



Presentation to National Forum for Heart Disease & Stroke Prevention

Mobilizing Faith-based and Trusted Community Leaders in Buffalo, New York to Improve Blood Pressure Control in Underserved Communities

Mid-Year Virtual Convening: Answering the Surgeon General's Call to Action to
Control Hypertension: May 6, 2021

Meg Guerin-Calvert, SMD, President, Center for Healthcare Economics & Policy, FTI Consulting
Rev. George F. Nicholas, Lincoln Memorial United Methodist Church, Buffalo, New York
Maria Whyte, Deputy County Executive, at Erie County, New York

WHO WE ARE

And the connection to today's subject



- ▶ **Meg Guerin-Calvert, Senior Managing Director, President, Center for Healthcare Economics and Policy, FTI Consulting interviews**



- ▶ **Rev. George F. Nicholas, Lincoln Memorial United Methodist Church, Buffalo, New York**



- ▶ **Maria Whyte, Deputy County Executive, at Erie County, New York**

RESPONDING TO THE SURGEON GENERAL'S CALL TO ACTION TO CONTROL HYPERTENSION

Surgeon General's Call to Action to Control Hypertension *"To improve hypertension control across the U.S. and for all populations, we need broadscale, multisector, culturally sensitive, and diverse interventions. This future can only be realized if significant changes are made at national, state, and community levels... A growing number of success stories from across the country suggest that focused efforts can inspire rapid, far-reaching progress... Now we need to apply them more widely. This Call to Action provides targeted strategies that different sectors can take to collectively improve hypertension control across the U.S. The time to act is now. **Together, we've got this!**"*

- **Key lessons for hypertension control from an Erie County collaborative's success in mobilizing faith-based and trusted community leaders** in response to COVID for dramatic impact on outcomes and health disparities for vulnerable populations
- **Building & using trusted relationships**
- **Data-driven and data-sharing**
- **Innovative & practical strategies that reach across and into the community**

MOBILIZING FAITH-BASED AND TRUSTED COMMUNITY LEADERS IN ERIE COUNTY

Community Leaders and Impact of COVID-19

- ▶ **African American Health Equity Task Force** had focused on health disparities and chronic conditions including hypertension and social determinants of health in zip codes where majority of African Americans reside
- ▶ Came to the table to share COVID-impact concerns
- ▶ **Erie County Executive** developed essential data at zip code level on infection, hospitalization, mortality by race, age, and other data
- ▶ Committed to sharing data and using it to activate response
- ▶ **Results: early trends demonstrated a clear problem in Erie County with COVID-19 fatality rates of over 33% among African Americans (compared to population share of 14.6%)**

Covid-19 Fatality Trends for African Americans, Erie County

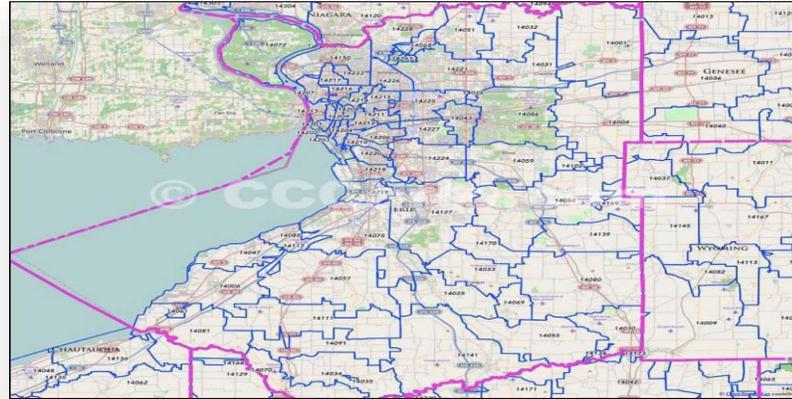
DATE	Number of COVID Related African American Fatalities	African American Fatalities as a Percentage of Total Erie County Fatalities	African Americans as a Percentage of the Total Population in Erie County
4/8/20	15	33.3%	14.6%
4/13/20	20	30.3%	14.6%
4/15/20	26	25.7%	14.6%
4/16/20	28	24.3%	14.6%
4/19/20	32	23.7%	14.6%
4/21/20	39	22%	14.6%
4/24/20	43	21.7%	14.6%
4/26/20	45	21.7%	14.6%
4/27/20	45	21.7%	14.6%
4/29/20	53	21.5%	14.6%
5/1/20	55	20.4%	14.6%
5/4/20	56	19.8%	14.6%
5/6/20	60	18.6%	14.6%
5/8/20	66	19.1%	14.6%
5/11/20	67	18.8%	14.6%
5/13/20	74	18.5%	14.6%
5/15/20	76	18.5%	14.6%
5/20/20	79	17.4%	14.6%
5/27/20	86	17.1%	14.6%
6/1/20	87	16.6%	14.6%
6/2/20	89	16.3%	14.6%
6/15/20	98	16.1%	14.6%

