



Hypertension Heroes

Empowering communities to address
Hypertension in Kent & Medway

Phase 3 Evaluation

1st July 2023 – 31st March 2024



“The community have expressed so much positivity about the project itself: from being grateful of the approach and manners of the HTH volunteers, how much educational benefit they had from the project, cutting time from waiting on their GP and learning about serious health conditions as a result of high BP.” A Hypertension Hero

“I didn't know I had a problem until today
- who knows what else others are
experiencing.” A Folkestone resident

June 2024

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Summary of Hypertension Heroes

Hypertension Heroes is a community asset-based project, directly empowering communities to address health inequalities around self-management of hypertension by increasing the knowledge and capacity of community champions. These community champions (or Hypertension Heroes) support within communities to provide blood pressure readings, guidance and signposting.

The Hypertension Heroes project has been produced in three phases between April 2022–March 2024: an initial setup phase (Phase 1, April–October 2022), a follow-on embedding phase (Phase 2, October 2022–July 2023), and a final sustainability phase (Phase 3, July 2023–March 2024).

Phase 1 commenced in the Folkestone & Hythe and Gravesend areas of Kent and focused on achieving the following objectives:

- supporting primary care to address health inequalities in the treatment of hypertension.
- increasing personalised approaches in blood pressure self-management and raising levels of hypertension awareness & understanding.
- building relationships with community leaders & partners and establishing a roster of Hypertension Heroes.

Phase 1 saw a total of 510 engagements with communities from the Folkestone & Hythe and Gravesend areas. 28 Hypertension Heroes were trained from across 9 community organisations and hub spaces.

Phase 2 introduced a new area (Medway) and focused on achieving the following objectives:

- foster a culture of joined-up working across the VCSE sector and primary care.
- regular supervision with community leaders & partners.
- monitoring of performance data to identify trends and habits.
- developing volunteers further whilst recognising and celebrating their impact.

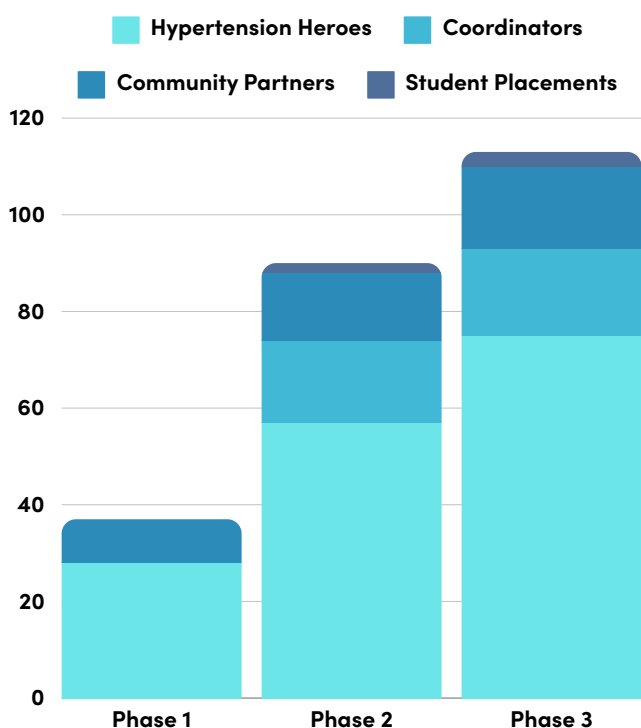
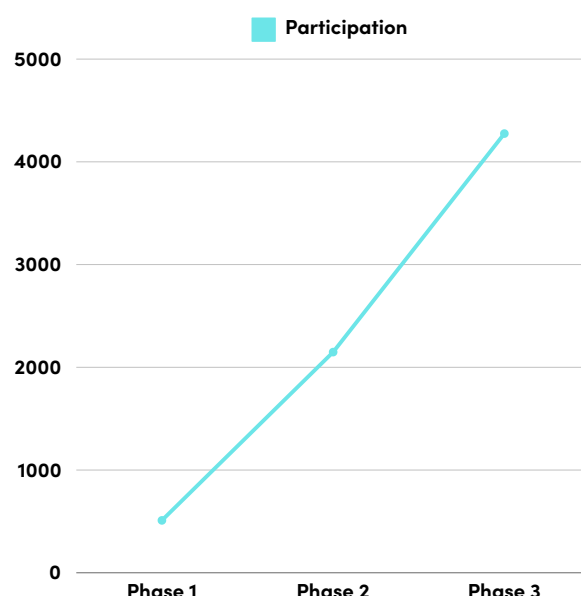
Phase 2 saw a total of 1,638 engagements with communities from the Folkestone & Hythe, Gravesend and Medway areas. A further 29 Hypertension Heroes were trained (taking the total up to 57) from across 14 community organisations and hub spaces (including 5 new partners).

