

Check. Change. Control.® Overview

Helping Wisconsin measure and manage hypertension to build longer, healthier lives.

Why? Nearly 80 million Americans have high blood pressure

- **1 in 3** adults, and nearly **5 in 10** African Americans, have high blood pressure
- High blood pressure is called the **silent killer** because most people have no symptoms
- **Half** of people treated for high blood pressure do **not** have it under control
- High blood pressure is a **major risk factor** for heart disease, stroke and kidney failure
- A 5 mmHg decrease in blood pressure can **reduce** risk of heart disease death by 9% and stroke death by 14% (INTERSALT, *Hypertension*, 1991)



**Register your company,
organization, or group today!**

Recognition available for participating
and exemplary organizations!

What? The Check. Change. Control. Program:

- The American Heart Association's evidence-based **self-monitoring** educational program to help people control their blood pressure:
- Proven to **improve** the **blood pressure** of people with high blood pressure. **For 50,000+ test participants the average drop in systolic blood pressure of participants was 11 mmHg.**

How? Key evidence-based components include:

- **Self-monitoring** of blood pressure outside of the healthcare setting including guidance on *how* to self-monitor. Blood pressure can be measured at home, work or the community. Self-monitoring has been shown to help participants reduce their blood pressure.
- An **online tool** to track blood pressure readings, with reports for organization coordinator and optional support from a volunteer.
- **Awareness and educational tools** for participants, on topics such as high blood pressure, healthy eating, physical activity and medication management
- A **4-month communication/education program** for the coordinator tied to AHA Resources

For more information or to register contact:

Tim Nikolai, Sr. Community Health Director
(414) 502-8780 or tim.nikolai@heart.org.
www.ccctracker.com



**Check.
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Check. Change. *Control*[®]. - Enrollment Form

Thank you for participating in Check. Change. *Control*! You are helping your participants to take ownership of their blood pressure and improve their cardiovascular health.

Organization: _____

Coordinator name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

AHA Staff Contact: _____

Please return your completed form to Tina Steinway at:

Tina.Steinway@heart.org or Fax: 312-346-7375

For Office use only:

Staff Name: _____

Campaign Name: _____
(Example: YMCA – Dallas)

Campaign Code: _____
(Example: YDal1 – combination of five letters/numbers)

Date entered into Dynamics: _____



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