EXAMPLES OF DETAILED DATA FOR ERIE COUNTY— COVID-19 DATA BY ZIP CODE

as of 7/11/2020

COVID-19 CASE COUNTS BY TOWNSHIP AND ZIP CODE

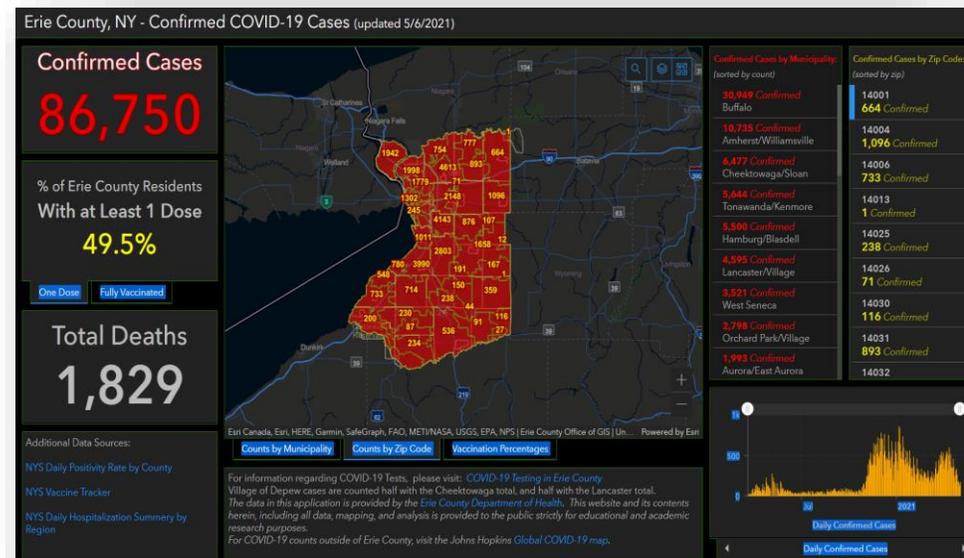
Locality Name	Total	Zip Code	Total
BUFFALO	126	14215	20
AMHERST	21	14207	19
CHEEKTOWAGA	14	14213	18
HAMBURG	12	14201	13
TONAWANDA	11	14057	10
EDEN	10	14150	10
LANCASTER	8	14225	9
ORCHARD PARK	7	14228	9
GRAND ISLAND	6	14075	8
CLARENCE	5	14211	8
EVANS	5	14086	7
LACKAWANNA	5	14208	7
W. SENECA	5	14221	7
AURORA	4	14051	6
ELMA	4	14072	6
ALDEN	3	14127	6
COLLINS	3	14204	6
CITY OF TONAWANDA	2	14214	6
BRANT	1	14217	6
CONCORD	1	14218	6
HOLLAND	1	14224	5
MARILLA	1	14226	5
Total	255	14227	5
		14006	4
		14059	4
		14222	4
		14004	3
		14031	3
		14085	3
		14209	3
		14210	3
		14216	3
		14220	3



New COVID cases by ZIP Code, week ending 5/1/2021

Zip Code	City/Town/Village	Cases	Zip Code Population**	New Daily Cases per 100,000 Persons on 7-Day Rolling Average ¹	Total New Cases per 100,000 Persons in the Past 7 Days ²
14215	Buffalo (East)	138	39,999	49.3	345.0
14211	Buffalo/Cheektowaga	86	22,611	54.3	380.3
14207	Buffalo (Black Rock/Riverside)	75	23,552	45.5	318.4
14150	Tonawanda	72	41,676	24.7	172.8
14213	Buffalo (West Side)	64	24,465	37.4	261.6
14224	West Seneca	63	39,889	22.6	157.9
14206	Buffalo (Kaisertown)	61	20,751	42.0	294.0
14221	Amherst/Williamsville/Clarence	57	53,555	15.2	106.4
14225	Cheektowaga	54	33,385	23.1	161.7
14227	Cheektowaga	52	23,426	31.7	222.0
14216	Buffalo (North)	49	22,431	31.2	218.4
14218	Lackawanna	49	19,039	36.8	257.4
14220	Buffalo (South)	49	24,227	28.9	202.3
14228	Amherst (Getzville)	49	20,857	33.6	234.9
14208	Buffalo (east)	47	11,125	60.4	422.5
14217	Kenmore	47	23,480	28.6	200.2
14214	Buffalo (University)	44	19,775	31.8	222.5
14226	Amherst (Snyder/Eggertsville)	42	29,267	20.5	143.5
14204	Buffalo (East)	40	8,691	65.7	460.2
14086	Lancaster	39	31,847	17.5	122.5
14075	Hamburg	38	41,937	12.9	90.6
14210	Buffalo (South)	38	14,694	36.9	258.6
14127	Orchard Park	36	29,961	17.2	120.2
14212	Buffalo (Broadway)/Sloan	36	10,641	48.3	338.3
14043	Depew	34	24,742	19.6	137.4
14072	Grand Island	28	20,374	19.6	137.4
14201	Buffalo (Downtown)	26	11,549	32.2	225.1
14052	Aurora	23	17,329	19.0	132.7
14051	Amherst (East)	22	19,533	16.1	112.6
14223	Tonawanda	22	22,665	13.9	97.1
14222	Buffalo (Elmwood Village)	19	14,046	19.3	135.3
14001	Akron	17	9,464	25.7	179.6
14004	Alden	16	12,704	18.0	125.9

Source: Erie County COVID-19 Update (May 4, 2021)



Source: <https://erie.ny.maps.arcgis.com/apps/dashboards/dd7f1c0c352e4192ab162a1dfadc58e1>

KEY PARTNERSHIPS TO ADDRESS HEALTH DISPARITIES



African American Health Equity Task Force



“The Buffalo Center for Health Equity will eliminate race, economic, and geographic-based health inequities by changing the social and economic conditions that cause illness and shorten lives.”

Message from Pastor George F. Nicholas, Convener of African American Health Equity Task Force

The African-American Health Equity Task Force was birthed to identify why there are such distinct race-based health disparities in our region... [and] resolved to create a path forward to eliminate these health disparities... We needed to enlighten the broader community: poor health outcomes for African-Americans are driven by the social determinants of health. As long as we have inequality in education, wealth, housing, criminal justice and access to prosperity, this community will always have poor health outcomes. **The African-American Health Equity Task Force** is a growing group of concerned citizens who have come together across, racial, professional and educational backgrounds to invest our gifts in bringing change. WNY will truly be in a season of revival and renaissance when all members of our community can equally enjoy a quality of life free from the prevalence of debilitating disease and premature death. This hope will become a reality as we all work together to bring health equity for all in our region.