Phase 3 introduced a final fourth area (Maidstone) along with focusing on achieving the following objectives:

- embedding ownership within communities and encouraging Hypertension Heroes to reach deeper into their communities.
- ongoing support, quality assurance and training with the identification of potential issues/ceased activity.
- ongoing oversight of performance data.

Community partners were responsible for managing the day-to-day running of the project, including the recruitment and coordination of volunteers and community spaces. Phase 3 saw a total of 2,127 engagements from the Folkestone & Hythe, Gravesend, Medway and Maidstone areas. A further 18 Hypertension Heroes were trained (taking the total up to 75) from across 11 community organisations and hub spaces (including 3 new partners).

Since the Hypertension Heroes project began in April 2022, there have been 4,275 interactions with community members and support for 2,582 unique individuals across Kent & Medway. A total roster of 75 Hypertension Heroes were trained to deliver blood pressure readings from across 17 community organisations and hub spaces.



The Hypertension Heroes project continues to grow. As it enters a new phase of community ownership, 10 community organisations and hub spaces continue to offer hypertension support without funding behind them to do so. The project is still reaching new people who may not otherwise be engaging with primary care as well as those most at risk of hypertension. However, new areas of high levels of hypertension across Kent & Medway continue to be identified where the Hypertension Heroes project would make a significant impact.

Summary of Phase 3

Phase 3 of the Hypertension Heroes project focused on embedding ownership of the initiative within communities and encouraging champions to reach deeper into their communities. Ongoing support, quality assurance and training were provided by EK360; however, community partners were responsible for managing the day-to-day running of the project, including the recruitment and coordination of volunteers and community spaces.

Across the 9 months of Phase 3, 41 trained Hypertension Heroes from 11 community partners had 2,127 interactions with community members, 1,082 of which were first-time attendees. Sessions were held in 49 different locations across Kent & Medway and 29% of all readings were high or very high.

The project continued to reach people who may not otherwise be engaging with primary care as well as those most at risk of hypertension. 53% of all Kent interactions and 40% of all Medway interactions were with ethnic minority groups, and 51% of all participants across Kent & Medway gave postcodes representing some of the most deprived areas in the UK.

Similar to Phase 2, the project reached a majority older demographic, with 57% of all interactions falling into the over 65s age bracket. While this age group is most at risk of developing hypertension, younger audiences in many areas remain unaware of the risks.

Feedback about the project from both the public and community partners has been overwhelmingly positive with many now fully embracing blood pressure checks as part of their core offer. Despite a lack of future funding, 10 community partners have chosen to continue with the project into Phase 4.

Recommendations

- Encourage Hypertension Heroes to increase the number of sessions held in workplaces where we have seen a higher rate of engagement with younger people.
- Encourage Hypertension Heroes to actively engage males, who are currently underrepresented in the data (34%).
- Increase data collection around deprivation, to accurately determine whether the project is reaching the most deprived communities.
- Refresher training for Hypertension Heroes, to ensure quality assurance systems are adhered to.

Introduction

In 2021/2022, Kent & Medway Integrated Care Board secured personalised care money to support blood pressure management within the community. A multi-agency working group, including representatives from Kent & Medway ICS, Southeast Regional Public Health Group, Medway Public Health and Kent & Medway Community Health Trust, was established.

Working with community partners, the British Heart Foundation (BHF) and engagement experts EK360, Hypertension Heroes was created: an innovative project, which aimed to address health inequalities around self-management of hypertension.

Using an asset-based approach, the project sought to build a social capital of motivated and skilled community champions (Hypertension Heroes) passionate about supporting health promotion activities. These champions, sourced from trusted community partners across Kent & Medway, would use their existing community connections to attend a wide range of community venues and events to engage with those who, for many reasons, may not normally access primary care. They would educate and empower their communities about the importance of self-management, teaching people to take their own blood pressure and signposting to other available health and lifestyle services.

A six-month pilot, Phase 1, ran from April to September 2022 and was followed up by Phase 2 in January 2023. Evaluation reports for both can be found [here](#).

Phase 3 ran for 9 months from 1st July 2023 until 31st March 2024; 9 of the 14 existing community partners from Phase 2 continued with the project, and 2 additional partners were added.



This report evaluates the activities and outcomes of the phase, focusing on 3 key objectives:

1. Continue to reach target communities across Kent & Medway, supporting primary care to address health inequalities in treatment of hypertension.

Hypertension Heroes aims to reach underrepresented communities, who may not otherwise be engaging with primary care. In line with Core20Plus5, it targets areas where treatment to target ratios are well below the national average and deprivation rates are in the top 10% nationally.

2. Empower communities to manage their own health needs, helping to alleviate pressure on primary care.

Hypertension Heroes aims to educate about the importance of self-management, providing community members with the knowledge and confidence to make positive health choices and, where possible, independently manage their own health needs.

3. Increase the knowledge and capacity of Hypertension Heroes, gradually shifting ownership from EK360 to VCSEs.

The project has been designed to run in phases that progressively move towards communities taking full ownership of the service, thus creating a sustainable, affordable and cost-effective model of partnership working. By the end of the project, EK360 aims to step away completely, leaving community partners to run the project as part of their daily work.

