



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Hypertension

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

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| 1 Core Basics | 2 Self-Reflection |
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SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns Hypertension from something that happens to you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

HYPERTENSION — A NATIONAL OVERVIEW

Stage 1

Stage 2

Hypertension (high blood pressure) means your blood pushes too hard on your artery walls. And it stays too high for a long time. The 2017 ACC/AHA guidelines set clear stages.

Stage 1 is 130–139/80–89 mm Hg. **Stage 2** is $\geq 140/90$. A **hypertensive crisis** is $\geq 180/120$. Most people feel nothing. That is why it is called the silent killer.

If you do not treat it, it slowly hurts your heart, brain, kidneys, and eyes. This goes on for years. Then something breaks, like a stroke, a heart attack, kidney failure, or vision loss.

Here is the good news. High blood pressure is easy to measure. It is easy to change. And it is one of the most treatable problems in all of medicine.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.



1 Core Basics

Welcome — why becoming a Prepared Patient matters

What Hypertension actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it

★ My Prepared Patient Pledge

I pledge to learn about my Hypertension, to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Hypertension



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with Hypertension. This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you actually had your blood pressure measured recently?

Measurement is the test for high blood pressure. Many adults haven't had it checked in over a year.

CHOOSE ONE

- ☐ Yes — regularly (every visit, or at home)
- ☐ Occasionally — at clinic visits
- ☐ Just once or twice that I can recall
- ☐ No, not in a long time
- ☐ I'm not sure / I don't remember

Q2 Has anyone in your family had high blood pressure, heart disease, stroke, or kidney disease?

Family history is one of the most useful pieces of context for HTN.

CHOOSE ONE

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Some, but I'm not sure who

Q3 Have you ever heard about, or thought about, any of these in connection with blood pressure? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ DASH-style eating or low-sodium diet
- ☐ Home blood pressure monitoring
- ☐ "Validated" cuffs (validatebp.org)
- ☐ Blood pressure medications (ACE/ARB, diuretic, calcium-channel blocker, etc.)
- ☐ Community BP screening (pharmacy, barbershop, faith community)
- ☐ None of these — this is all new to me



2 Self-Reflection

Eight soft questions to find your honest starting point

Q4 Do you feel confident that you understand high blood pressure — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to prevent) high blood pressure?

Quality of life is the goal — not just "managing the number."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before



2 Self-Reflection

Eight soft questions to find your honest starting point

Q7 Do you have at least one person — family, friend, or care team — you can turn to about blood pressure?

Habit change sticks when it's social, not just clinical.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I have high blood pressure
- ☐ Someone I love has high blood pressure
- ☐ I might have it — I want to find out and learn
- ☐ I want to prevent it before it starts
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious

What these answers tell me about where I'm starting



2 Self-Reflection

Eight soft questions to find your honest starting point

Additional Notes

☐ I've completed Step 2 · Self-Reflection for Hypertension



3 Force Field Fact Sheet

Primer · Foundations

This is the heart of the resource: the complete Hypertension Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



What Is Hypertension?

PRIMER · TIER 0

Hypertension (high blood pressure) means your blood pushes too hard on your artery walls. And it stays too high for a long time. The 2017 ACC/AHA guidelines set clear stages.

Stage 1 is 130–139/80–89 mm Hg. **Stage 2** is $\geq 140/90$. A **hypertensive crisis** is $\geq 180/120$. Most people feel nothing. That is why it is called the silent killer.

If you do not treat it, it slowly hurts your heart, brain, kidneys, and eyes. This goes on for years. Then something breaks, like a stroke, a heart attack, kidney failure, or vision loss.

Here is the good news. High blood pressure is easy to measure. It is easy to change. And it is one of the most treatable problems in all of medicine.

CONCEPTS · LEARN IT

- BP = systolic/diastolic. Stage 1 = 130–139/80–89. Stage 2 = $\geq 140/90$. Crisis = $\geq 180/120$
- High blood pressure hurts your vessels. It damages arteries. Then organs downstream pay the price
- Most high blood pressure feels like nothing. Only home BP readings show the truth
- Lifestyle and meds together work better than either one alone
- Almost half of U.S. adults have high blood pressure. Most do not have it under control

ACTIONS · THIS WEEK

- Get a tested upper-arm home BP cuff this week
- Take 2 readings each morning and 2 each evening for 7 days
- Bring the log to your next visit

SKILLS · LIVE IT

- Say your usual home BP and your goal
- Take a correct reading. Rest first, sit down, feet flat, cuff on a bare upper arm
- Spot red flags. These include fever, sudden bad headache, vision change, chest pain, or FAST stroke signs

PLAN · SHARE IT

- Read all 16 squares
- Open the deep course tile #1
- Build your home BP routine



3 Force Field Fact Sheet

Primer · Foundations



360 Human Anatomy: Cardiovascular

PRIMER · ANATOMY

Let's walk through the body where high blood pressure lives. Your heart pumps blood through arteries. Some are big, like the aorta. Some are small, like arterioles and capillaries.