*Buffalo Center for Health Equity, “Building a Culture of Health & Ending African American Health Disparities” 2019 Report

Source: <https://static1.squarespace.com/static/5e02325015c09a59a2d0355a/t/5e335ca58a2c1a258db47003/1580425685702/2019Report.pdf>



University at Buffalo Community Health Equity Research Institute



“The Institute arose from a partnership with the African American Health Equity Task Force.. formed in 2014 and led by local pastors and includes faculty, community residents, community leaders and healthcare professionals.” “Our goal is to perform research to advance understanding of the root causes of health disparities and develop and test innovative solutions to eliminate health inequities in the region.”

Message from Timothy Murphy, MD, Institute Director

Welcome to the UB Community Health Equity Research Institute, which was created in response to the crisis of race-based health disparities, especially in African Americans who live on the city’s East Side. Remarkably, compared to White residents of Buffalo, life expectancy of African Americans is 12 years shorter, and serious, chronic, and often preventable diseases, like heart disease, diabetes, asthma and cancer are 300% greater. The primary reason for these disparities is the social determinants of health, which refer to the conditions in which people live, work, learn, play and worship.

All of the Institute’s research will be conducted in close coordination with our community partners.

SUNY Distinguished Professor
Director, Community Health Equity Research Institute

Source: <https://www.buffalo.edu/community-health-equity-institute/about-us.html>



KEY PARTNERSHIPS TO ADDRESS HEALTH AND HEALTH DISPARITIES: ERIE COUNTY

Live Well Erie

Message from Mark C. Poloncarz, Esq., Erie County Executive

Dear Erie County Resident:

On March 20th, 2015, my administration launched Initiatives for a Stronger Community, a multi-department health and human services document that laid out a set of initiatives to be undertaken by Erie County government to improve the lives of our citizens. Initiatives for Stronger Community ultimately led to the implementation of dozens of new program enhancements across Erie County. When it came time to think about a new health and human services plan, I asked county department heads to go in a different direction. Instead of focusing on individual initiatives, think bigger. How can we make the lives of all of our residents better? The result is the launch of a new collaborative effort: **Live Well Erie**.

To accomplish these critical goals, we're turning to the data. By tracking a series of data indicators, we can gauge how well of a job Erie County Departments are doing addressing these critical issues so they can better deliver results for Erie County residents. "Live Well Erie" is in part inspired by conversations I've had with county leaders from across the United States who have successfully implemented similar plans, and I look forward to ensuring the resources of county government help you "Live Well."

In Erie County, these four conditions are indeed deadly:

- Cardiovascular disease is the leading cause of death in Erie County and "Erie County residents experience 33% more heart disease death than the average US citizen". Risk factors such as high blood pressure and obesity are contributing to heart disease and "only 58% of Buffalo and surrounding area residents (compared to 75% nationally) report visiting their doctors routinely to have their blood pressure and cholesterol checked."
- Additionally, 62.7 percent of Erie County adults are overweight or obese, which is higher than the NYS rate of 60.9 percent and
- Erie County has higher rates of respiratory cancer (tracheal, bronchial, and lung) than both NYS and the country. In Erie County, 54.4 females and 76 males per 100,000 population have respiratory cancer, whereas the same is true for just 39.9 females and 57 males per 100,000 population in New York State.



MOBILIZING TRUSTED LEADERS IN THE COMMUNITY

- ▶ **Erie County Government (Departments of Health, Emergency Services, Public Works, and more)**
- ▶ **Live Well Erie**
- ▶ **African American Health Equities Task Force**
- ▶ **Erie County Legislature**
- ▶ **City of Buffalo**
- ▶ **Kaleida Health**
- ▶ **Buffalo and Erie County Public Library**
- ▶ **Jericho Road Medical Center**
- ▶ **Urban Family Practice**
- ▶ **Community Health Center of Buffalo**
- ▶ **Millennium Collaborative Care**
- ▶ **SEIU 1199 and other local labor organizations**
- ▶ **Many Congregations in the African American Faith Community**

INNOVATIVE STRATEGIES - PHONE BANK/OUTREACH

- ▶ **Developed drive through and walk up testing sites at multiple locations in key zip codes**
- ▶ **Connected sick patients with primary care doctors in the neighborhood/community**
- ▶ **Used Coronavirus Relief Funds to pay for a massive community outreach efforts to several hundred thousand people.**
- ▶ **Strategies included:**
 - ▶ **Phone banking**
 - ▶ **Canvassing door to door**
 - ▶ **Food delivery**
 - ▶ **Transportation to testing**
 - ▶ **Connections to mental and behavioral health services**
 - ▶ **Housing assistance**

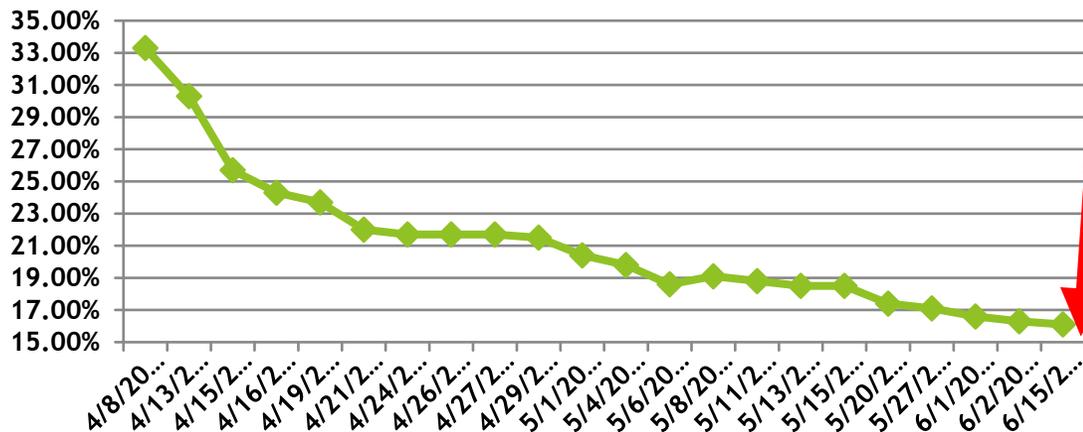
MORTALITY AND DATA: RESULTS AND MESSAGE

- ▶ Partners undertook swift advocacy and action to document the problem with data and to work collaboratively to address it with action.
- ▶ Meaningful collaborations with local government officials, faith leaders, private sector health care providers, labor organizations, and other service-based non-for-profit organizations were the KEY to dramatically changing the trend.