Method

Hypertension Heroes focused their activities in 3 target areas in Kent (Gravesend Central, Folkestone, Hythe and Rural, and Park Wood in Maidstone) and 1 in Medway (Gillingham South).

Across the 4 areas there were:

- **11 community partners.** Voluntary or community groups working in partnership with EK360 to help reach target communities.
- **41 active Hypertension Heroes.** Recruited by their organisations and trained by EK360, Hypertension Heroes actively engage with members of their community, educating about the importance of self-management and directly supporting people to take their own blood pressure readings.

Of these 41, there were:

- **18 coordinators.** Coordinators undergo further training and in addition to the above, oversee each session, ensuring quality and consistency of approach. They are responsible for handling any complex or sensitive situations. Coordinators can be paid staff within one of the partner organisations or volunteers who have been selected for their confidence and competency in previous phases or other engagement roles.
- **1 student placement.** Throughout the project, EK360 have worked closely with local colleges and schools to find students, who are looking to gain volunteer experience while completing a related course. This phase, one student from the Folkestone, Hythe and Rural area trained as a Hypertension Hero and went on to directly support people within their community to take their own blood pressure readings. Since welcoming students onto the project in Phase 2, community partners have assisted 3 students in contributing towards their placement hours on a related course.

A full list of active community partners broken down by role can be found in Appendix 1.

All community partners were provided with funding for participating in the project. Contract length and funding amounts varied by group, however all were required to sign an agreement outlining conditions of the grant. Service requirements for the phase remained consistent with Phase 2 and can be seen in Appendix 2.

One key change to the grant agreement for Phase 3 was the introduction of an incentivised outreach approach, offering partners additional funding dependent on the number of blood pressure checks achieved outside of fixed sessions. Fixed sessions were required to happen on a weekly basis at the same time and location, anything outside of this was defined as outreach. This approach was brought into effect to try and increase the number of locations attended in the hope of reaching deeper into target communities.

To underpin quality assurance, an automated digital process was used, ensuring that all Hypertension Heroes asked the same questions and recorded the same information. An online survey was submitted for every community member engaged, providing EK360 with a combination of quantitative and qualitative data. EK360 reviewed this data on a regular basis to maintain a consistent approach.

Regular quality assurance visits were also carried out to observe Hypertension Heroes in action. These provided the opportunity to give feedback and support, and enabled EK360 to monitor resources and equipment. Additional support was provided outside of these visits via email or telephone, and training sessions were held as and when required.

Findings

Objective 1: Continue to reach target communities across Kent & Medway, supporting primary care to address health inequalities in treatment of hypertension

While continuing to grow the Hypertension Hero presence in Gravesend Central, Gillingham South and Folkstone, Hythe and Rural Primary Care Network (PCN) areas, all of which were selected due to their low treatment to target ratios and high rates of deprivation, additional funding was made available to launch Hypertension Heroes in a new area of Kent.

Unaligned to a PCN, the Park Wood area in Maidstone was highlighted as an area with a low treatment to target ratio and high rate of deprivation. EK360 researched and recruited 2 new community partners in the area (Fusion Healthy Living Centre and Celebration Church), resulting in 11 new Hypertension Heroes trained in West Kent. 10 of these went on to actively support people within their community, while 1 found permanent employment and could no longer commit to the project.



Overall, across the four target areas, in Phase 3, Hypertension Heroes had 2,127 interactions with community members across Kent & Medway, 1,082 of which were with first-time attendees.

- 44 of these interactions were in Medway, specifically the Gillingham South PCN area, 206 of which were first-time attendees.
- 1,883 of these were in Kent, with 876 first-time attendees.
 - 1,195 took place in Folkestone, Hythe and Rural PCN area.
 - 555 took place in Gravesend Central PCN area.
 - 133 took place in the Park Wood area of Maidstone.

In each of these interactions, Hypertension Heroes followed a structured approach, allocating community members to a coloured pathway dependent on their reading. The pathway given determined the guidance and signposting provided. An overview of these pathways can be seen below:

Low	Normal	High	Very High
<ul style="list-style-type: none"> • A reading of 89/59 or below. • People are encouraged to contact their GP if they are suffering from symptoms such as headaches and dizziness. 	<ul style="list-style-type: none"> • A reading between 90/60 and 139/89. • People are encouraged to monitor again in a year in Medway, 5 years in Kent. 	<ul style="list-style-type: none"> • A reading between 140/90 and 179/119. • People are encouraged to monitor their BP for the next 7 days. If readings remain high, they should contact their GP. They are signposted to further advice from the BHF and lifestyle support services and are encouraged to consider purchasing a monitor at home. 	<ul style="list-style-type: none"> • A reading over 180/120. • People are encouraged to contact 111 immediately.