These small ones feed every organ. When pressure is too high, artery walls get thick and stiff. Your heart must work harder. This makes it grow larger (hypertrophy).

Organs downstream get hurt, one tiny vessel at a time. Four organs are the classic targets. The brain can have a stroke. The heart can have a heart attack or heart failure.

The kidneys can get chronic kidney disease. The eyes can get retinopathy (damage to the back of the eye). The 360 Human Explorer lets you click each one.

Then you can see what high blood pressure does there.

CONCEPTS · LEARN IT

- Heart → arteries → arterioles → organs
- High blood pressure hurts small vessels first (silent). It hurts big vessels later (loud)
- Four target organs: brain, heart, kidney, eye
- Left ventricular hypertrophy (a thicker heart muscle) is the sign on the heart
- Microalbuminuria (a little protein in urine) is the sign on the kidney

ACTIONS · THIS WEEK

- Click into 360 Human Anatomy: Cardiovascular
- Mark your yearly eye exam, kidney panel, and EKG/echo
- Add a sleep apnea screen if you snore or feel tired

SKILLS · LIVE IT

- Open the 360 Human Anatomy module
- Name three organs high blood pressure damages
- Explain why home BP matters more than clinic BP
- Describe the FAST stroke check

PLAN · SHARE IT

- Visit the cardiovascular system module
- Mark your own organs of concern
- Bring your marked map to your next visit





Who Gets Hypertension?

PRIMER

Almost half of U.S. adults have high blood pressure. That is about 122 million people. Your risk goes up with age, weight, and salt. It also goes up with alcohol, sitting too much, sleep apnea, family history, and long-term stress.

African Americans get high blood pressure earlier and worse than other racial groups. It often comes with sickle cell disease, which mostly affects African Americans.

Together, these cause the highest number of strokes we could have prevented in U.S. medicine. High blood pressure during pregnancy (preeclampsia) is also a warning sign.

It points to heart risk later in life. None of this is your fault. But all of it, you can act on.

CONCEPTS · LEARN IT

- ~122M U.S. adults have high blood pressure. Only ~25% are at goal
- African Americans get it earlier and harder. They have higher stroke and kidney risk
- Family history matters. But lifestyle matters more
- High blood pressure in pregnancy (preeclampsia) warns of lifetime heart risk
- Sleep apnea is a hidden cause of hard-to-treat high blood pressure

ACTIONS · THIS WEEK

- Ask your siblings and parents what their BP is
- Get a sleep apnea screen if you have symptoms
- Add your high blood pressure to your phone's medical ID

SKILLS · LIVE IT

- Know your family history. Ask parents, grandparents, and siblings
- Check for sleep apnea if you snore or feel tired
- Track your alcohol and salt honestly

PLAN · SHARE IT

- Talk with family about BP this month
- Get a sleep medicine referral if you have symptoms
- Update your Health Passport with family history



Force Field Fact Sheet

Primer · Foundations



The Numbers

PRIMER

About 122 million American adults have high blood pressure. It is the #1 risk factor for stroke and heart attack that we can change. Only about 1 in 4 people with high blood pressure have it under control.

About 80% of strokes can be prevented. And treating high blood pressure is the biggest tool we have. High blood pressure costs the U.S. about \$131 billion each year in direct health care.

Here is the key fact. Drop your top number (systolic BP) by just 10 mm Hg. That cuts stroke risk by about 27%. It cuts heart attack risk by about 17%. That is a bigger effect than most drugs we give for anything.

CONCEPTS · LEARN IT

- ~122M Americans · ~\$131B/yr U.S. cost
- Only ~25% of high blood pressure is at goal
- #1 risk factor for stroke & MI that we can change
- 10 mm Hg systolic drop = ~27% less stroke risk
- ~80% of strokes can be prevented

ACTIONS · THIS WEEK

- Track your weekly average BP
- Figure out your last 30-day adherence %
- Ask your team about your stroke risk score (like ASCVD)

SKILLS · LIVE IT

- Say one number that motivates you
- Track your own ED visits and hospital stays each year
- Figure out the BP drop you would need to cut your stroke risk in half

PLAN · SHARE IT

- Add a numbers log to your Health Passport
- Set a personal goal
- Opt in to PHIT so you count toward national outcomes



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Know My Numbers

LEARN IT · TIER 1 AWARE

High blood pressure is found with **many readings**, not just one. Your BP changes minute to minute. Stress, caffeine, talking, and a doctor in the room all move it.

The best signal is a 7-day home log. Take 2 readings in the morning and 2 in the evening, done right. Know your usual home average. Know your goal. It is often $<130/80$.

It may be lower if you have CKD (kidney disease), diabetes, or heart history. Know your white coat pattern, where clinic readings run higher than home.

