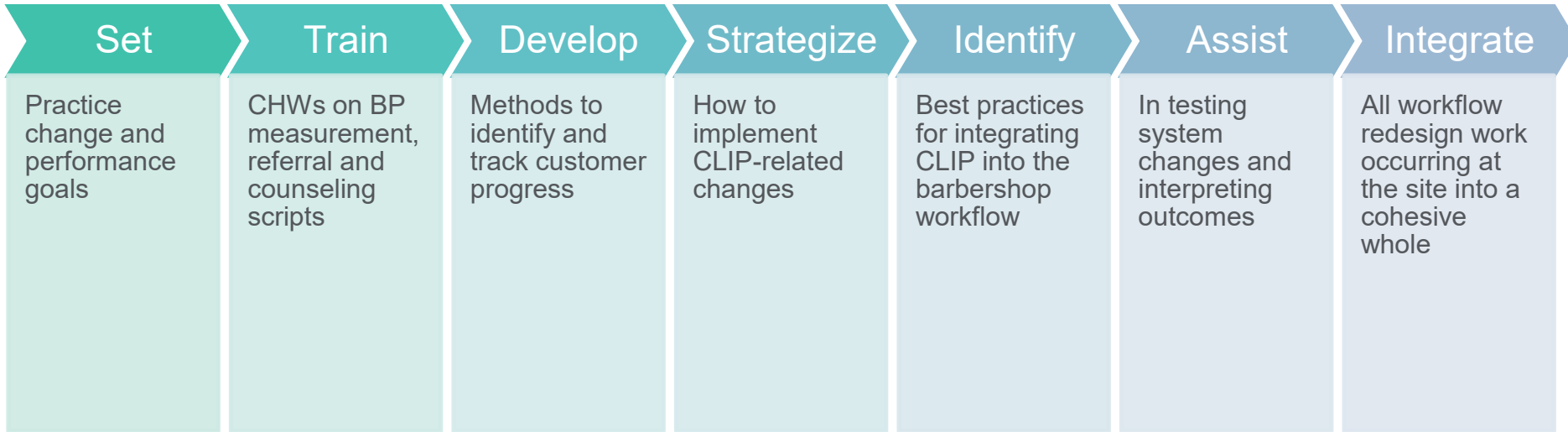
Expert consultation



Data tracking and
feedback

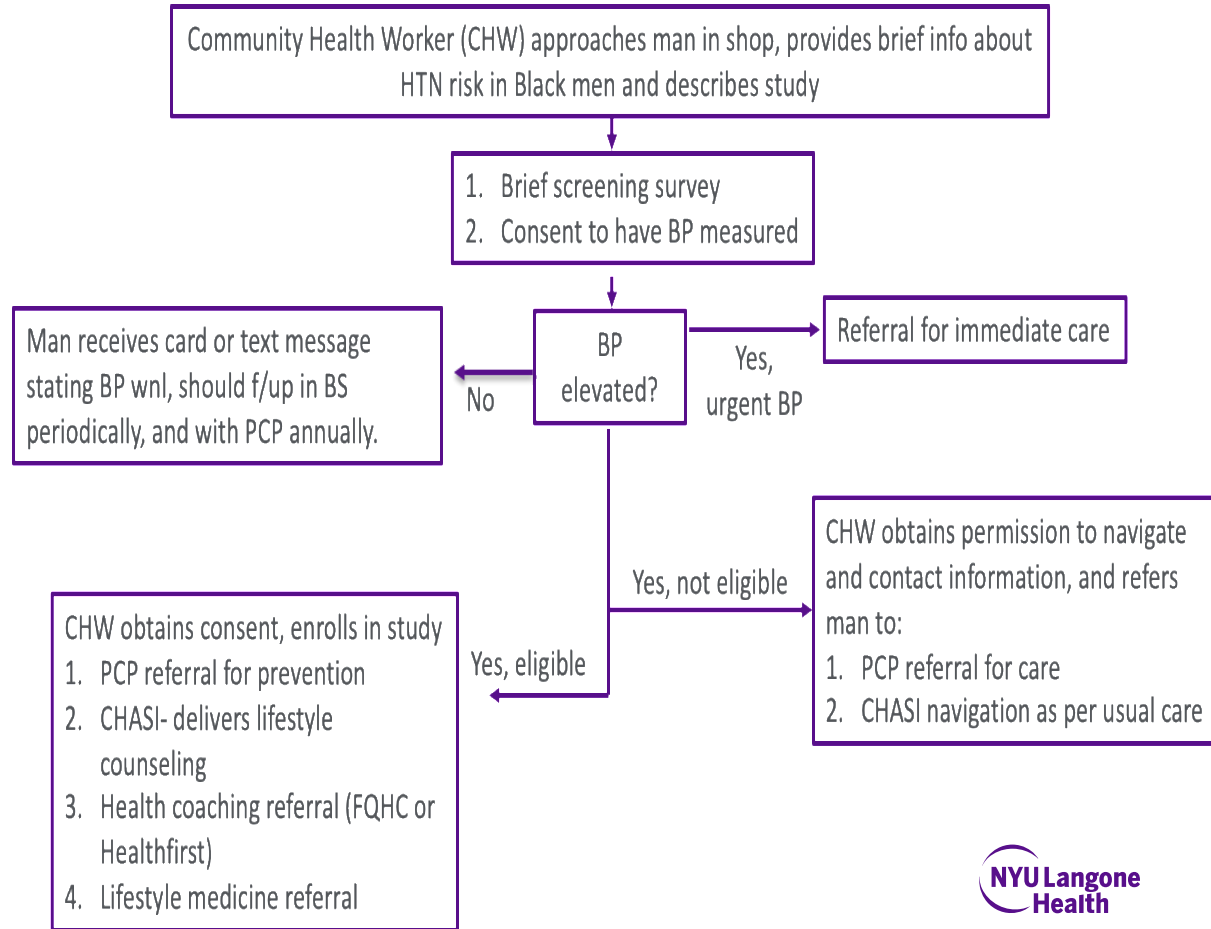
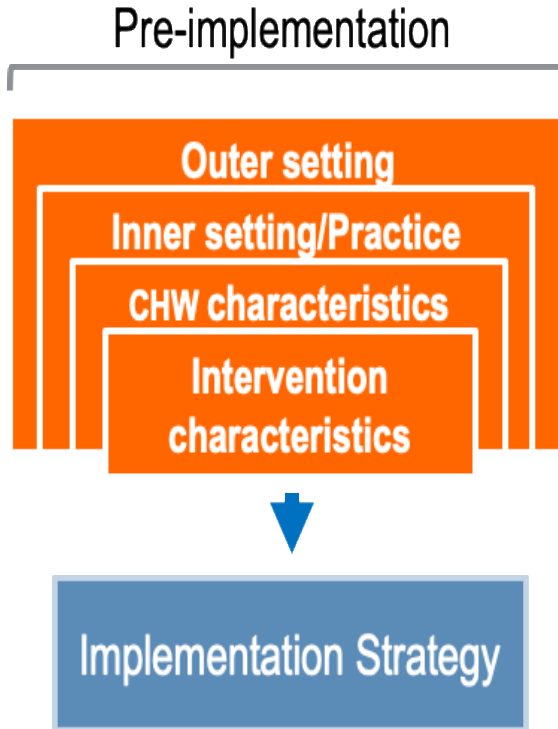
The Role of the Barbershop Facilitator

Helping barbershops to:



Aim 1

BARBERSHOP WORKFLOW



CLIP Branding co-created with partners



Free Blood Pressure Screening for Customers

What is the Blood Pressure Health Justice Program?

Community health partners will work with 20 barbershops on Staten Island to check their customers' blood pressure, share information and resources for men to take control of their health and provide links to medical care and other services. Everyone should know that a normal blood pressure is lower than 120/80!

For more information about CLIP or to connect with a community health worker, contact:

- Director, Andrew Gargiso: 929-321-3447
- Coordinator, Joseph Ebron: 929-321-0119

*CLIP stands for Community-to-Clinic Linkage Implementation Program (CLIP)

Eligible Customers Can:

- Get free blood pressure checks at your barbershop
- Receive free information about ways to improve health and wellbeing
- Be linked to medical care and social services in order to help control high blood pressure

Why is this important?

