

Supplemental Material

Table S1. Variables Collected Throughout AHA CCC Program

Candidate Variable List for the Analysis	
Continuous	Categorical
Projected enrollment % of budget spent on technology % of budget spent on incentives Number of access points for BP measurement Number of participants per community health coach Number of community/strategic partners Number of recruitment events Length of time collaborating with community partners Job duration for AHA volunteerism/multicultural director	Prior collaboration with strategic partners (Y/N) Contribution of financial/resource support from strategic partners (Y/N) Periodic feedback mechanism for enrollment (Y/N) Provision of Heart360 training to participants (Y/N) Provision of Heart360 training to community health workers Primary recruitment setting (church, clinic, college, recreational center) Use of home blood pressure monitoring (Y/N) Use of mass media/social media marketing (Y/N) Presence of Heart360 support mechanism for GTG participants Community health worker occupation (health vs. non-health background) CCC campaign Geographic location Research study (Y/N) Kick-off event (Y/N) Engagement strategy (Y/N) Sustainability plan specified (Y/N) Partnership with healthcare institutions and providers (Y/N)
AHA indicates American Heart Association; BP, blood pressure; CCC, Check. Change. <i>Control.</i> ; Y/N, yes/no	

Table S2. Community Partners for Each Campaign Site

Campaign Site	Community Partners
Atlanta, GA	The Black Nurses Association federally insured clinic Wellness Assessment Team Comprehensive Men's Health
Baltimore, MD	Johns Hopkins Stroke Clinic Health Freedom/Champ Maryland Dept of Health and Mental Hygiene Coppin State University School of Nursing
Birmingham/Montgomery, AL	Alabama State University Alabama Dept of Public Health American Cast Iron Pipe Company St. John's Missionary Baptist Church Sanford University Congregational Health Program
Charlotte, NC	Novant Health Presbyterian Medical Center, Health and Wellness Cardiovascular Institute Macomb County Health Department Novant Health Faith Based Outreach Program a Novant outpatient clinic free local clinics (2) churches
Chicago, IL	Walgreens Pharmacy Housing Authority University of Chicago Chicago Department of Public Health Pearly Peas
Cleveland, OH	Senior Home Community Center Churches (3) Sorority Meetings Recreation Centers
Dallas, TX	Senior Citizens Center United Health Care Amerigroup Goodwil Argilife

Detroit, MI	<p>BlueCross Blue Shield of Michigan American Cancer Society American Diabetes Association Gleaners Community Food Bank of Southeast Michigan St. Patrick Community Center Matrix Human Services Brightmoor Community Center</p>
Houston, TX	<p>TSU College of Pharmacy and Health Sciences University of Houston Dept of Health Sciences Crossroads Community Church Fountain of Praise Church Cashmere Gardens Church</p>
Los Angeles, CA	<p>Greater Zion Baptist Church University Muslim Medical Association (UMMA) Community Clinic YMCA LA Care Family Resource Center Baldwin Hills/Crenshaw Mall</p>
Memphis, TN	<p>Worksite Programs (Smith and Nephew, Medtronic, Pepsi) Health care Institutions (Baptist, Christ Community, Church Health Center Academic Institutions (Christian Brothers Univ, Univ of Memphis, LeMoyne-Owen Univ, LeMoyne-Owen Community Development Corporation Churches: Brown Missionary Baptist Church, Beulah Baptist, Greater New Shiloh, Greater Hope, Oak Grove Missionary Baptist Church, First Baptist Broad, and Saint Luke Baptist Church</p>
Miami, FL	<p>Miami Dade College Barry University Miami Dade County Gov Baptist Hospital Baptist Congregational Health University of Miami- Depts of Internal Medicine and Department of Neurology</p>
New York, NY/NJ	<p>Mt. Zion AME Church Mexican Consulate Greater Brooklyn Health Coalition First Health New York Housing Authority National Assoc of Negro Business and Professional Women's Club Mount Paran Baptist Church</p>

Philadelphia, PA	Einstein Healthcare Network 1st District AME Churches Alpha Kappa Alpha Sorority Temple University Jefferson Hospital
Richmond, VA	Bill Robinson Theatre Richmond High Blood Pressure Center Bon Secours Hospital
San Francisco, CA	YMCA John Muir Health Churches
St. Louis, MO	Mt. Zion Missionary Baptist Church Mt. Zion Senior Apartments Delta Sigma Theta East St. Louis Alumni Chapter Hopewell Missionary Baptist Church Mt. Zion Missionary Baptist Church, East St. Louis East Side Health District Myrtle Hilliard Davis Comprehensive Health
Washington, DC	Washington Heart Center Medstar DC Dept of Health Covenant Baptist Church DC Council DC Fire and EMS