Blood Pressure Readings

For reasons such as human error or lack of consent 5% of interactions across Kent & Medway did not result in a complete reading. Figures below refer only to number of completed readings taken.

In Kent:

- 70% of all readings (1244) were normal.
- 29% were high (498) or very high (17).
- 1% (20) were low.

When looking only at first-time attendees, the percentage of people on the normal pathway increases to 72% (602) and those on the high or very high pathways drops to 26% (216).

In Medway:

- 74% (179) of all readings were normal.
- 25% were high (55) or very high (6).
- 1% (2) were low.

Similar to Kent, these figures differ very slightly when looking at first-time attendees only (75% (153) were normal, 24% (49) were high or very high).

Comparing with wider data:

In Kent & Medway, the average recorded Quality Outcomes Framework (QOF) prevalence for hypertension is 15%. This is 11% lower than the figure reported by Kent & Medway Hypertension Heroes for first-time attendees. This noticeable difference in the percentage of people presenting at a GP as hypertensive versus the percentage of people receiving a high or very high reading at Hypertension Heroes sessions suggests the project is reaching people in need of treatment who may not normally be accessing primary care.

A breakdown of total pathways allocated by each target area can be seen in the table below:

Hypertension Hero Area	Low	Normal	High	Very High
Gillingham South	1% (2)	74% (179)	23% (55)	2% (6)
Gravesend Central	2% (12)	81% (392)	16% (77)	<1% (2)
Folkestone, Hythe and Rural	1% (6)	66% (771)	33% (388)	1% (12)
Park Wood	2% (2)	68% (81)	28% (33)	3% (3)

It is interesting to note that when looking at each area individually, the percentage of people being identified in each pathway does differ significantly.

16% of readings in the Gravesend Central PCN area were high or very high, while in the Folkestone, Hythe, and Rural area this figure more than doubles to 34%. This is in line with what was seen in Phase 2. It is noteworthy that 47% of interactions in Folkestone, Hythe and Rural were from the Folkestone Nepalese Community Centre where 99% of all respondents identified as coming from a South Asian background, a demographic identified as having a higher risk of hypertension.

Demographic profile of people accessing Hypertension Heroes

The table below gives an overview of people accessing Hypertension Heroes. A full demographic breakdown for each target area can be found in Appendix 3.

Of the 1,883 interactions across Kent:	Of the 244 interactions in Medway:
65% (1,229) were female, 34% (643) were male, <1% (6) preferred to self-describe	65% (158) were female, 35% (85) male, <1% (1) preferred to self-describe
1% (10) identified as transgender	1% (2) identified as transgender
60% (1,129) were aged 65 or over	34% (84) were aged 65 or over
53% (998) identified as being from a non-English, Welsh, Scottish, Northern Irish or British background, with 56% (556) of these identifying as Nepalese. Other identified ethnicities included Caribbean (15%,145), African (14%, 144) and Indian (6%, 59)	40% (97) identified as being from a non-English, Welsh, Scottish, Northern Irish or British background, with 45% (44) of these identifying as Indian
30% (565) of all interactions happened in a language other than English, with 97% (547) of these taking part in Nepalese	7% (18) were carried out in a language other than English, with 61% (11) of these taking place in Hindi
2% (32) identified as having a learning disability	7% (17) identified as having a learning disability
4% (74) identified as being neurodiverse	9% (21) identified as being neurodiverse
6% (122) identified as a carer	11% (28) identified as a carer

NB. Table excludes 'Prefer not to say' responses

Ethnicity

We can see from the above comparison that both Kent & Medway are continuing to reach a high percentage of people from ethnic minorities, particularly of South Asian, Caribbean or African backgrounds. In research funded by the BHF[i], these communities have been identified as having a higher risk of developing hypertension, however we know that they are often less likely to engage with primary care[ii].

With Hypertension Heroes successfully engaging with these communities, we can infer two things:

1. The Hypertension Heroes model can be an effective way of reaching communities that may not otherwise access primary care.
2. The community partners you work with will have a strong influence on the communities you are able to reach. For example, 73% of all interactions at the North Kent Caribbean Network were with people from Caribbean backgrounds and 99% of interactions from the Folkestone Nepalese Community Centre were with people from a Nepalese background.

Age

Another identified risk factor for hypertension is age, with those over 65 more likely to develop high blood pressure[iii]. In both areas, but particularly Kent (60%), we can see a large percentage of attendees falling into the over 65s age bracket.

This is an indicator that the Hypertension Heroes model is reaching those most at risk of hypertension. This finding is consistent with Phase 2 and could be attributed to the fact that most sessions continue to take place during working hours, thus preventing the younger demographic from attending. When sessions take place in work environments, a much higher percentage of young people do tend to engage with the project. For example, when Age UK attended Holiday Extras in Hythe, 86% of all participants were aged 44 or younger.

