
ATLANTA HYPERTENSION INITIATIVE SPRING CONVENING

Aligned for Impact: Measuring what Matters

May 19th , 2026
5:00pm-7:00pm



WELCOME



AGENDA

- Welcome
- New Connections
- Recognition of Commitments and Reporting
- Keynote Address: "Implementation Science:
Bridging the Gap from Evidence to Implementation"
- Peer Learning Tracks
- Next Steps
- Calls to Action
- Closing



NEW CONNECTIONS

AT YOUR TABLE:

- RAPID INTRODUCTIONS
- NAME
- ORGANIZATION
- ROLE

DISCUSS THE FOLLOWING QUESTION:

WHAT DO YOU HOPE TO GET OUT OF TODAY'S MEETING?



HOUSEKEEPING

THE ATLANTA HYPERTENSION INITIATIVE (AHI)



- A **collaborative group** (government, health care, community organizations, and professional associations)
- To **harness the power of collaboration**
- For **one shared vision:**
Healthier Atlantans through equitable hypertension control

Backbone Organizations

- CDC Foundation
- Atlanta Regional Collaborative for Health Improvement (ARCHI)
- American Medical Association (AMA)
- Atlanta-area American Heart Association (AHA)
- *Centers for Disease Control and Prevention (CDC)**



90+
Metro Atlanta
Organizations
To-Date

**Founding Organization; Technical Advising Only*

AHI NORTH STAR (5+ YEARS)

Through the collective action of organizations in health care and community settings, the AHI will reduce heart attacks and strokes* in metro Atlanta by improving HTN control among more than half a million adults in our region.

AHI CHAMPION COMMITMENTS

- Health Education
- Community Programs & Screenings
- SMBP
- AHI Training and Community

**EMPOWER
INDIVIDUALS &
COMMUNITY**

- Implement Clinical QI Best Practices
- Share HTN Improvements

**EQUIP
HEALTH CARE
PROVIDERS**

AHI provides evaluation support via digital Commitments Collection Form & Commitments Survey Tracker to help Champions share and track their commitments.

PROGRESS TO DATE

300+

Individual
**Members /
Champions**

90+

**Organizations
Represented**

5

**Convenings
& Trainings**

229

**HTN Control
Commitments**

4

Mini-Grants Awarded

5,731

Community Blood
Pressure Screenings

292

Home BP **Monitors
Distributed**

5

Clinic **Stipends
Awarded**
(SMBP Implementation)

8 | HTN Trainings

6

New **Target: BP
Program Sign-Ups**

4

New Health Clinics
Achieving **70% HTN
Control Rate Status**



2025 AHI HYPERTENSION CONTROL COMMITMENT PROGRESS

2025 AHI HYPERTENSION CONTROL COMMITMENTS



**229 HTN Control
Commitments, representing
35 separate commitment form
submissions from
25 organizations**

2025 AHI CHAMPIONS

Dr. Sabrinah	Dorce	Abundant Living Foundation, INC.	Katie	Leite	Open Hand Atlanta
Kimberly	Goodloe	American Heart Association	Laura	Samnadda	Open Hand Atlanta
Lucy	Bailey	Art Pharmacy	Franklin	Mack	Partnership for Southern Equity
Chris	Appleton	Art Pharmacy	Katie	Morris	Piedmont Healthcare
Bianca	Reese	Care Source	Jennifer	Farlow	Piedmont Healthcare
Barbara	Jones	Cascade UMC	Kelly	Blount-Smith	Piedmont Healthcare
Sam	Archbold	CORE (Community Organized Relief Effort)	Fariha	Alam	Refugee Women's Network
Brianna	Hilton-Isaac	Crossroads Community Ministries	Nikki	Hollinger	The National Kidney Foundation
Gary	Menard	Decatur Fire Rescue	Tamicka	Jones	United Way of Greater Atlanta
Felicia	Drummond	Ditch, INC.	Shante	Walker	Wellstar
Tremaine	Afetorgbor	Dr Flava LLC/ Communities in Cooperation	Maya	Perkins	Wellstar
Natasha	Taylor	Georgia Watch	Elise	Lockamy-Kassim	Wellstar Health System
Steven	McGoy	Georgia Works	Glenda	Francis	Wellstar Health System
Leslie	Marshburn	Grady Health System	Tiffany	Bryant	Wellstar Health System
Dr. Diana	Wilson	Healing Community Health	Alicia	Shelly	Wellstar Primary Care
Mikah	Fuller	Mercy Care	Thomasine	Leachman	YWCA Greater Atlanta
Umnia	Mahgoub	Mercy Care	Rani	Rajeevan	
			Bree	Robinson	