- 1 in 2 Black Americans have high blood pressure
- High blood pressure increases the risk of stroke, heart attack, and kidney disease
- Black men are more likely to die from conditions caused by high blood pressure
- Improving Black men's health is a matter of health justice!



Community Health Action
of Staten Island | A member of Sun River Health



**Aim 2: Randomize 430 Black men with elevated BP in 22 barbershops
(Barbershop is unit of randomization)**

22 Barbershops

11 Shops

11 Shops

Intervention Group

1. BP Measurement in Barbershop
2. PCP referral for prevention
3. CHASI- delivers lifestyle counseling
4. Health coaching referral or
5. Lifestyle medicine referral

Control Group

1. BP Measurement in Barbershop
2. PCP referral for prevention
3. CHASI- delivers lifestyle counseling
4. Health coaching referral or
5. Lifestyle medicine referral

+

Barbershop Facilitator

Primary Outcome:

BP reduction at 12 months

Measurements (Baseline, 6, 12, 18 months)

Clinical Outcomes

- Systolic BP (*Primary outcome*)
- Diastolic BP
- Incident stage 2 hypertension
- Body mass index

Patient-Reported Outcomes

- Health-related quality of life
- Physical activity
- Diet - Life's Essential Eight, food insecurity
- Depressive symptoms
- Alcohol use, smoking
- Linkage to care – presented to clinic referred by CHW

Social and Demographic Measures

- Age, primary language, employment, insurance, income, wealth, disability
- Discrimination
- Non-medical needs
- Health literacy