African American fatalities as a percentage of total fatalities declined from 33% to 16% between April and June 2020, and as of May 2021 is at 14.4%.

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5/1/20	55	20.4%	14.6%
5/4/20	56	19.8%	14.6%
5/6/20	60	18.6%	14.6%
5/8/20	66	19.1%	14.6%
5/11/20	67	18.8%	14.6%
5/13/20	74	18.5%	14.6%
5/15/20	76	18.5%	14.6%
5/20/20	79	17.4%	14.6%
5/27/20	86	17.1%	14.6%
6/1/20	87	16.6%	14.6%
6/2/20	89	16.3%	14.6%
6/15/20	98	16.1%	14.6%

African American Fatalities as a Percentage of Total Erie County Fatalities



ERIE COUNTY COVID-19 FATALITIES BY RACE AND ETHNICITY

Race	Fatalities	% of Fatalities	% of Erie County Population*
White	1,485	81.2%	80.6%
Black or African American	264	14.4%	14.6%
American Indian/Alaskan	7	0.4%	0.9%
Asian/Pacific Islander	20	1.1%	4.0%
Other	37	2.0%	
Unknown	16	0.9%	
Total	1,829	100%	100%

Ethnicity	Fatalities	% of Fatalities	% of Erie County Population*
Hispanic or Latino	46	2.5%	5.7%
Not Hispanic or Latino	1,720	94.0%	94.3%
Unknown	63	3.4%	
Total	1,829	100%	100%

*Population Source: Prepared by Census Bureau in collaboration with NCHS

INNOVATIVE STRATEGIES AND EXPANDED IMPACT OF PARTNERSHIP

- ▶ ***“The COVID-19 pandemic has been the health crisis of our lifetime and has had ripple effects across all of our lives and our economy,”*** said Erie County Executive Mark C. Poloncarz. ***“As this crisis has continued to unroll across our community, we have been working with partners in numerous sectors to identify areas of need and facilitate ways to help our residents.”***
 - ▶ Health, primary care, wellness
 - ▶ Housing, food, child care grants
 - ▶ Vaccine collaborative (e.g., Life Well Erie encourages community: unite to get vaccinated) – see <https://www2.erie.gov/health/index.php?q=press/live-well-erie-encourages-community-unite-get-vaccinated>.
- ▶ Going Forward
 - ▶ Partnerships and Collaboration are key
 - ▶ Resources are essential
 - ▶ Collaboration + Resources = Results (i.e. decreased mortality rates from COVID among AA)
 - ▶ Implications for Hypertension Interventions: **The same recipe can yield the same results**

APPENDIX - ADDITIONAL RESOURCES FOR PRESENTATION



- ▶ **Resources from the Partnership**
- ▶ **Statement by Live Well Erie Co-Chairs Regarding COVID-19**
- ▶ **Quantifying the Economic Impact of Poor Health of Buffalo-Niagara Area**
- ▶ **Quantifying the Impact of Hypertension on Productivity and Incremental Medical Cost of Buffalo-Niagara Area**
- ▶ **Examples of Cross-Sector Collaborations on Health or Hypertension**
- ▶ **Perspectives on Multi-sector Collaboratives and Opportunities For Action**

RESOURCES FROM THE PARTNERSHIP

- ▶ [COVID-19 Case Mapping Tool by Zip Code](#)
- ▶ [Erie County, NY Department of Health-Community Resources](#)
- ▶ [Erie County Weekly COVID-19 Press Briefings](#)
- ▶ [Erie County Case Data, Mortality Data and Vaccination Estimates](#)
- ▶ [LiveWell Erie County](#)
 - ▶ [Official Partners of Live Well Erie](#)
- ▶ [Buffalo Center for Health Equity Report \(2019\)](#)
- ▶ [LiveWell WNY](#)
- ▶ [Population Health Collaborative](#)
- ▶ "Grant Funding Support for Emergency Childcare," (Sept. 3, 2020) Erie County Executive Marc C. Poloncarz, <https://www2.erie.gov/exec/index.php?q=press/erie-county-designates-grant-funding-support-emergency-childcare>.
- ▶ "Live Well: "Erie County Designates Erie Cares Act Child Care Funding Powers Virtual Learning Support Centers, Emergency Childcare," (Sept. 21, 2020), <https://www2.erie.gov/exec/index.php?q=press/live-well-erie-cares-act-child-care-funding-powers-virtual-learning-support-centers-emergency->
- ▶ "Live Well Erie Housing Task Force Readies Cares Act Rental and Mortgage Assistance," (Sept. 29, 2020), <https://www2.erie.gov/exec/index.php?q=press/live-well-erie-housing-task-force-readies-cares-act-rental-and-mortgage-assistance>.
- ▶ "Rental and Mortgage Assistance Still Available Through Live Well Erie Housing Task Force," (Nov. 6, 2020), <https://www2.erie.gov/exec/index.php?q=press/rental-and-mortgage-assistance-still-available-through-live-well-erie-housing-task-force>
- ▶ "Buy Local Campaign, Shop 716 Gift Card to Boost Erie County Small Businesses," (Nov. 10 2020), <https://www2.erie.gov/exec/index.php?q=press/buy-local-campaign-shop-716-gift-card-boost-erie-county-small-businesses>.
- ▶ "Erie County Department of Social Services Promotes Remote Service Options Through "We can Help You From Home" Campaign, (Nov. 23, 2020), <https://www2.erie.gov/exec/index.php?q=press/erie-county-department-social-services-promotes-remote-service-options-through-%E2%80%9Cwe-can-help-yo>.
- ▶ "Erie County to deliver \$19 Million in Financial Aid to nearly 1,400 Small Businesses in Need," (Nov. 30, 2020), <https://www2.erie.gov/exec/index.php?q=press/erie-county-deliver-19-million-financial-aid-nearly-1400-small-businesses-need>.
- ▶ "Erie County Bask To Business Grant Program Delivers Millions of Dollars in Aid to Local Small Businesses," (Dec. 28, 2020), <https://www2.erie.gov/exec/index.php?q=press/erie-county-back-business-grant-program-delivers-millions-dollars-aid-local-small-businesses>.