Know your masked pattern, where home runs higher than clinic. The patient who walks in with a 2-week home log and a goal runs the visit.

CONCEPTS · LEARN IT

- The diagnosis uses averages, not single snapshots
- Goal is usually $<130/80$ (lower if CKD, diabetes, or ASCVD history)
- White coat = clinic high, home normal. Masked = clinic normal, home high. Both matter.
- Home BP steps: rest 5 min, sit, feet flat, bare upper arm
- Take 2 readings, 1 minute apart. Do it morning AND evening for at least 7 days

ACTIONS · THIS WEEK

- Buy a tested upper-arm cuff. Search 'validatebp.org'
- Run a 7-day morning and evening log
- Bring it to your next visit. Ask: "Am I at my goal?"

SKILLS · LIVE IT

- Say your usual home BP and your goal
- Show the right way to use a home cuff
- Spot a bad reading. Watch for talking, crossed legs, a full bladder, or recent caffeine
- Read your last clinic BP correctly

PLAN · SHARE IT

- This week: get a cuff and start a 7-day log
- This month: talk about the best dose for you
- Update your Passport with your home average and goal



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Master Meds & Cuff

LEARN IT · TIER 1 AWARE

There are five main classes of blood pressure medicine. **ACE inhibitors** (names end in -pril; lisinopril, ramipril) and **ARBs** (names end in -sartan; losartan, valsartan) relax vessels and protect kidneys.

Calcium-channel blockers (amlodipine, diltiazem) relax vessel walls. **Thiazide diuretics** (HCTZ, chlorthalidone) are water pills that lower fluid. **Beta-blockers** (metoprolol, atenolol) slow the heart.

These are used more for ASCVD/CHF than for plain high blood pressure. A small group of others exists too, like spironolactone for hard-to-treat cases and hydralazine.

Most people need **two or more meds** to reach goal. Taking your meds every day is the biggest thing that predicts control. The home cuff is part of the kit.

Without it, you are flying blind between visits.

CONCEPTS · LEARN IT

- 5 classes: ACE/ARB, CCB, thiazide, beta-blocker, others
- Most patients need 2+ meds at low-to-moderate doses
- Side effects to call about: cough (ACE), swelling (CCB), dizzy (any)
- ACE/ARB protect kidneys in diabetes & CKD
- A tested upper-arm home cuff is part of the kit

ACTIONS · THIS WEEK

- Set a daily med reminder
- Bring your full med list to every visit
- Ask: 'Am I on the best plan for me?'
- Buy a tested home cuff

SKILLS · LIVE IT

- Check your med list at every visit
- Explain what each of your meds does
- Use a pillbox or phone reminder
- Show the right way to use a home cuff
- Know which side effect means 'call your team'

PLAN · SHARE IT

- This week: pillbox + cuff
- This month: talk about the best plan for you
- This quarter: finish missed labs (BMP, lipids, A1c if needed)



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Spot Red Flags Early

LEARN IT · TIER 1 AWARE

Some high blood pressure symptoms are emergencies, even when they seem mild. **BP $\geq 180/120$** needs same-day care. Call your team or go to urgent care. **BP $\geq 180/120$ with symptoms** is a **hypertensive emergency**.

Those symptoms are chest pain, bad headache, vision change, weakness, confusion, or trouble breathing. Call 911. Stroke signs are always 911. Use FAST:

Face droop, Arm weakness, Speech change, Time to call 911. A sudden bad headache, the "worst of my life," is 911. New chest pain or trouble breathing is 911.

Most other high readings can wait for your team. They can help within 24 to 48 hours. Call before you drive to the ED.

CONCEPTS · LEARN IT

- Hypertensive urgency = $\geq 180/120$, no symptoms → call team / urgent care
- Hypertensive emergency = $\geq 180/120$ + symptoms → 911
- FAST stroke check is always 911
- Sudden bad headache, chest pain, vision change, or trouble breathing = 911
- Most high readings can be handled by your team within 24–48 hr

ACTIONS · THIS WEEK

- Save your team's number, the urgent care number, and 911 in your phone
- Print a Red Flag card for the fridge
- Practice with family: 'When do we call vs urgent care vs 911?'

SKILLS · LIVE IT

- Spot FAST stroke signs
- Tell hypertensive urgency from emergency
- Say the When-to-Call numbers
- Use a home cuff during a symptom episode and act on the reading

PLAN · SHARE IT

- This week: put a red flag card on the fridge
- This month: practice one scenario with family
- Quarterly: review the plan with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field

LEARN IT · TIER 1 AWARE

Lifestyle can move your BP a lot. Sometimes as much as a medicine. **DASH-style eating** (a diet full of fruits, veggies, and low-fat dairy) drops the top number about 8–14 mm Hg.

Cutting salt to <2300 mg/day drops it about 5–6 mm Hg. **150 minutes a week of moderate exercise** drops it about 4–9 mm Hg. **Losing weight** drops it about 1 mm Hg for each kg lost.