Table S3. Sensitivity Analyses: BP Change with Increasing Uploads in Overall CCC Program*

	2BPs		4BPs		6BPs		8BPs	
	N=	Δ in mmHg	N=	Δ in mmHg	N=	Δ in mmHg	N=	Δ in mmHg
Average Δ SBP	2092	-7.5 (20.1)	1453	-9.8 (20.1)	1131	-11.7 (21.7)	845	-13.9 (23.0)
Average Δ DBP	2092	-3.3 (11.2)	1453	-4.2 (11.2)	1131	-4.5 (11.3)	845	-5.0 (11.5)
Δ BP Category	685	32.7%	----	----	----	----		

*p-values for change in systolic and diastolic BPs by number of uploads was p<0.001; brackets represent standard deviations
BP indicates blood pressure; Δ, change

Fig. S1. Post-implementation Survey to Sites

AHA High Blood Pressure Local Markets Program

Post-Implementation Survey

Enrollment is the period of time devoted to signing up participants to the GTG program. It also refers to activities specific to finding and signing up participants for the program.

1) In which types of settings or locations, did you enroll participants into your GTG program?

- a. Churches
- b. Institutions of higher learning (college, university, technical school)
- c. Organizations or societies (sororities, fraternities, associations)
- d. Hospital
- e. Health Clinic
- f. Other health care institutions (please list)
- g. Businesses
- h. Other (please list)

2) Health events for enrollment.

a. Did you use any health screenings or educational events to enroll participants?

- Yes (proceed to #2b and #2c) No (skip to #3)

b. What types of health activities did you use to **enroll** participants?

- i. Nutrition/label reading
- ii. Cooking classes
- iii. Hypertension management classes
- iv. CPR classes
- v. PTES Presentation (Stroke Education)
- vi. Exercise classes
- vii. Blood pressure screenings
- viii. Life Simple 7
- ix. Other (please list)

c. I would like to go back over each educational event you listed in the last question. Can you tell me how many or given me an estimate of how many of each type of activities you used to enroll participants in this program?

3) How or where did you **enroll** the most participants in the program?

a. Why do you feel these locations or events were more successful at enrolling participants?

4) Did you have a special event to kick-off the program?

Yes (proceed to #4a)

No (skip to #5)

a. Can you tell me or give me an estimate of how many people attended the kick-off event?

b. Can you tell me or give me an estimate of how many people were enrolled at the kick-off event?

c. Did you use a celebrity at your kick-off event? (a celebrity would be anyone with local name recognition who could be used in an advertisement encouraging people to participate in an event)

Yes

No

5) Did you use public access points to **enroll** participants? (Access points are either places to upload blood pressure and/or places to check blood pressures)?

Yes (continue to 5a)

No (skip to #6)

a. Approximately how many access points did you use?

b. Where were the access points located?

c. Approximately how many participants were enrolled through access points?

6) Who tracked **enrollment**? Of the following types of program personnel, who tracked enrollment? Check all that apply.

a. Volunteer mentors (includes health coaches, community health workers, and power to end stroke ambassadors)

b. Volunteer leads

c. AHA Staff

7) How often did you track **enrollment** tracked by personnel?

[Number] times per (day, week, month, year)

8) Did you use incentives to promote **enrollment**?

Yes (continue to 9a) No (skip to #10)

a. What kind of incentives did you provide? (check all that apply)

- i. Mini-grants
- ii. BP cuffs
- iii. Gift cards
- iv. Public recognition
- v. Other prizes/give-aways

vi. Other (please list)

b. Who received the incentives? (check all that apply)

- i. AHA staff
- ii. Participants
- iii. Community partners
- iv. Volunteer mentors

9) In your opinion, are there any characteristics of your market that made some **enrollment** activities more or less successful? (e.g. more community involvement, cultural makeup, events, length and quality of AHA partnerships, etc.)

10) Did you make any changes to your protocol after starting **enrollment** in order to **enroll** more people? If yes, please describe.

Yes

No

11) After having learned from your experiences during the first phase of this program, what would you do differently to **enroll** participants in the future?

Engagement is defined by how many people recorded at least two blood pressures a month for four months.

1) What mechanisms did you use to keep participants **engaged**?

a. Communication with participants engaged?

b. Incentives

c. Messages through Heart360

d. Health activities or community events such as CPR classes and cooking classes

e. Other (please describe):

2) Did you use incentives to promote **engagement** in any way?

- Yes (continue to 2a) No (skip to #3)

a. What kind of incentives did you provided? (check all that apply)

- i. Mini-grants
 ii. BP cuffs
 iii. Gift cards
 iv. Public recognition
 v. Other prizes/give-aways
 vi. Other (please list)

b. Who received the incentives? (check all that apply)

- i. AHA staff
 ii. Participants
 iii. Community partners
 iv. Volunteer mentors

3) Were your participants directly contacted to encourage them to upload BPs?