RECOGNITION OF COMMITMENTS AND REPORTING

- **5 AHI Champions Completed the 2025 Commitment Survey**
 - Piedmont Healthcare (Kelly Blount-Smith)
 - Wellstar Health System (Glenda Francis)
 - Mercy Care (Mikah Fuller)
 - Georgia Watch (Natasha Taylor)
 - AHA Ambassador (Kimberly Goodloe)

2025 AHI CLINICAL STIPENDS (SMBP)

- Emory Hillendale
- Cobb Douglas Public Health
- Healing Community Center
- Good Samaritan Atlanta
- Community Whole Health
- Greater Atlanta Women's Healthcare

2025 OUTPACE CVD (TARGET:BP) DATA SUBMISSION SITES

- Healing Community Center
- Morehouse Clinic
- Good Samaritan Atlanta
- Urban Clinic
- Our House

PEER LEARNING TRACKS: OVERVIEW

- **Track 1 – Clinical QI:** Advance clinical outcomes through peer to peer learning and conversations around sharing practical strategies, strengthening QI approaches, and aligning around data and implementation. Hear from others about what's working/ not working, ask questions.
- **Track 2 – Patient Education & Community Engagement:** Strengthen community connections through engagement and learning from peers and provide support for implementing commitments in community settings.

AHI QI Peer Learning Session

What's Working..
What's Not...
What's Next?!?

Shana Scott, JD, MPH

American Heart Association

Jarvis Gray, MHA, CLSSMBB

Clinical Quality Improvement SME
CDC Foundation



Why We're Here

Learn Together

Draw on the collective wisdom in this room — your peers are your greatest resource.

Share Honestly

What's working and what isn't — both are equally valuable to this conversation.

Identify Next Steps

Leave with practical, actionable ideas you can bring back to your team today.

Strengthen Impact

Sharpen how we implement programs and measure meaningful change for patients.



How We'll Work Together



Be Open & Honest

Real conversations create real progress. Speak candidly about your experience.



Share Real Experiences

We're not here for polished success stories — messy, in-progress work is welcome.



Learn From Each Other

Every person in this room brings insights that can help someone else move forward.



Focus on Solutions

Keep the conversation grounded in practical steps, not just problems.

What We're Seeing Across Organizations

Shana — FQHCs

- Access & capacity challenges affecting consistent care delivery
- Community-driven needs shaping program design
- Variability in data collection and reporting standards
- Strong programs that are difficult to scale sustainably

Jarvis — HCOs

- Resource-intensive models straining team bandwidth
- Workflow variation across departments and care teams
- Inconsistent follow-up creating gaps in patient outcomes
- Promising pilots that haven't reached full adoption

These shared patterns signal systemic opportunities — not isolated failures.
You are not alone in what you're navigating.

Let's Learn From Each Other

This session is built around **your experience**.
We'll move through three core questions together.

What's Working

Strategies gaining traction in
your setting

What's Not

Barriers and breakdowns
slowing you down

What You're Learning

Insights emerging from your work in real time



QI Domain Framework



QI Domain Framework

QI DOMAIN	EXAMPLES			
Leadership & Accountability	Identify an executive sponsor / HTN QI champion	Form a cross-functional team / Define roles	Add HTN Control to dashboards	Communicate HTN Control goals to staff
Data Visibility & Action	Define primary control metric	Develop HTN report / dashboard	Use data to prioritize focus areas	Track follow-up rates for uncontrolled BP
Measurement Accuracy	Train staff on proper technique	Calibrate BP devices / ensure appropriate cuff sizes	Integrate BP measurement in rooming protocols	Integrate into staff onboarding & training
Treatment & Follow-Up	Adopt standardized treatment protocol	Align on treatment targets	Establish follow-up within 4 weeks for uncontrolled BP	Create standing orders for Rx titration
Patient Self-Management	Provide standardized HTN education	Share plain language education materials	Use/support SMBP	Provide access to BP devices
Community Integration	Identify community partners / refer for lifestyle programs	Conduct community BP screening events	Develop referral pathways with CBOs/clinics	Develop interventions for high-risk audiences

What's Working?

Think about your organization's hypertension improvement work. What's one strategy that is actually making a difference in these domains?

01

Name the Domain & Strategy

What specifically did your team do or change in one of these areas?

02

Describe the Action

How was it implemented — who was involved and when?

03

Reflect on the Why

What do you think made it work in your context?





What's Getting in the Way?

Name **ONE** barrier that consistently slows your team down.

Be specific — what does it look like day to day?

Barriers don't have to be unique to your organization to be worth naming. Sometimes just hearing it reflected back reveals a path forward.