Cutting back on alcohol (≤ 1 drink/day for women, ≤ 2 /day for men) drops it about 4 mm Hg. Getting **7+ hours of sleep, treating sleep apnea, and using stress or breathing skills** all add more points.

Stack 3 of these together. You can often cut or drop a medicine.

CONCEPTS · LEARN IT

- DASH eating: -8 to -14 mm Hg
- Salt <2300 mg: -5 to -6 mm Hg
- 150 min/wk exercise: -4 to -9 mm Hg
- Weight loss: -1 mm Hg per kg
- Less alcohol: -4 mm Hg
- Sleep and treating sleep apnea: more than people think

ACTIONS · THIS WEEK

- This week: have one DASH meal a day
- Track your salt for 3 days
- Set up a sleep apnea check if you have symptoms
- Pick one stress or mind-body skill. Practice it 5 min a day

SKILLS · LIVE IT

- Plan a DASH-style meal
- Read a salt label and stop at 2300 mg/day
- Walk 30 min, 5 days a week
- Do a 4-7-8 breathing cycle
- Check yourself for sleep apnea (snoring, daytime sleepiness)

PLAN · SHARE IT

- Daily: DASH-style eating + 30 min exercise
- Weekly: weigh in and log it
- Quarterly: review with your team. Adjust meds if BP improves



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Make Every Visit Count

LIVE IT · TIER 2 ACTIVE

A great BP visit is not about cramming. It is about a few simple things. Bring a 2-week home BP log. Bring three written questions. Do one teach-back. Make one shared decision.

Get one clear next step. Bring your Passport too. Use the AHRQ SHARE Approach. Ask: "What's my goal?" Ask: "If you were me, what would you do next?" Before you leave, say the next three steps out loud.

Make sure the clinician agrees.

CONCEPTS · LEARN IT

- Home BP log + 3 questions + 1 teach-back + 1 shared decision
- Health Passport = a summary you can carry between places
- The SHARE Approach beats 'just ask'
- Setting a goal up front saves 10 minutes later
- Map your next steps before you leave the room

ACTIONS · THIS WEEK

- Do a pre-visit routine (15 min, the day before)
- During the visit: do one teach-back
- After the visit: list 3 next steps
- Follow up on the portal within 24 hr

SKILLS · LIVE IT

- Before the visit: a 7-14 day home log + 3 top questions
- During the visit: one teach-back and one shared decision
- Ask 'What's my goal?' and 'What would you do?'
- Send a portal follow-up within 24 hr

PLAN · SHARE IT

- Set up a pre-visit routine
- Practice teach-back with family before real visits
- Set up a debrief after every visit



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team Members

LIVE IT · TIER 2 ACTIVE

High blood pressure is a team sport. Your **primary care** doctor is the quarterback. A **cardiologist** helps if your BP is hard to treat or you have heart disease.

A **care management RN** can review your home BP logs between visits. A **pharmacist** checks your meds and helps you stay on them. A **dietitian (RD)** coaches you on DASH eating and salt.

Behavioral health helps with stress and sticking to your plan. **Sleep medicine** helps if you have sleep apnea (OSA). A **peer mentor** has lived it too. Build the list.

Save the numbers. Know who handles what.

CONCEPTS · LEARN IT

- Managing high blood pressure is a team sport
- An RN care manager between visits is a big help
- Pharmacists are underused for helping you stay on meds
- A dietitian and behavioral health are proven add-ons
- A sleep apnea check is a must in hard-to-treat cases

ACTIONS · THIS WEEK

- Build the Care Team card
- Ask for a care management RN if you do not have one
- Find a dietitian or virtual nutrition coach
- Get a sleep medicine referral if you have symptoms

SKILLS · LIVE IT

- List every team member with a phone and email
- Use 'who handles what' to sort your questions
- Set up yearly checks (eye, kidney, ASCVD score)

PLAN · SHARE IT

- This month: finish your Care Team card
- This quarter: book the yearly check you are missing
- This year: finish a sleep apnea check if you have symptoms



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Telemedicine and health tech now do real work for high blood pressure. Most routine follow-ups can be a 15-minute video visit. You just review your home BP log.

Patient portals hold messages, labs, and refill requests. A tested upper-arm home cuff costs under \$50. It is the single most useful device a patient can own.

Wearables can track sleep, HRV (heart rate changes), and activity. They are helpful, but they do not replace the cuff. AI symptom triage (tools that help sort symptoms) is growing.

It is useful, but it never replaces calling your team.

