John Clymer: Now I am joined by Dr. Modele Ogunniyi, a professor and master clinician at Emory University and past co-chair of the National Hypertension Control Roundtable. Dr. Ogunniyi and I will attempt to recap this convening and briefly discuss some key takeaways. That is a big challenge for us. Welcome, Dr. Ogunniyi.

Modele Ogunniyi: Thank you, John, for having me and I will say that it has been a wonderful day of discussions and I have been taking notes furiously. Thank you for the time.

John Clymer: Thank you for joining me. It is always an honor and a privilege for me to join you any place, even virtually. Modele, Paul Whelton, who is an authority figure on hypertension if ever there was one reminded us that high blood pressure is the world's leading preventable cause of death. Can we be reminded too many times that hypertension is a more significant cause of death and disability than smoking, obesity, and diabetes?

Modele Ogunniyi: Yes, John. Dr. Whelton has been a leader in this area, a pioneer in this area, but as we think about high blood pressure has a preventable cause of death, he pointed out something that the public does not hear enough. One thing for us to take away is that 80 to 90 percent of cases of hypertension are really linked to modifiable risk factors. That means that for most people who think hypertension is their destiny, they actually can do something about it. This is a real opportunity for us to change that narrative at the patient level, provider level, healthcare system level. I am glad that this convening focused on that.

John Clymer: That was such an important point and it tied right into Frank Luntz's comments.

Modele Ogunniyi: Yes, you are exactly right. Two aspects of Dr. Luntz's comments really were striking to me. He was very candid about his struggles about managing his blood pressure and that he didn’t make it a priority to follow his treatment plan, even after suffering two strokes. We usually do not think about the disability, the mobility that comes from uncontrolled high blood pressure. He also made a blunt statement that all the data and facts about hypertension, they really are not persuasive to anyone else. Maybe perhaps to those of us who are here today. How do we take all the information that we know, the data that we know, how do we translate it into meaningful visibilities to help us achieve blood pressure control? I am glad that this was really focused on in this convening.

John Clymer: Me too. In fact, I think one of the key takeaways from this convening is that we must make the invisible visible. Hypertension, as we talked about with Frank Luntz, gets less attention than cancer or erectile dysfunction because the effects are invisible.

Modele Ogunniyi: Yes. I think that ties into the saying that says hypertension is the silent killer. The thing about blood hypertension is that if you do not measure the blood pressure, you are never going to know that there is hypertension, you know. Frank and Laura Ries, they really made very strong comments that I think that, as you and I have talked before, we need to think outside the box if we want to achieve hypertension control. Some of the points they made was that us researchers, clinicians, people that make decisions, we must rise to the place of taking these facts into visual storytelling. When you think about all the scientific articles, and still in the time of COVID, we saw the impact of what we call graphic abstracts that really take the data, but with graphics they create that visual story that is impactful for the general audience or the lay audience. People usually respond to what they see and what they feel.

I like the fact that Laura helped us to understand why this is so. Visuals along with emotions are processed on the right side of the brain. Think about looking at the baby photo. When you see the baby, you do not just see a baby, but you look at all the cuteness and all of that. I think that if we can learn from that instead of saying "Oh, hypertension is a silent killer" but have graphical representation. I also, think about how we portray data. I remember that my first paper on hypertension, we actually had a piece that was a patient education perspective. I think that to get to the audience, we need to think about creating visuals. We need to think about the power of storytelling in hypertension control and how can we take that and create a visual or graphical representation that resonates with people?

John Clymer: Yes, indeed. Both Frank and Laura said that we should help people visualize what hypertension could cost them. I like your observation about the graphic abstracts. But then there is the other side of it, the emotional side. People missing moments in life like seeing their kids graduate or grandkids grow up. I am reminded of the tips from the former smokers TV campaign, which Frank mentioned in his comments. That is one of the most effective public health communication campaigns ever, because it does exactly what Frank and Laura recommended. Then Laura's point that repetition works resonates with me. She mentioned BMW using the "ultimate driving machine" tagline for 30 years.