What We're Hearing

Across organizations, four themes surface again and again:



Workflow Inconsistency

Protocols vary by provider, shift, or location — making standardization elusive



Staffing & Resource Constraints

Limited bandwidth to sustain new initiatives alongside existing demands



Data Visibility Challenges

Difficulty accessing timely, actionable data to drive decisions



Follow-Up Gaps

Patients falling through the cracks between visits and care touchpoints



Let's Go One Level Deeper

We've identified the surface.

Now let's explore the **root causes** and **structural conditions** that
drive them.

What Does "Strong" Actually Look Like?

A high-performing hypertension improvement plan isn't built on one intervention — it requires alignment across four core elements:

1

Workflows

Clear, standardized protocols that every team member follows consistently

2

Data

Timely, accessible metrics that surface gaps and guide action

3

Team Roles

Defined responsibilities so nothing falls through the cracks

4

Follow-Up Processes

Reliable systems that keep patients engaged between visits

Where Are We Misaligned?



Misalignment often isn't visible until you name it out loud. Consider:

→ **Across Teams**

Are clinical, administrative, and community health staff operating from the same playbook?

→ **Across Workflows**

Do care protocols look the same at every touchpoint — or do they vary by provider or shift?

→ **Across Data**

Is everyone measuring the same thing, in the same way, at the same time?

What Would Help You Move Faster?

If you could remove one obstacle or add one resource tomorrow — what would make the biggest difference?

Tools

Templates, protocols, or technology to reduce manual burden

Data Access

Real-time dashboards or cleaner reporting to act with confidence

Staffing Models

Clearer role definitions or additional capacity to sustain momentum

Peer Connection

Direct access to colleagues solving the same challenges



Take It Back to Your Organization

What is ONE thing you will test or implement based on what you've heard today?

Even a small, focused experiment — done consistently — creates measurable change. You don't need a perfect plan. You need a next step.

How Can AHI Support You?

This group is a resource — not just a meeting. Tell us what would actually move the needle for your work.



Tools & Templates

Ready-to-use resources to reduce the lift of implementation



Peer Connections

Warm introductions to organizations solving similar challenges



Resources & Evidence

Research, guidance documents, and best practice frameworks



Strategic Guidance

Expert coaching to help your team navigate complex QI decisions

Moving Forward Together

Small changes ... → big impact

This Is Just the Beginning

Today's conversation is a foundation — one of many we'll build on together as this network grows.

We Learn Faster Together

No single organization has to figure this out alone. Your experience accelerates everyone else's progress.

Consistent Action Creates Change

The teams driving the best outcomes aren't doing more — they're doing the right things more consistently.





Thank You!

We're grateful for your time, your honesty, and your commitment to improving heart health in your communities.

Shana Scott, JD, MPH

American Heart Association

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2026 AHI COMMITMENT RECOGNITION



NEXT STEPS



CONTINUED ENGAGEMENT

- Website • LinkedIn Group • Monthly Email • Events (Virtual / In-Person) • Peer learning Groups



[Home](#) [About Us](#) [Commitments](#) [Events and Highlights](#) [Tools and Resources](#) [Get Connected](#)

ABOUT AHI

Why We Exist

Hypertension is a primary risk factor for heart disease and stroke. There are things that can be done to prevent hypertension, to keep it under control, and to prevent individuals from suffering from the numerous consequences of uncontrolled hypertension. Focus and concerted efforts at the individual, community and health care system levels can change outcomes for family members, colleagues, and neighbors in Atlanta.

Who We Are?

The U.S. Centers for Disease Control and Prevention, American Medical Association, CDC Foundation, and the Atlanta Regional Collaborative for Health Improvement (ARCHI) committed to focusing attention and resources on equitable hypertension control in metro Atlanta, through the creation of the [Atlanta Hypertension Initiative \(AHI\)](#).

The AHI is a collaborative group of national and local organizations including government, health care, community organizations, and professional associations. The AHI plans to engage metro Atlanta leaders across sectors by harnessing the power of collaboration to identify and implement solutions to advance equitable hypertension control through grassroots activation and support to health care organizations to improve their effectiveness in controlling hypertension.



Visit the AHI website: <https://atlhypertensioninitiative.org/>



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HYPERTENSION CONTROL IS VITAL FOR ATL



Terrence Hight, Jr. • 2nd
Entrepreneurial leader championing preventive care-focused he...
2mo •

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Hight Health
373 followers
2mo •

+ Follow

Often times we get asked, what we do, who we are, and why we do it...Here's the short answer... more



Aisha Williams and 5 others

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CLOSING THOUGHTS



A solid dark blue vertical bar on the left side of the slide.

THANK YOU!