STATEMENT BY LIVE WELL ERIE CO-CHAIRS REGARDING COVID-19



Health and community leaders from all levels have become more vocal in recognizing a glaring reality: the COVID-19 pandemic exacerbates long-standing, preexisting health inequities in our community. We, the leaders of Live Well Erie recognize that, as with many health disparities, the impact of COVID-19 is seen and felt disproportionately in minority communities in Erie County. For example, African Americans are more susceptible to the most serious outcomes of COVID-19 because systemic racism and poverty make them more likely to suffer from chronic disease. Additionally, African Americans and other minorities serve on the front lines of the essential workforce as health care workers, nursing assistants, food service workers, grocery store clerks, childcare providers, sanitation workers and other related positions. Live Well Erie recognizes that these essential workers literally put their lives on the line to serve as the engine and back bone of Erie County's COVID response and need additional support to withstand the crisis.

People with chronic diseases including heart disease, asthma and diabetes are at high risk for serious disease from COVID-19. African American residents of Erie County have nearly five times the rate of asthma compared to White residents, a 50% higher rate of hospitalizations for heart disease, and a 250% higher rate of hospitalization for diabetes compared to Whites. These high rates of chronic disease are driven in large part by the social determinants of health. These determinants are the conditions under which people are born, grow, live, work, and age. Based on research we know that good health is not simply determined by individual health choices and behaviors, but rather is largely determined by economic opportunity, community supports, quality of schooling, workplace safety, stable housing, environmental quality, and other social interactions.

Live Well Erie, a strategic initiative launched by Erie County in September 2019 to ensure no one is left out of Erie County's resurgence, has specifically targeted these social determinants of health, and we have specifically adopted a value of viewing these social determinants through the lens of racial equity. Live Well Erie and our partners will, therefore, continue our focus on improving the social determinants of health as a significant way to eliminate the disparate impact that COVID-19 is having on minority communities. The Live Well Erie Task Force and its respective work groups on Children, Working Families, and Older Adults, will continue to foster and implement community strategies that target affordable housing, transportation, quality education, financial stability, linkages to health care, and other factors that contribute to large scale disparate health outcomes, including disparate COVID-19 outcomes. COVID-19 does not discriminate. No member of our community, regardless of race, gender, or income, is immune from the disease. Some members of our community find themselves dealing with a double pandemic; the current COVID-19 crisis and the long-standing crisis of health and wellness disparities that have ravaged minority communities for years. Live Well Erie and our partners will continue to do everything at our disposal to improve the social determinants of health and arm every person with the tools he or she needs to fight COVID-19 and live well.

For more information on Live Well Erie or to become involved, please visit www.livewellerie.com. For more information on Erie County's response to COVID-19, please visit <https://www2.erie.gov/health/coronavirus>.

Marie A. Cannon
Live Well Erie Co-Chair

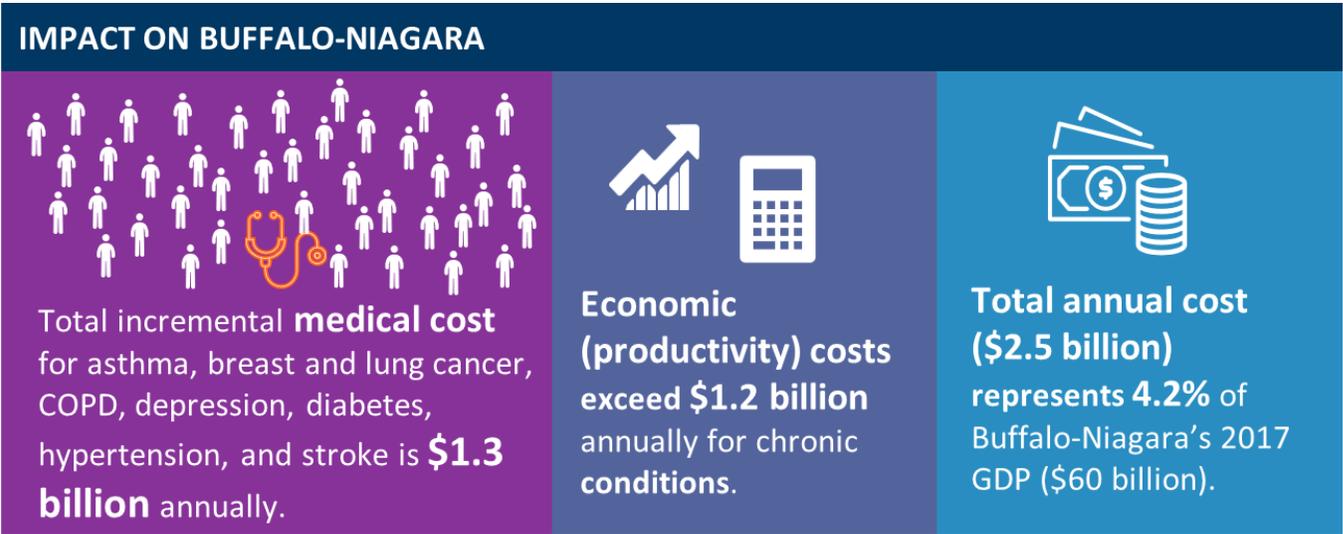
John D. Craik
Live Well Erie Co-Chair

QUANTIFYING THE ECONOMIC IMPACT OF POOR HEALTH ON BUFFALO-NIAGARA

Diabetes, hypertension and cardiac disease impose significant productivity and incremental medical costs that could be reduced across populations with interventions to limit severity or progression.