CONCEPTS · LEARN IT

- Telemedicine = real medicine, not 'less'
- The patient portal = your second voice
- A tested upper-arm cuff = a must-have
- Wearables track sleep, HRV, and activity — extra help
- AI triage is helpful, but not a replacement for your team

ACTIONS · THIS WEEK

- Sign up for your portal today
- Buy a tested home cuff
- Set up one routine visit as a video visit
- Try a digital BP diary for 30 days

SKILLS · LIVE IT

- Run a video visit smoothly
- Send a clear portal message
- Read a home cuff and act on it
- Pair a wearable to your phone and review trends

PLAN · SHARE IT

- This week: portal + cuff
- This month: try a video visit
- This quarter: review your 30-day log with your team



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Referrals & Cost

LIVE IT · TIER 2 ACTIVE

Most blood pressure medicines are **generic and cheap**. Often just \$4 a month at big-box pharmacies. Some chains give them free. The Medicare Annual Wellness Visit covers BP screening.

Co-pay help is real, and few people use it. NeedyMeds, RxAssist, and drug maker programs help pay for newer drugs. You can appeal a prior authorization if it is denied.

FMLA and ADA protect you if severe high blood pressure affects your work. Care navigators help with all of it. They are often free at academic centers and many community clinics.

CONCEPTS · LEARN IT

- Most BP meds = \$4/month generics
- Medicare Wellness covers BP
- Co-pay help: NeedyMeds, RxAssist, drug maker programs
- You can appeal a denied prior authorization
- FMLA + ADA = your rights at work
- Care navigators are often free

ACTIONS · THIS WEEK

- Print one EOB and learn what every line means
- Map out your own co-pays
- Save 3 co-pay help links in your phone
- Talk to HR about FMLA before you need it

SKILLS · LIVE IT

- Read an EOB and find the appeal address
- File a prior authorization appeal
- Apply for co-pay help
- Get FMLA paperwork from HR

PLAN · SHARE IT

- This week: collect your last 3 EOBs
- This month: apply for at least one co-pay program
- Each year: re-check your FMLA / ADA paperwork at work



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity & the SCD Intersection

SHARE IT · TIER 3 CERTIFIED

African Americans get high blood pressure earlier and worse than other racial groups in the U.S. They have much higher rates of stroke, heart failure, and kidney disease at every age (CDC, AHA).

Sickle cell disease (SCD) mostly affects African Americans. It adds even more vessel risk. SCD hurts small vessels through blockages that happen again and again.

High blood pressure hurts both large and small vessels through pressure. **Put them together. An African American adult with both SCD and high blood pressure has the highest number of preventable strokes of any known pair of conditions in U.S.**

populations. This square exists to make that clear. If you have SCD, ask your team about BP screening. If you have high blood pressure and African ancestry, ask about sickle cell trait status.

Genetic counseling helps with family planning. And speak up. Bias in pain treatment, in BP control, and in stroke care is real and documented. You do not have to live with it.

CONCEPTS · LEARN IT

- AA high blood pressure: starts earlier, more severe, worse outcomes
- SCD + high blood pressure = the highest preventable-stroke burden
- Sickle trait status matters for family planning
- Bias in BP control and stroke care is documented
- Equity is not a side topic. It is the central high blood pressure story

ACTIONS · THIS WEEK

- Save written notes after each ED or new-clinician visit
- Build your visit story toolkit
- Find a local clinician or advocate who knows SCD and high blood pressure
- Practice 'broken record' redirection

SKILLS · LIVE IT

- Ask about BP screening if you have SCD
- Ask about SCD or trait status if you have high blood pressure and African ancestry
- Write down visit problems
- Stay calm while you speak up ('here's what worked before')

PLAN · SHARE IT

- This month: finish one equity training (AHA, IHI)
- This quarter: write your story and decide who to share it with
- Long-term: become an Ambassador (Tier 3)



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Teach, Mentor, Ambassador

SHARE IT · TIER 3 CERTIFIED

You become your strongest self when you teach others. Mentor a neighbor, coworker, or family member who was just diagnosed. Run a 'know your numbers' coffee hour at your church or community center.

Speak at work about home BP and DASH-style eating. Volunteer with the AHA. Co-present at patient advisory boards. You are the world's top expert on living with your own high blood pressure.

Bring that authority into the rooms where decisions get made.

CONCEPTS · LEARN IT

- Mentoring improves your own health too
- Teach what you actually do, not theory
- One clear story beats ten slides
- Setting limits is part of mentoring
- Bring data. Bring your home BP log and your trend

ACTIONS · THIS WEEK

- Sign up to mentor one newly diagnosed family this quarter
- Speak once at school, work, church, or community
- Submit your story to AHA Patient Voice or 360SCDHUB if you have both
- Co-present grand rounds with your PCP team

SKILLS · LIVE IT

- Tell your story in 3 minutes
- Run a 30-min peer support session
- Write a one-pager: 'what I wish I'd known at __'
- Co-teach a clinical workshop with your PCP
- Set healthy limits when you mentor

PLAN · SHARE IT

- This month: find one mentoring chance
- This quarter: give one talk
- This year: finish Tier 3 Ambassador requirements



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Share Insights with Clinicians

SHARE IT · TIER 3 CERTIFIED

Bring data. Write a short letter to your care team after a great or rough visit. Say what worked, what did not, and what you learned. Help train residents on home BP technique.