Attitudes towards hypertension could also be an influencing factor, with some community partners reporting that the younger demographic do not view it as a priority or something relevant to them. Celebration Church in Park Wood have a predominantly young demographic attending their centre, but have really struggled to engage with their community, feeding back to us that many people don't have the time or feel that hypertension is unlikely to affect them.

Gender

The data indicates that males are largely underrepresented, with just over a third of all interactions taking place with males in both Kent (34%) & Medway (35%). In some communities, this may be attributed to the fact that sessions tend to take place during working hours, however it could also be attitudinal with research suggesting that men are generally less likely to access health services[iv].

Deprivation and high blood pressure

Hypertension Heroes targets areas of high deprivation. This is because it has been found that people living in these areas are more at risk of developing hypertension[v]. Although it is impossible from the data to ascertain the exact deprivation status of each attendee, we can get an idea of who the project is reaching by analysing the postcode areas people live in.

A full list of participant postcodes for Kent & Medway can be seen in Appendices 4 & 5, however an overview for each area can be seen below:

Folkestone, Hythe and Rural

42% (501) gave a postcode of either CT19 or CT20. This covers wards including East Folkestone, Folkestone Central and Folkestone Harbour, all of which contain areas in the 10% most deprived nationally.

Gravesend Central

73% (404) gave a postcode of either DA11 or DA12.

This covers a number of wards including Northfleet North, Westcourt, Riverside, Singlewell and Central, all of which contain areas in the 10% or 20% most deprived nationally.

Gillingham South

49% (120) gave an ME7 postcode. This covers wards including Gillingham South and Gillingham North, both of which contain areas in the 10% most deprived nationally.

Park Wood

55% (73) gave an ME15 postcode. This covers a number of areas including the Park Wood ward, parts of which fall within the 10% most deprived in the UK.

The above data indicates that Hypertension Heroes are reaching some of the most deprived communities in Kent & Medway. However, postcodes cover a wide range of areas, not all of which have high rates of deprivation. For example, ME15 also covers the Loose area of Maidstone, parts of which fall within the 10% least deprived nationally. Going forward, more data would be needed to accurately determine whether the most deprived communities are being reached.

Access to GP services

1% in Kent and <1% Medway of all attendees were not registered with a GP. However, feedback from attendees suggests that several people were either struggling to access the service or having a bad experience with it:

"It can be difficult to see the GP."

"Doctors are always so busy."

"It's a better way to have BP checked with Hypertension Heroes as more relaxing than a GP surgery."

"The GP doesn't have time to explain things."

"The doctors/receptionist wasn't helpful. This was easy and convenient."

"With babies & children at home, it's difficult to find the time to visit the doctor for blood pressure checks."

This feedback indicates that the Hypertension Heroes model is a valuable resource for many people who are struggling to access or choosing not to visit primary care.

Objective 2: Empower communities to manage their own health needs, helping to alleviate pressure on primary care

The role of a Hypertension Hero is threefold:

- Engage with community members, who may not normally access primary care.
- Educate about hypertension, including why it is important, how it can be prevented and how people can measure it themselves.
- Empower people to feel confident managing their own health needs, including monitoring their BP and making relevant lifestyle changes.

This section focuses on the latter, looking at the feedback received from those who have attended sessions.

Confidence to self-monitor in future

95% of all attendees in both Kent & Medway felt confident to self-monitor in future having spoken to a Hypertension Hero.

Of the 5% who didn't feel confident, the most common reasons given included:

- a physical disability or mobility issue
- lack of literacy
- anxiety around doing it themselves

Willingness to self-monitor at home

83% of all attendees in Kent would like to monitor at home in future. In Medway, this figure drops to 67%.

The most common reason given in Medway for not wanting to monitor at home is that people do not feel the need or want to as they have received a normal reading. When looking just at those who have received a high or very high reading (61), this figure increases to 87% (53).

Many of the reasons given for not wanting to monitor at home mirror those of the previous question, i.e. lack of literacy, physical disability and anxiety around doing it themselves. However, other reasons provided include:

- not owning a machine or being able to purchase one
- preferring to do it with somebody else, i.e. at the Hypertension Hub, local pharmacy, or GP

Likelihood to encourage others to attend a session

99% of all Kent attendees and 98% of all Medway attendees gave positive feedback, saying they would encourage friends or family to attend a session.

"Would recommend this to my friends & family because it is very hard to get doctors' appointments & not everyone has a machine at home."

"I think this is a brilliant idea and have invited my family to attend."

Repeat attendees

53% of Kent interactions were repeat attendees. This is consistent with Phase 2 and shows us that based on an initial interaction with a Hypertension Hero, many people are actively choosing to return to monitor their blood pressure again. This indicates the willingness of people to manage their own health needs in a way that works for them. Hypertension Heroes are seen as an easy and convenient solution to support self-management:

"It is convenient to get reading at the centre as I need help with translating."

"We find it difficult to do it ourselves, we get help from the community staff."

Feedback from repeat attendees indicates that people enjoy the service, and this is an important factor in their returning:

“Fantastic service. No feeling of being rushed and no appointment necessary. So easy.”