Hypertension needs its own tagline that we repeat over and over and over to position it at the top of consumers' minds. Modele, you made a statement more than a year ago that because it evoked a visual in my head it keeps hypertension at the top of my mind. Do you remember what it was?

Modele Ogunniyi: Yeah, I said uncontrolled hypertension is lethal.

John Clymer: Yes. I do not know if that would work with consumers, but I wonder if we could use it to raise clinicians' and health systems' priority on blood pressure control. Would they choose not to act on something lethal in their clinics?

Modele Ogunniyi: They should. Crystal's story about an FQHC improving hypertension control from 45 percent to 70 percent was – in one year was both inspiring and we hope we can replicate this in other settings.

John Clymer: Absolutely.

Modele Ogunniyi: Not only did they achieve that, they are sustaining it. She and Dr. Philip delivered some key takeaways that I want to emphasize. They talked about self-measured blood pressure, that it works, is effective, but yet it is grossly underutilized. Crystal's program also demonstrated success with, one, best practices, strong leadership vision, and community involvement. That is what we are seeing here today, where all the hypertension community, we have different stakeholders, so community involvement is very important. Clinical approaches really will not get us to where we need to be. It will not get us to that takedown of hypertension. It is important that we have community involvement. I am glad and really give credit to our mayors and the National Forum for their program, Move with the Mayor. I think we have a galvanized community involvement, community activism. In terms of hypertension control, we will get to where we need to be. I know we are going to talk soon about the Vital Conditions for Health and Well-being.

John Clymer: Absolutely. Becky Payne and her colleagues at the Rippel Foundation have done a great job, great work developing the vital conditions framework. Then it was great to have Crystal and SWLA Health Center provide real world evidence that the model works.

Modele Ogunniyi: I think that is just so important. I just want to repeat it again, that that vital condition framework, it shifts from the social

determinants of health, it shifts us towards actionable community change. Several of our speakers today have illuminated the importance of belonging and the civic muscle. That is really at the core and the center of the vital conditions wheel. People want to be recognized. People want to contribute. They want to have that sense of belonging in the goal of well-being and health. And this vital condition greatly affects blood pressure control, and not only that, overall physical and mental health.

John Clymer: Indeed. Mayor Angie, Dan Lackland, and Becky Payne, they all agreed that we need to begin blood pressure management at younger ages. They pointed out people form healthy or unhealthy habits at a young age. Mayor Deuitch was diagnosed with hypertension in her 30s. People are having heart attacks and strokes at younger ages. That panel gave examples of the power and efficiency of multi-solving interventions with cross-sector co-beneficial impacts. Mayor Deuitch gave the example of Move with the Mayor events that get people moving, provide health education, increase social engagement or belonging, and increase civic muscle.

Modele Ogunniyi: Those are really great examples of community, belongings, and increasing the civic muscle. We are linked virtually in this meeting, and I have been in a lot of discussions about hypertension before, but I want to challenge everybody today: What are we going to do differently? The National Forum – I am proud to serve on the board – has created a distinctive value by doing something today. The emphasis has been how do we change how we communicate about hypertension so that it resonates and positions blood pressure management at the top of people's mind? This approach today is new, is different, is valuable, and I commend John and all the staff that put this together. Also, the story of hearing how self-measured blood pressure helps a community health center move from 45 percent to 70 percent and sustain that control. That must remind us that it is important for us to facilitate how we can have effective self-measured blood pressure. And finally, the shift from social determinants of health to vital conditions for health and well-being will serve the society very well, keeping in the center civic muscle and belonging. Thank you, John.

John Clymer: Thank you, Dr. Ogunniyi. It is always, as I said, a privilege and an honor to be with you.

Modele Ogunniyi: Thank you for the opportunity.

John Clymer: Absolutely.

[End of Audio]