FTI Consulting’s Center for Healthcare Economics and Policy (Center) worked with the Population Health Collaborative of WNY to develop research and solutions customized to their issues and priorities to address fundamental questions: What is the impact of health on your community’s people, economy and competitiveness? What are effects on seniors and vulnerable populations? What are sources and effects of health disparities? How do you compare with peers? What is the impact of COVID? What’s working elsewhere and why? The study quantified medical and productivity costs of \$2-3 billion annually.

Health & Economic Impact of COVID-19: Public-private partnership opportunities for health, equity & economic vitality
[Read the full report here.](#)

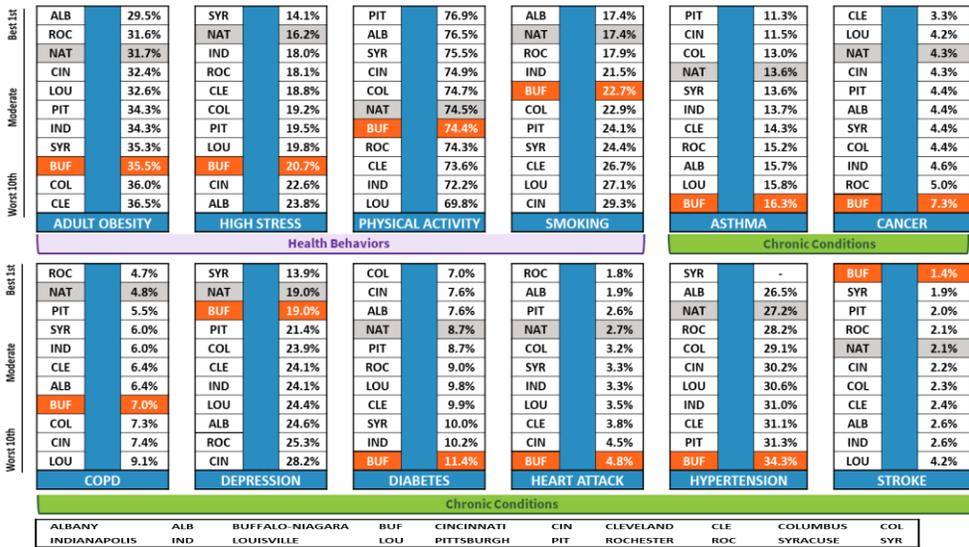


Economic Impact of Health Presentation at the National Forum for Heart Disease & Stroke Prevention Value & Access Partner Spotlight Meeting
[Read presentation here.](#)

Slide presented at the National Forum for Heart Disease & Stroke Prevention Value & Access Partner Spotlight Meeting on “Economic Impact of Health” by Meg Guerin-Calvert, FTI Consulting (Dec.9, 2020).

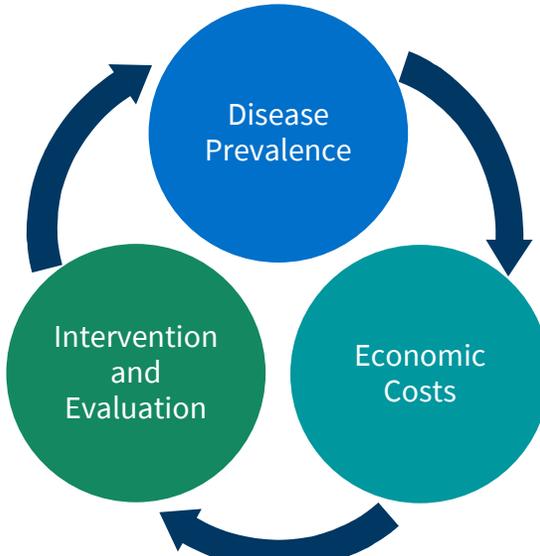
QUANTIFYING THE IMPACT OF POOR HEALTH ON BUFFALO-NIAGARA

COMPARATIVE HEALTH RANKINGS FOR BUFFALO-NIAGARA



Source: CDC BRFSS SMART 2017, BRFSS SMART 2016 (Not to be reproduced without permission).

MODELING THE ECONOMIC IMPACT OF CHRONIC CONDITIONS



Disease Prevalence

FTI Consulting leverages its extensive demographic and prevalence data to provide deep, comparative health status analytics across diseases and chronic conditions for local areas against peer metropolitan areas.

Economic Costs

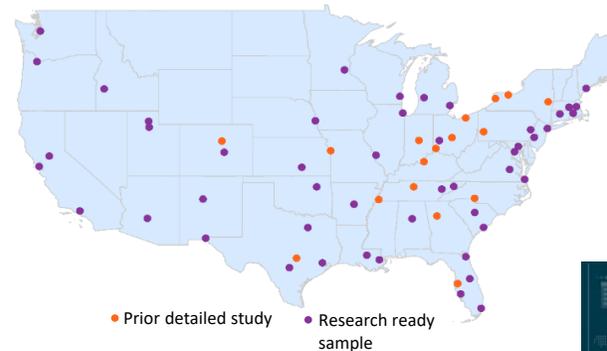
With commercial and government claims data and unique evidence-based proprietary models, FTI evaluates workforce healthcare utilization costs and quantifies economic costs from lost workplace productivity, including impact on presenteeism and absenteeism.

Intervention and Evaluation

FTI's team of experienced professionals combine data science with customizable scenario modeling and informatics analysis to evaluate the effects of care delivery and payment model interventions or change.