“The HT Hero has such a calming aura that I felt very comfortable and relaxed. Even though I knew the reading was likely to be high, I didn't over-stress it.”

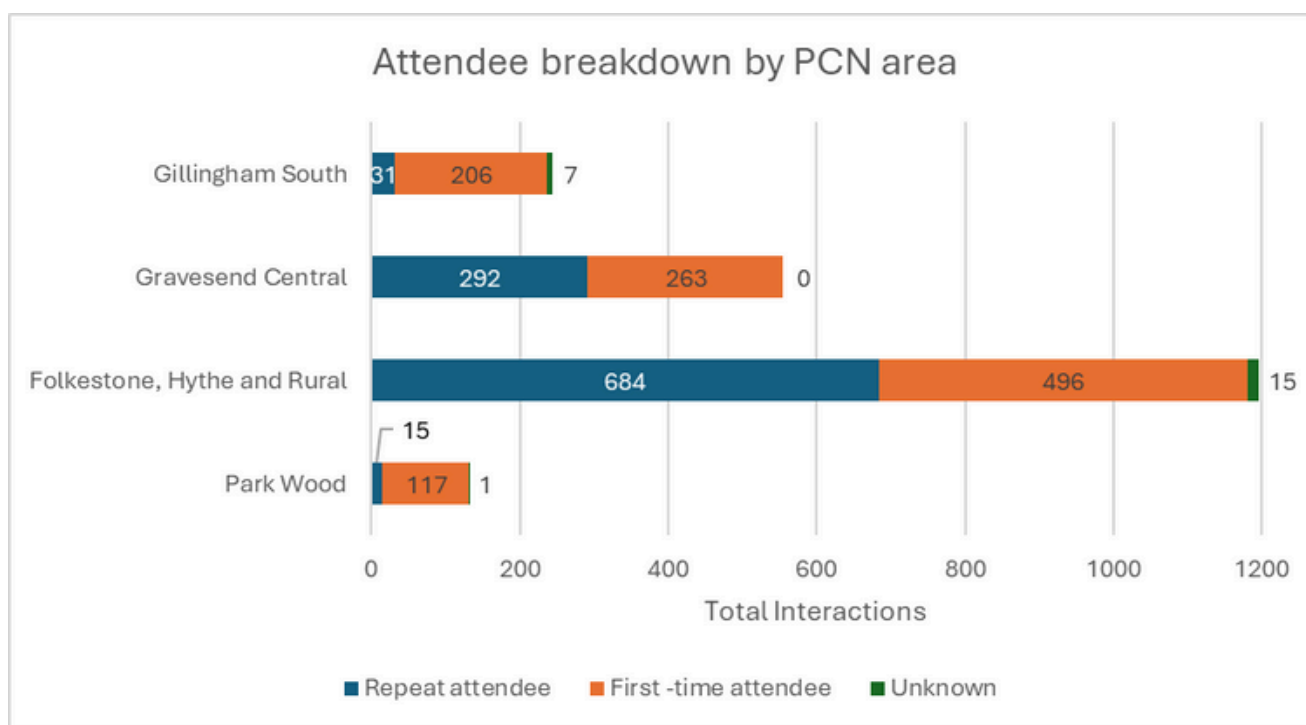
“Such a brilliant service! I wish I'd known about this before now. My mother was sick a while back and it would have been so good to have brought her here without the anxiety created by visiting the GP surgery. This is a relaxed setting with such a lovely lady, who truly taught me how to use a BP machine!”

The current data is limited, while we can see that an individual has attended previously, it is not possible to determine how many times they have attended. However, feedback from some coordinators suggests that for many, it is a service that is not only enjoyed by their community, but also relied upon time and time again. This is particularly apparent with the Folkestone Nepalese Community Centre (FNCC), where 80% of all interactions are with repeat attendees.

This high percentage is consistent with Phase 2 and feedback from attendees propose some contributing factors:

1. 98% of all interactions carried out by the FNCC take place in Nepalese. Most attendees speak very little English making it difficult to access primary care.
2. 84% of all attendees are aged 65 or over. High reported illiteracy rates within the older generation of the community mean it is not possible to take readings themselves at home.
3. There is a strong sense of community in the centre with members attending week on week to partake in community activities

A breakdown of attendees by target area can be seen in the below table:



13% of Medway interactions were with repeat attendees. This is consistent with Phase 2. Hypertension Heroes offer a higher percentage of interactions in outreach locations (61% in Medway versus 36% in Kent) and this may be a factor in lower repeat numbers.

Having only joined the project in Phase 3, Park Wood has the lowest rates of repeats (11%).

Making positive behavioural changes

71% (701) of all repeat attendees in Kent reported making positive lifestyle changes as a result of attending a Hypertension Heroes session. The most common changes reported were:

- Improvements to diet - 16% (110) who reported making a change mentioned actively changing their diet.
- Increased exercise - 15% (107) mentioned increasing the amount of exercise they do, particularly an increase in walking.