Most academic programs welcome patient teachers. Share specific moments. Maybe the RN reviewed your log and changed your plan. Maybe your pharmacist caught a double dose.

Your insight changes care for the patients who come after you.

CONCEPTS · LEARN IT

- Letters to clinicians are short, specific, and named
- Real stories beat general feedback
- Most teaching programs welcome patient teachers
- Anonymous insights still help
- Feedback closes the loop on shared decisions

ACTIONS · THIS WEEK

- Write one feedback letter this quarter
- Volunteer for one teaching round this year
- Submit one insight to the FFH Network for the staff training library

SKILLS · LIVE IT

- Write a 'what worked / what didn't / what we learned' letter in under 200 words
- Lead a 5-min slot in resident teaching rounds
- Send a portal feedback message after a great visit
- Turn a tough moment into a teachable case

PLAN · SHARE IT

- This month: write one feedback letter
- This quarter: present once
- This year: add to the FFH Staff Training Library



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT stands for Population Health Impact Tracking. It is the FFH research engine. It asks one big question. Does the Prepared Patient program really cut strokes, ED visits, hospital stays, and total cost of care for people with high blood pressure? You can opt in to share aggregate, de-identified outcomes.

That means grouped data with no name attached. It covers BP control, ED visits, hospital stays, badge progress, and how you rate your quality of life. Researchers, payers, and policymakers use it to prove the program works.

No PHI (protected health information) is shared. You can withdraw anytime. You will get plain-language updates on how the group is doing.

CONCEPTS · LEARN IT

- PHIT = de-identified, grouped outcomes only
- Proven programs become paid for + scalable
- Your data + 1,000 others = a study that can be published
- Opt out anytime, full transparency
- The FFH ROI Engine pairs PHIT data with cost data

ACTIONS · THIS WEEK

- Opt in with the green box on this page
- Read your first quarterly summary
- Tell one peer about PHIT
- If a researcher contacts you, check with FFH first

SKILLS · LIVE IT

- Read a one-page consent
- Know what is and is not PHI
- Set up a regular review of your own dashboard
- Withdraw or pause any time

PLAN · SHARE IT

- Today: opt in if it feels right
- Each quarter: review your summary
- Each year: decide whether to keep going

Additional Notes

☐ I've read the full Hypertension Fact Sheet · Step 3


4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Hypertension is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers

About 122 million American adults have high blood pressure. It is the #1 risk factor for stroke and heart attack that we can change. Only about 1 in 4 people with high blood pressure have it under control.

About 80% of strokes can be prevented. And treating high blood pressure is the biggest tool we have. High blood pressure costs the U.S. about \$131 billion each year in direct health care.

Here is the key fact. Drop your top number (systolic BP) by just 10 mm Hg. That cuts stroke risk by about 27%. It cuts heart attack risk by about 17%. That is a bigger effect than most drugs we give for anything.

- ~122M Americans · ~\$131B/yr U.S. cost
- Only ~25% of high blood pressure is at goal
- #1 risk factor for stroke & MI that we can change
- 10 mm Hg systolic drop = ~27% less stroke risk
- ~80% of strokes can be prevented

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Hypertension Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.

What Is Hypertension?

FOR YOU · THE PATIENT

This is your map. Read it once cold. Then come back to each square one by one. Your shield gets stronger every step.

EMPLOYERS & WORKPLACE

High blood pressure is real and lifelong. Simple help makes a real difference. Give a quiet place to take BP, breaks for water, and time off for appointments.

FAMILY & CAREGIVERS

You do not have to memorize the science. Just learn enough to spot a hypertensive crisis. Watch for 180/120, a sudden headache, or weakness. And back up the patient at visits.

STUDENTS & LEARNERS

High blood pressure is the #1 risk factor for stroke and heart attack that we can change. You will see it in every clinic. Learn it well.



4 Prepared Patient Course

The complete course — three levels, applied to your life

360 Human Anatomy: Cardiovascular

FOR YOU · THE PATIENT

Knowing where the disease lives makes everything else click. It shows why meds, screenings, and every reading matter.

EMPLOYERS & WORKPLACE

This shows why a teammate with high blood pressure may need a moment to take a reading. They may also need a flexible visit schedule.

FAMILY & CAREGIVERS

Use the 360 Human Anatomy together. It turns hard numbers into clear pictures.

STUDENTS & LEARNERS

This is the best free cardiovascular anatomy tool you will find. Bookmark it for boards and bedside.

Who Gets Hypertension?

FOR YOU · THE PATIENT

You did not cause this. Knowing your family history helps you. It also helps the next generation.

EMPLOYERS & WORKPLACE

High blood pressure is not catching. Full stop. It also will not slow down a teammate who is well-controlled.