Comparator Cities

FTI uses a rich collection of health care and economic data that provide insight across a large number of metropolitan areas. Its access to and experience with extensive commercial and government claims data, CDC BRFSS SMART, and other health data allow for peer city comparisons and customizable modeling.



● Prior detailed study ● Research ready sample



Economic Impact of Health Presentation at the National Forum for Heart Disease & Stroke Prevention Value & Access Partner Spotlight Meeting
[Read presentation here.](#)

Health & Economic Impact of COVID-19: Public-private partnership opportunities for health, equity & economic vitality
[Read the full report here.](#)



Source: Margaret E. Guerin-Calvert, R. Kulkarni and S. Wang, "Health & Economic Impact of COVID-19: Public-Private Partnership Opportunities for Health, Equity & Economic Vitality," Center for Healthcare Economics and Policy, FTI Consulting, Inc. (October 2020). Calculations and methodologies are based on Center for Healthcare Economics and Policy's data and related proprietary work product.

Slide presented at the National Forum for Heart Disease & Stroke Prevention Value & Access Partner Spotlight Meeting on "Economic Impact of Health" by Meg Guerin-Calvert, FTI Consulting (Dec.9, 2020).

QUANTIFYING THE IMPACT OF HYPERTENSION ON PRODUCTIVITY AND INCREMENTAL MEDICAL COST

INCREMENTAL MEDICAL COST ESTIMATES

Total Annual Incremental Medical Costs of Chronic Conditions

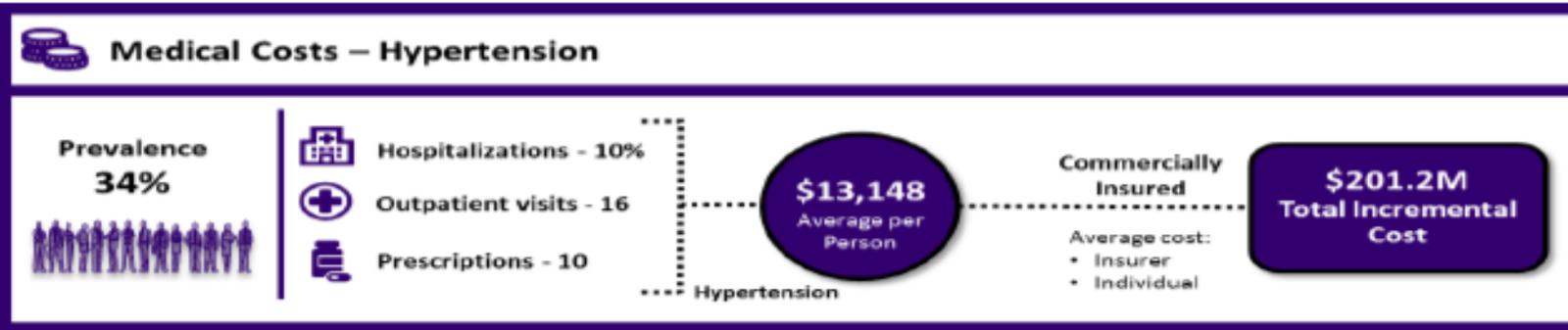
	Buffalo MSA
 Diabetes	\$200.4 M
Hypertension	\$201.2 M
Depression	\$170.5 M
Asthma	\$ 207.6 M
COPD	\$59.1 M
	\$838.8 M

PRODUCTIVITY COST ESTIMATES

Total Annual Productivity Costs of Chronic Conditions

	Buffalo MSA
 Diabetes	\$157.8 M
Hypertension	\$120.5 M
Depression	\$415.7 M
Obesity	\$152.5 M
Asthma	\$222.2 M
COPD	\$180.9 M
	\$1.2 B

Hypertension is the most prevalent of the eight chronic conditions in Buffalo-Niagara. On average, a hypertensive individual in the area generates \$13,148 of medical spending. Buffalo-Niagara's total incremental medical costs from hypertension is \$201.2 million per year.




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EXAMPLES OF CROSS-SECTOR COLLABORATIONS ON HEALTH OR HYPERTENSION

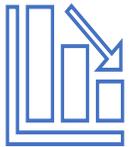


Cincinnati: As part of a collaboration between the **Cincinnati city government, Kroger Co., and Anthem Blue Cross and Blue Shield of Ohio** in 2008, 845 employees of the City of Cincinnati and of Kroger participated in one-on-one meetings with Kroger pharmacists specially trained to provide hypertension and diabetes coaching. The program was associated with **decreased medical costs** and **increased rates of controlled blood pressure** among hypertensive patients.

Rochester: This collaborative consisted of **local businesses, providers, insurers, labor, community organizations, the United Way, and minority consumer coalitions**. The project focused on developing a communitywide high blood pressure registry as well as equipping stakeholders with information to offer practical recommendations for blood pressure control. The result was an **11% increase** in the controlled blood pressure control rate among hypertensive patients.



Live Well San Diego: **County and state health agencies as well as well as academic and private practice medical specialists and community leaders** partnered in 2011 with the goal of preventing cardiovascular disease. Through regular meetings, forums sharing best practices, and an aggregated confidential data sharing program, the county was able better control blood pressure, lipid levels, and blood sugar in the community, resulting in a **22% reduction** in acute myocardial infarction hospital rates and **saving \$86 million**.



Erie County/Buffalo: Early data trends revealed that more than 33% of COVID-19 fatalities were African Americans in Erie County, NY; about double the share of population. A partnership of **leaders in Erie County Government, Live Well Erie, African American Health Equities Task Force and many partners** mobilized resources to respond to the disproportionate impact of the pandemic on the African American community. They collected and shared extensive data on health conditions, risks, outcomes, and social determinants. Results of collaboration and rapid response included a **reported dramatic change** in the fatality trend and **enhanced engagement** across partners around broader health and equity issues for community benefit.