This figure drops to 45% (14) when looking at the repeat attendees in Medway. The most common lifestyle changes reported in Medway were:

- Increased exercise - 43% (6) of people who reported making a change mentioned increasing the amount of exercise they do.
- Attending a GP - 21% (3) reported speaking to a GP or nurse following a session.

Objective 3: Increase the knowledge and capacity of Hypertension Heroes, gradually shifting ownership from EK360 to VCSE

Moving towards sustainability

In Phase 1, EK360 provided on the ground support at every Hypertension Heroes session. In Phase 2, community coordinators were created within community partners to oversee day-to-day Hypertension Hero activities and EK360 maintained quality assurance oversight. In Phase 3, communities were encouraged to embed activities by:

a) Actively recruiting more volunteers

As with any project reliant on volunteers, there is always going to be a degree of drop-off over time. Throughout Phase 3, community partners were asked to actively recruit more volunteers. While EK360 would support this process, it was down to the coordinators to manage. As a result of this recruitment push, 7 new volunteers went on to actively support their community.

b) Researching, planning and coordinating outreach sessions

As part of the incentivised outreach approach, community partners were responsible for organising outreach activities. This meant it was down to coordinators to use their existing links within the community and knowledge of local events/activities to find and assess suitable venues for outreach. In total, Hypertension Heroes held sessions in 49 different locations across Kent & Medway (33 in Kent, 16 in Medway); 11 of these locations were our community partners' fixed hubs, 38 were outreach locations.

Locations included:

- local employers
- community centres
- places of worship
- food banks
- school/colleges

See Appendix 6 for full breakdown of interactions by location.

Despite there being 3 fewer community partners in Phase 3, levels of outreach were 33% higher than in Phase 2. This suggests that implementing an incentivised outreach approach was a successful motivator for partners to attend a greater number of locations.

Training

To ensure that community partners felt empowered and confident to engage with their communities, support and training were provided by EK360.

Before running a session, all Hypertension Heroes were required to attend a full day of training, covering topics such as:

- the importance of healthy blood pressure
- how to monitor blood pressure
- the impact of lifestyle changes
- engagement skills with their communities
- data capture systems

Three training sessions were delivered in Phase 3 – one in the Folkestone, Hythe and rural area, one in the Gravesend Central area and one in Park Wood – with overall feedback being very positive.

“The training we received was excellent, which enabled us to help and encourage people to monitor themselves correctly at home and give them the confidence to approach the Hypertension Heroes to keep a check on their BP.”

“The team were very supportive, and we received a lot of information through training and ongoing support.”

In total, EK360 trained 23 new Hypertension Heroes, 17 of whom went on to actively support their communities to monitor their blood pressure.



Existing Hypertension Heroes were offered the opportunity for refresher training. This was particularly aimed at those trained in Phase 1, to recap on any aspects from their original training. EK360 held 1 refresher session for the Folkestone Nepalese Community Centre.

Feedback from community partners and Hypertension Heroes

To understand how community partners and Hypertension Heroes found Phase 3, a feedback survey was used. Colleagues from Healthwatch Kent also followed up with phone calls to coordinators.

In total, feedback was received from 25 Hypertension Heroes across all 11 partners.

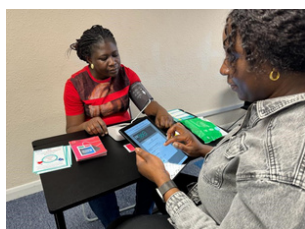
Overall experience

92% (23 of 25) of Hypertension Heroes talked positively about their experiences in Phase 3 using words such as “fulfilling”, “inspiring” and “rewarding” to describe their experience. 28% (7 of 25) even stated that it had exceeded their expectations:

“I have thoroughly enjoyed being part of this project. To meet with members of the general public and providing them with a service which could be a matter of life and death - literally! - has been amazing.”

“My experience has been wonderful. I enjoyed being involved as a hypertension hero and felt happy and satisfied to be able to help make a difference in people’s life.”

“It has been a remarkable and lifesaving journey. It is a privilege to support such projects that create important health awareness, educate people, and also actively engage the vulnerable people with support to take control of their health.”



Volunteer motivations

In line with Phase 2, the biggest motivation for people to volunteer as a Hypertension Hero was the desire to help their communities, with 22 of the 25 respondents (88%) listing this as their primary reason. Other motivations listed included personal development (2 mentions) and personal experience with high blood pressure (1 mention):

“The fact that I am 'helping people to help themselves' was the biggest motivator – giving people the tools and information to improve their health rather than me doing the hand-holding.”

“I think my biggest motivator was actually teaching people how to monitor their blood pressure correctly and empowering people to make lifestyle changes.”

“Helping people and seeing the smile on their face during the session has been my biggest motivator for participating in the project.”

In addition to helping their communities, Hypertension Heroes have reported other benefits from being involved in the project, both individually and for their organisations.