FAMILY & CAREGIVERS

Ask everyone their BP. Take readings together. Make it normal.

STUDENTS & LEARNERS

Equity stat: Black adults have ~40% higher rates of high blood pressure than non-Hispanic White adults. They have worse outcomes at every age (CDC). Do not forget this on the wards.

The Numbers

FOR YOU · THE PATIENT

You are not a statistic. But the statistics fight for you. Use them with insurers, employers, and your team.

EMPLOYERS & WORKPLACE

Helping with high blood pressure saves money. Paying for a home cuff for at-risk workers gives a high return.

FAMILY & CAREGIVERS

These numbers show why early action matters. Speaking up for control is one of the most powerful things you can do.

STUDENTS & LEARNERS

Memorize three: ~122M, \$131B, 10 mm Hg → 27%. You will use them every clinic week.

Know My Numbers

FOR YOU · THE PATIENT

Two minutes of correct technique matters a lot. It is the difference between real care and chasing a fake number.

EMPLOYERS & WORKPLACE

A quiet space, 5 minutes, and a chair. That is all a teammate needs for a good BP reading. That is it.

FAMILY & CAREGIVERS

Memorize the goal. It belongs on every emergency contact card.

STUDENTS & LEARNERS

Use tested cuffs only (validatebp.org). Wrist cuffs are known to be unreliable. Teach this every chance you get.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Master Meds & Cuff

FOR YOU · THE PATIENT

Taking your meds is the #1 lever you control. Miss just 1 dose a week and control drops by about 10%.

EMPLOYERS & WORKPLACE

Daily medicine is normal. A private spot to take meds is a low-cost, high-trust help.

FAMILY & CAREGIVERS

Help build the routine. Do not nag. Pillboxes, calendars, and shared phone reminders work better than reminding.

STUDENTS & LEARNERS

ACE/ARB → protect kidneys in DM/CKD. Thiazide → first choice in Black adults per JNC8/ACC-AHA. CCB → first choice in older adults. Know the why.

Spot Red Flags Early

FOR YOU · THE PATIENT

This square saves lives. Treat sudden headache, vision change, and weakness like fire alarms.

EMPLOYERS & WORKPLACE

Take a teammate's symptoms seriously. Help them call their team or 911. Do not 'wait and see.'

FAMILY & CAREGIVERS

Caregivers spot red flags first more often than patients do. You may be the hero.

STUDENTS & LEARNERS

FAST plus the four hypertensive emergency targets (brain, heart, kidney, eye). Every clinician must know these cold.

Lifestyle Force Field

FOR YOU · THE PATIENT

You can drop your BP 10–20 mm Hg with lifestyle alone. Just stack the levers. It feels boring. It works.

EMPLOYERS & WORKPLACE

A walking meeting, a low-salt cafeteria, a no-shame fitness room. These lower BP across a whole group.

FAMILY & CAREGIVERS

Help build the habits. Cook DASH-style together. Walk together.

STUDENTS & LEARNERS

DASH, exercise, salt, weight, alcohol, sleep. Memorize the rough numbers. Patients will ask.

Make Every Visit Count

FOR YOU · THE PATIENT

Great visits do not just happen. You build them. Five minutes of prep equals fifty minutes of better care.

EMPLOYERS & WORKPLACE

A 30-minute window for medical visits, with no judgment, saves money later.

FAMILY & CAREGIVERS

Be the second pair of ears. Help write down the next steps.

STUDENTS & LEARNERS

Practice the SHARE Approach in every visit. It feels awkward for two weeks. Then it feels like medicine.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Care Team Members

FOR YOU · THE PATIENT

You do not need to know everything. You need to know who knows what. And how to reach them.

EMPLOYERS & WORKPLACE

One named HR contact plus one named patient contact means no chaos.

FAMILY & CAREGIVERS

Help keep the Care Team card up to date. It is hard to do alone during a flare.

STUDENTS & LEARNERS

Become a clinician who knows high blood pressure well. There are not enough of you.

Telemedicine & Tech

FOR YOU · THE PATIENT

Tech makes you stronger. Video visits save hours of travel. The cuff saves hours of guessing.

EMPLOYERS & WORKPLACE

A 30-min video visit during work is far less disruption than a half-day in clinic. Allow it.

FAMILY & CAREGIVERS

Set up the tools together. Make sure parents and caregivers have portal access too.

STUDENTS & LEARNERS

Tele-care for high blood pressure is the future. Train in it now. Patients will know their own data.

Insurance, Referrals & Cost

FOR YOU · THE PATIENT

You can save thousands of dollars. You can avoid most ED bills. It takes just a few hours of paperwork.

EMPLOYERS & WORKPLACE

FMLA, ADA, and proactive HR support save money, keep talent, and lower risk.

FAMILY & CAREGIVERS

Take the lead on paperwork during a flare. The patient should not be on hold during a hypertensive crisis.