Winston-Salem: This collaborative embarked on a rapid 29-day journey to “Mask the City.” Initiated by **academic medical system leaders**, it evolved into a unique coalition of cross-sector leaders that coordinated activities to locate a manufacturer, funded development and design of high quality masks, and distributed **over 390,000 masks** with **75,000 masks for low income and senior residents**.

Specific partners are bolded.



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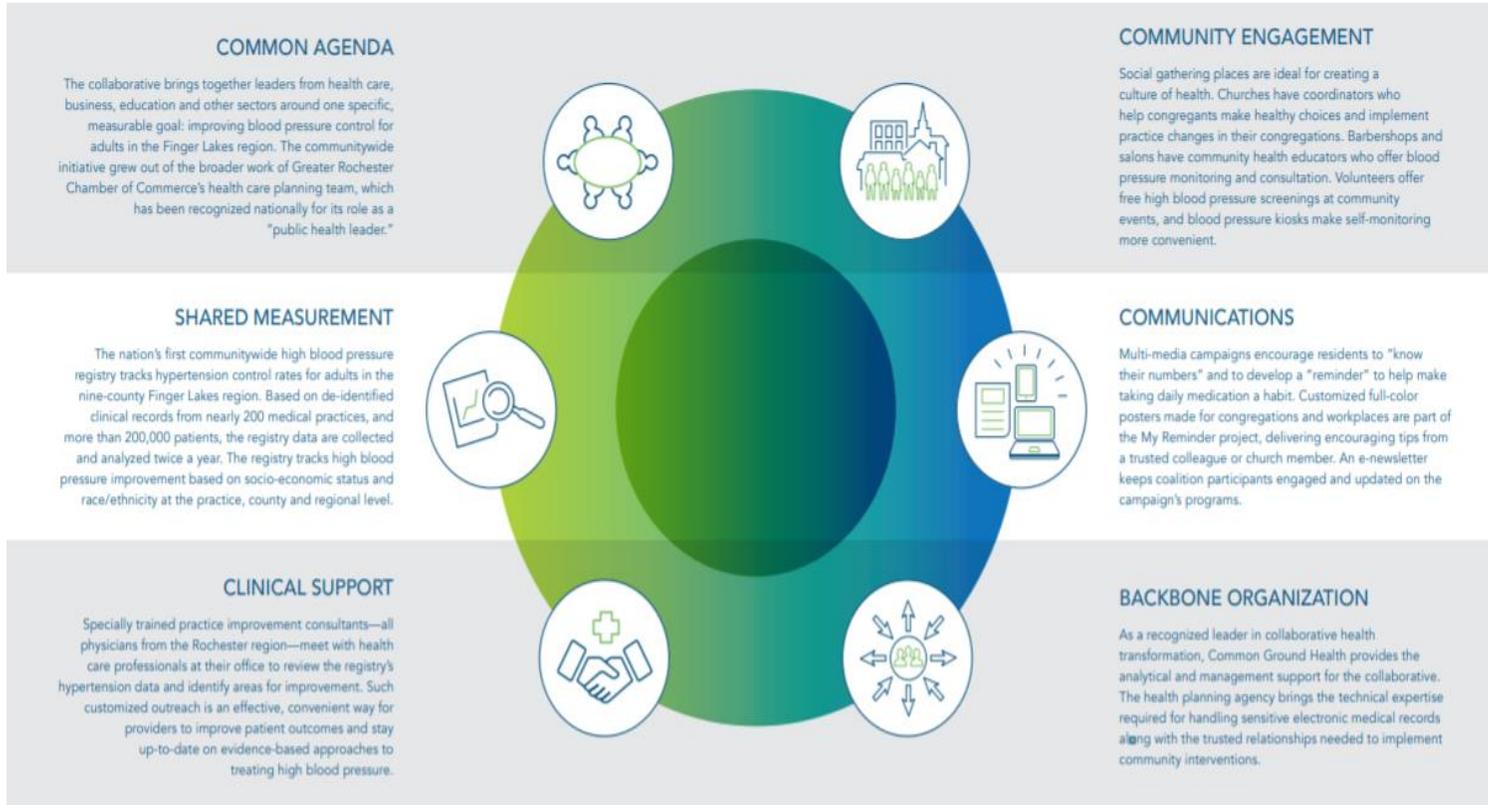
FTI Consulting’s Center for Healthcare Economics and Policy (Center) for a recent National Forum presentation developed examples of effective cross-sector collaboratives including several with successful interventions to address hypertension. Cross-sector collaboratives developed and shared core data, used trusted relationships, outreach, and innovative interventions before and during the COVID pandemic.

Slide presented at the National Forum for Heart Disease & Stroke Prevention Value & Access Partner Spotlight Meeting on “Economic Impact of Health” by Meg Guerin-Calvert, FTI Consulting (Dec.9, 2020).

Presentation to the National Forum’s Mid-Year Virtual Convening: Answering the Surgeon General’s Call to Action to Control Hypertension, May 6, 2021

PERSPECTIVES ON CROSS-SECTOR COLLABORATIVES AND OPPORTUNITIES FOR ACTION

Successful collaboratives across the U.S. share many common features for understanding and action.



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- In a recent National Forum presentation, FTI's Center identified key features:
- Collaboratives align key stakeholders from public health, business, healthcare, faith-based and community leaders around common health and economic themes and priorities
- Collaboratives break down silos – and use trusted relationships to reach all residents for engagement and benefit
- Collaboratives with key health, economic and other data can understand critical health issues and drivers, economic costs, equity and social factors in their community – and share and use them for engagement and action

Source: Common Ground Health and Greater Rochester Chamber of Commerce. "The High Blood Pressure Collaborative." Common Ground Health, February 26, 2019. <https://media.cmsmax.com/ravk3pgz5ktluis1r08ci/high20blood20pressure20collaborative201020year20retrospective-20190107011804.pdf>.

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Thank you!

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Center for Healthcare Economics and Policy