- Yes (proceed to 3a) No (skip to #4)

a. How were they contacted ? (check all that apply)

- i. Text
 ii. Telephone call
 iii. E-mail

iv. Other (please describe)

b. Who contacted them? (check all that apply)

- i. AHA staff
 ii. Volunteer mentors
 iii. Volunteer leads
 iv. Heart360

v. Other (please describe)

c. How do you feel these contacts affected participant **engagement**?

4) Of the following types of program personnel, who tracked **engagement**? (check all that apply)

- a. Volunteer mentors (includes health coaches, community health workers, and power to end stroke ambassadors)
- b. Volunteer leads
- c. AHA Staff

5) How often was **engagement** tracked by program personnel?

[Number] times per (day, week, month, year)

6) Did you use something in addition to Heart360 to track **engagement**. If yes, please describe what you did.

7) Did you provide a way for participants to receive help for any problems encountered while using the Heart360 software?

- Yes (continue to 7a) No (skip to #8)

a. Please explain:

- i. 1-800 number
- ii. Educational resources
- iii. Buddy system
- iv. Placing equipment and volunteers at access points
- v. AHA support staff intermittently at engagement sites

vi. Other (please describe)

8) Did you experience or hear about any problems with the Heart360 software from program personnel or for participants?

- Yes (please describe) No (skip to #9)

9) In your opinion, what kept participants **engaged** in the program?

10) In your opinion, what were the major challenges involved in keeping enrolled participants **engaged** in the program?

11) Were you made aware of any undesirable consequences that people experienced as a result of participating in the program? This may include blood pressure complications, other medical complications, side effects as a result of using the equipment, miscommunication with providers, loss of confidentiality, or other things? If yes, please describe.

Yes (please describe) No (skip to #12)

12) How did you define out-of-control blood pressure?

13) Did you have a mechanism in place to deal with participants who logged out of control blood pressures? If yes, please describe.

Yes No

14) What would you do differently to **engage** participants in the future?

15) How would you improve the Heart 360 software for the future?

--

Community Partners

1) What major partners did you use to promote your program? Please list up to five.

#1	
#2	
#3	
#4	
#5	

a. For each of the partners you listed, would you tell us whether these partnerships were newly created for this program or whether they had already partnered with the AHA in past programs

2) How would you change the way the partnerships worked with the program in the future?

--

Volunteer Health Mentors are people who know their communities well and are dedicated to improving the health of their communities. They work with a group of participants in the GTG program and communicate directly with each participant facilitating their success in the program.

1) Please tell us about the volunteers who participated in your program. What kinds of educational backgrounds did they have, if any?
(check all that apply)

<input type="checkbox"/> Physicians	
<input type="checkbox"/> Nurses	
<input type="checkbox"/> Health educators	
<input type="checkbox"/> Lay people	
<input type="checkbox"/> Health professional students	
<input type="checkbox"/> Other (please describe)	

2) For each type of volunteer listed above, please describe the roles they played in the program.

3) Were any of the volunteer mentors paid? If yes, please describe who was paid and why.

Yes No

--

4) Did you train volunteer mentors?

- Yes (continue to 4a) No (skip to #5)

a. Please describe the training provided

b. How often did training sessions occur for each volunteer

5) How were program personnel trained to use Heart360?

AHA Staff Multicultural Director

1) How long have you been in your role as multicultural director?

2) Please describe your past experiences leading community-based programs?

Budget

1) Was the amount of money provided through the AHA pilot grant sufficient to carry out the objectives of the program. If no, why not.

- Yes No

2) Which of the following components were under-budgeted, if any?

- a. Electronic Equipment and Wifi
- b. Incentives
- c. Training/Training Materials
- d. Staffing/ Stipends
- e. Screening/Education/Demonstrations
- f. Marketing
- g. Kick-off
- h. Heart360 Kiosks
- i. Access points
- j. Other (please describe)

3) Were you able to secure additional funding for this program? If yes, please describe were you received funding from, how much you received, and how you used it.

- Yes No

4) If additional funds were available to you for use in this program, how would you have used them?

Sustainability

1) What mechanisms have you tried to put in place to ensure the program continues?

- a. Training volunteers
- b. Asses 3rd party payers for participation
- c. Partner with existing initiatives
- d. Seek funding outside of AHA
- e. Continue to collaborate with existing partners
- f. Seek new community partners
- g. Kiosks in the community
- h. Other (please describe)

2) As your GTG program continues, what changes do you think should be made in order to improve the program? (e.g. budget, personnel)

Fig. S2. Campaign Use of AHA Funds for CCC Program