STUDENTS & LEARNERS

Most clinicians do not teach this. Learn it, and you will be the most useful person on the rotation.

Equity & the SCD Intersection

FOR YOU · THE PATIENT

You are not crazy. The system is uneven. Knowing this lets you protect yourself, write things down, and pick teams who get it.

EMPLOYERS & WORKPLACE

Believe what your team member tells you. Bias in the medical system is well documented.

FAMILY & CAREGIVERS

Be the calm voice. Be the second witness. Be the one who writes it down. Your role is real medicine.

STUDENTS & LEARNERS

Read AHA's hypertension equity statement and the SCD pain bias research. Then change your own behavior. You are the next generation.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Teach, Mentor, Ambassador

FOR YOU · THE PATIENT

Teaching locks in what you know. It gives meaning to what you have been through.

EMPLOYERS & WORKPLACE

A teammate who mentors others becomes an inside champion. Sponsor them.

FAMILY & CAREGIVERS

Caregiver-to-caregiver mentoring is just as powerful as patient-to-patient.

STUDENTS & LEARNERS

Learning with patient-experts is how you become a clinician who knows high blood pressure well. Show up. Listen first.

Share Insights with Clinicians

FOR YOU · THE PATIENT

Your feedback may be the thing that changes how 100 future patients are treated.

EMPLOYERS & WORKPLACE

Ask employees to share what works for them. Pass it on, with their okay, to other teammates.

FAMILY & CAREGIVERS

Caregiver feedback matters too. Especially the in-between moments clinicians never see.

STUDENTS & LEARNERS

The best teaching you will ever get comes from a patient. Show up to those rounds early and stay late.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Joining is a quiet but real act of advocacy. It helps the program get paid for, scaled, and given to people who cannot afford it.

EMPLOYERS & WORKPLACE

Sponsoring a group of workers in PHIT shows your investment is working. It gives you data to defend the spend.

FAMILY & CAREGIVERS

Caregivers can opt in too. Caregiver burden and outcomes are also tracked.

STUDENTS & LEARNERS

This is participatory research done right. Study how PHIT was built. Then do the same.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Hypertension, in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?
- ☐ What is each of my medicines for?



4 Prepared Patient Course

The complete course — three levels, applied to your life

The one thing about Hypertension I most want to remember

 Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for Hypertension



5 Materials & Tools

Your home kit — the tools that keep you prepared

Being prepared between visits takes a few simple tools. Set these up for Hypertension, and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Hypertension at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR HYPERTENSION

- ☐ Get a tested upper-arm home BP cuff this week
- ☐ Take 2 readings each morning and 2 each evening for 7 days
- ☐ Bring the log to your next visit
- ☐ Click into 360 Human Anatomy: Cardiovascular
- ☐ Mark your yearly eye exam, kidney panel, and EKG/echo
- ☐ Add a sleep apnea screen if you snore or feel tired
- ☐ Ask your siblings and parents what their BP is
- ☐ Get a sleep apnea screen if you have symptoms
- ☐ Add your high blood pressure to your phone's medical ID
- ☐ Track your weekly average BP
- ☐ Figure out your last 30-day adherence %
- ☐ Ask your team about your stroke risk score (like ASCVD)

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Hypertension



Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Hypertension, in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say your usual home BP and your goal
- ☐ Take a correct reading. Rest first, sit down, feet flat, cuff on a bare upper arm
- ☐ Spot red flags. These include fever, sudden bad headache, vision change, chest pain, or FAST stroke signs
- ☐ Open the 360 Human Anatomy module
- ☐ Name three organs high blood pressure damages
- ☐ Explain why home BP matters more than clinic BP
- ☐ Describe the FAST stroke check
- ☐ Know your family history. Ask parents, grandparents, and siblings
- ☐ Check for sleep apnea if you snore or feel tired
- ☐ Track your alcohol and salt honestly
- ☐ Say one number that motivates you
- ☐ Track your own ED visits and hospital stays each year
- ☐ Figure out the BP drop you would need to cut your stroke risk in half
- ☐ Say your usual home BP and your goal

TEACH IT BACK

The fastest way to know you've got it: explain Hypertension in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Hypertension — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back

Additional Notes

☐ I've completed Step 6 · Skills Lab for Hypertension





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Hypertension** — knowing their condition, their numbers, their red flags, and how to speak up in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you

This optional step is a gift you give the next person. Turn what you learned about Hypertension outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares
- ☐ Open the deep course tile #1
- ☐ Build your home BP routine
- ☐ Visit the cardiovascular system module
- ☐ Mark your own organs of concern
- ☐ Bring your marked map to your next visit
- ☐ Talk with family about BP this month
- ☐ Get a sleep medicine referral if you have symptoms
- ☐ Update your Health Passport with family history
- ☐ Add a numbers log to your Health Passport
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Hypertension.

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Hypertension