CHW Engagement with Participants after Baseline Encounter



Monthly check-ins with enrolled participants



Review Life's Essential 8



Assess need for clinical or social referrals



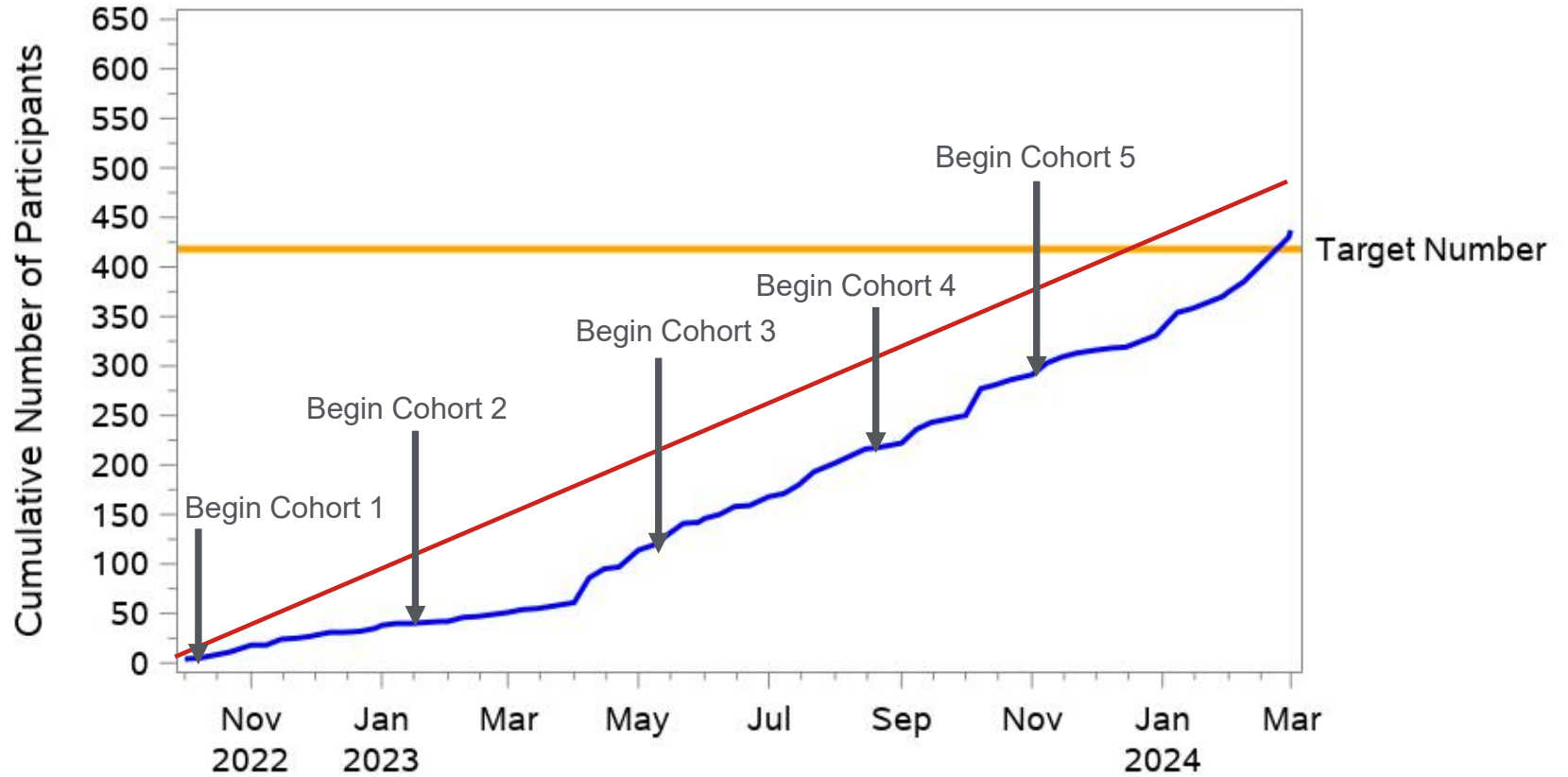
Reminder of follow up visits



MOBILE HEALTH UNITS



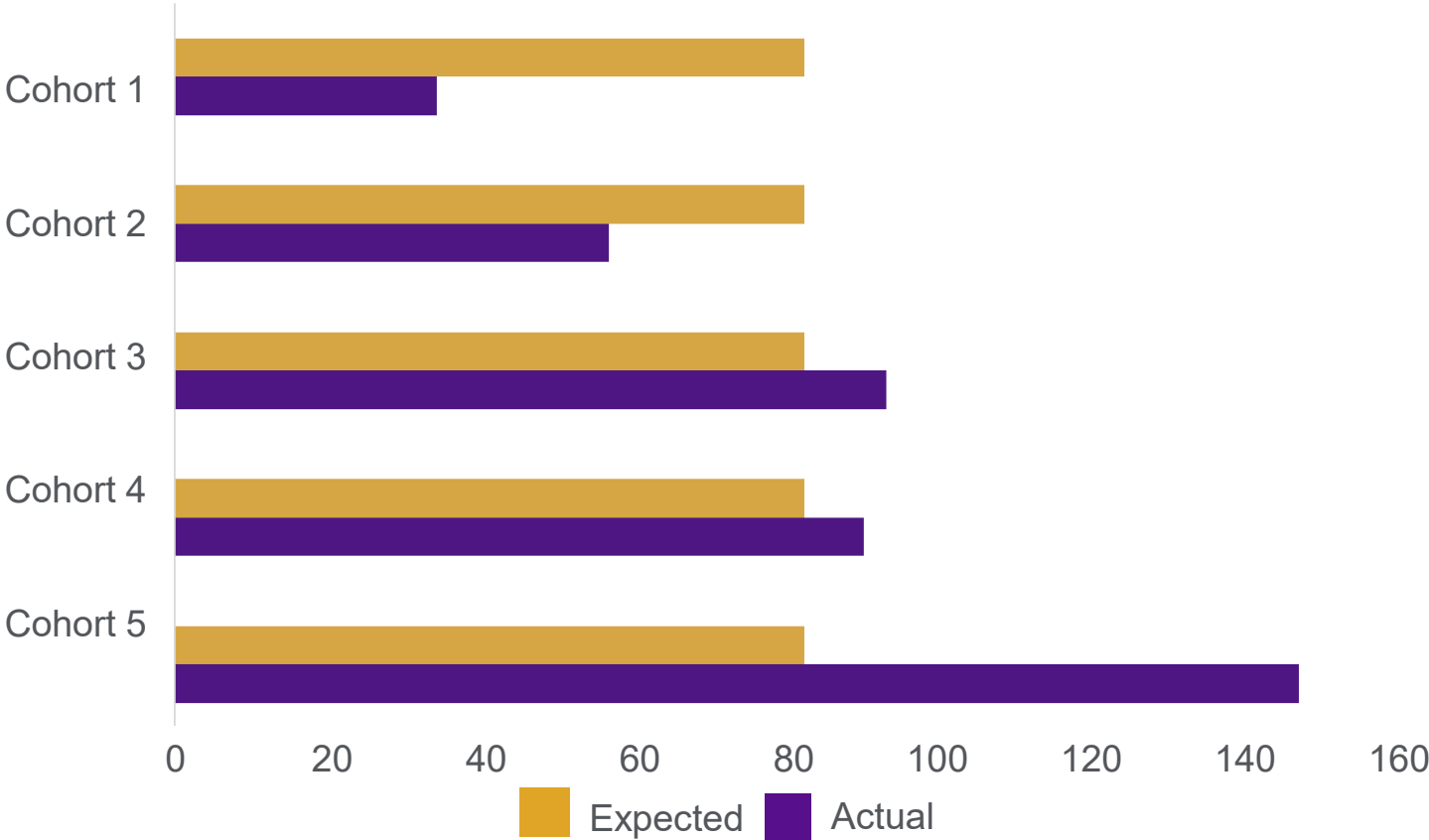
Cumulative Number of Participants



— Cumulative Goal of Enrolled Participants

— Cumulative Number of Enrolled Participants

Actual vs. Expected Enrollees by Cohort



Enrolled Participants: Baseline Data

<u>Education level, N (%)</u>	
High school/GED or below	320 (74.4%)
Some college	63 (14.7%)
Associate /Technical college degree	13 (3.0%)
Bachelor's degree and above	8 (1.8%)
Missing	26 (6.0%)
<u>Employment, N (%)</u>	
Full time	242 (56.3%)
Part time	72 (16.7%)
Unemployed	42 (9.8%)
Retired	9 (2.1%)
Missing	39 (9.1%)

Enrolled Participants: Baseline Data

<u>Marital status, N (%)</u>	
Married	53 (12.3%)
Divorced/Widowed	8 (1.8%)
Single	323 (75.1%)
Committed Relationship	21 (4.9%)
Missing	25 (5.8%)
<u>Household income</u>	
≤\$29,999	45 (10.5%)
\$30,000-\$49,999	63 (14.6%)
\$50,000-\$79,999	32 (7.4%)
≥\$80,000	1 (0.2%)
Missing	289 (67.2%)

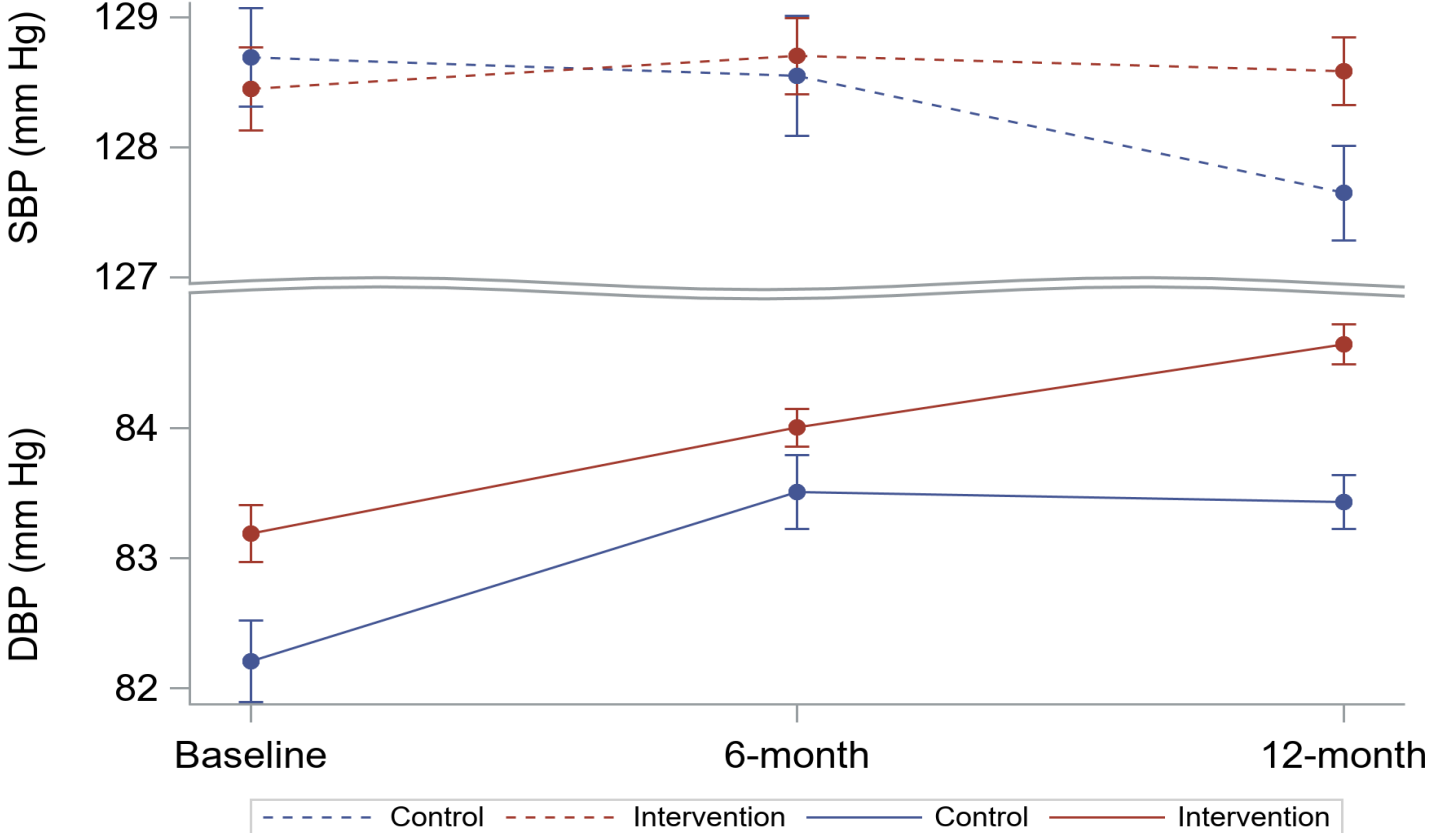
Enrolled Participants: Baseline Data

Has health insurance, N (%)	234 (54.4%)
Has Medicare or Medicaid, N (%)	149 (63.7% of insured)
Has Insurance through Employer, N (%)	55 (23.5% of insured)
Has Military Insurance	3 (1.35)
Household income	
≤\$29,999	45 (10.5%)
\$30,000-\$49,999	63 (14.6%)
\$50,000-\$79,999	32 (7.4%)
≥\$80,000	1 (0.2%)
Missing	289 (67.2%)
Have PCP (yes), N (%)	104 (24.2%)
Have a usual place for care (yes), N (%)	233 (54.2%)

Follow up Progress

Participant Category	6 month f/u	12 month f/u	18 month f/u
# of participants enrolled	430	430	430
# of participants ever eligible for follow up	425	425	425
# of participants completed f/u	288 (67.8%)	384 (90.4%)	408 (96.0%)
# of participants still in window	0 (0%)	0 (0)	5 (1.2%)
# of participants exited without completing f/u	137 (32.2%)	41 (9.6%)	12 (2.8%)

Blood pressure at baseline, 6 months, and 12 months by study arm



JOIN US FOR A

UNETE A NOSOTROS PARA UNA GRATIS FERIA DE SALUD Y CELEBRACION!!

SI
GET DOWN

FREE
Blood press
screenings,
healthy life
education, t
cessation re
free haircut
& more!

For more inform
SI CLIP scan QR



mejorando
salud
y calidad
de vida para todos

RES
CILIARIOS
ES

D. Killen

D. Killen

D. Killen



Fireside Chat with Mr. Adisa Mangin



Thank you.

The RESTORE Network



Please fill out our survey!

Find the survey link in the chat and at the close of the webinar.

Your feedback is very valuable and helps us to provide the CHCANYS network with relevant and engaging content.





Thank you!

COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

chcanys.org