16% (4 of 25) mentioned personal development:

“It has given me the space to qualify my skills and continually learn and adapt to different scenarios.”

“I gained valuable skills and knowledge in health promotion, project management and evaluation. I also appreciated the opportunity to interact and collaborate with people who enriched my understanding of the health issues and opportunities in our community.”

“I have the belief and confidence to try out something new, outside my comfort zone. Since this project, I am now a trained Healthy Way facilitator and a leadership coach.”

“The volunteers added the training to their CV and some of them went further to do training on health and social care.”

24% (6 of 25) mentioned increased recognition/awareness of their organisation, with Fusion Healthy Living Centre, Medway Diversity Forum, and Youth Ngage all mentioning awards they have won as a result of the work they have done on the project:

“Raised the charity’s profile which resulted in us receiving 2 awards. The outreach work, in particular, strengthened our partnership working with different community groups, faith groups, libraries and community hubs.”

“By delivering Hypertension Heroes, awareness of Fusion and what we do has risen within the local community, so we are able to engage with more people to offer support.”

Continuous improvement

To continually improve the project, Hypertension Heroes were asked what aspects of the phase they found most challenging. Some of the responses received were:

- recruiting or maintaining volunteers (2 mentions)
- engaging with new community members (6 mentions)
- organising and running sessions in new locations (5 mentions)
- juggling time commitments for volunteers/projects (3 mentions)
- language barriers (2 mentions)

We have heard from community partners that language barriers can often prevent their communities from accessing health services. Therefore, it is important that this isn’t the case for Hypertension Heroes sessions.

This message was echoed in feedback received from one community partner:

“As an ethnic minority service, it is very essential to understand that alternate language options are crucial within community projects to ensure a wider audience and range are included and allowed understanding. This includes offering any literature, such as BHF leaflets, in alternate language options, readily available to support different communities.”

It is worth noting that not all communities see translated literature as the answer. Feedback from the Nepalese community indicates that high rates of illiteracy mean that written translated resources would not benefit community members. The individual needs for each community must be considered, whether that be carrying out sessions in a language other than English or having a wider variety of resources available.

Sustainability of Hypertension Heroes

90% (10 of 11) of community partners indicated that they were keen to continue with the project, feeling that it was already embedded into their community and would be missed if the service was to stop:

"I feel that this project is fully embedded into the community, and we will continue to run sessions as we feel it has been so worthwhile."

"I feel that we have embedded the project into our community and is something that we are looking to continue long-term within our centre and maybe expand upon to other areas in the county."

"When this ends, there is going to be a significant part of the community that are going to feel the loss of this service."

"I feel that the service is definitely embedded into the community and is something that we want to incorporate longer term. In the two/three weeks between Phase 3 ending and Phase 4 beginning, we received a number of enquiries asking when the next sessions were going to be."

"The community groups know that this is something that we do and they ring me asking for us to come and do the blood pressure. We have become well-known for this service and there is a demand for that service."

Feedback suggests that communities would like to expand the service further, feeling that the sessions are a great way to help people with many other health issues. Some partners have already started offering additional support alongside the blood pressure checks:

"We would like to include more things outside of blood pressure, such as waist, height and weight measurements, this also includes non-clinical advice as well."

"Doing this, you find out about other health issues, such as cholesterol checks. People ask us whether we will be doing more. By being out in the community, we find out where the gaps are in their health and wellbeing."

"Our organisation also now runs some other services on the same day as we do the blood pressure checks."

"People have time and time again asked for diabetes and cholesterol testing. We would be prepared to do it if we could."

The future of Hypertension Heroes

As the project now moves into the fourth and final planned sustainability phase, EK360 continue to take a step back, allowing communities to take ownership of the project.

The objective of this phase is that communities feel empowered and confident to embrace blood pressure checks as part of their daily work within the community.

This means that while EK360 continue to have a supportive relationship, we leave it to community partners to decide when and where to hold Hypertension Heroes sessions, as they know what works best for their communities. In some areas, such as Folkestone, where there is a high number of repeat attendees, sessions will continue to run weekly in their centre. However, in other areas where this has worked less effectively, they will instead put an increased focus on outreach activities, hoping to spread awareness beyond their current reach.

The amount of data community partners are asked to collect has been reduced, providing all Hypertension Heroes with a much simpler and shorter online form. While this means that there will be less quantitative data to look back on, we hope it will enable community partners to more easily embed the process into their everyday lives.

Qualitative data will continue to be collected throughout the phase, with EK360 regularly visiting all partners and collecting feedback on how the project is developing. We hope, therefore, that in 6 months time, we will be able to evaluate how successful the project has been in embedding blood pressure checks in each community.

The overwhelming response from all partners is that they feel strongly that this project needs to continue to run within their communities. They have seen firsthand how important it is to so many and do not want to now take this service away. To support community partners, EK360 is continuing to offer engagement grants and 10 community partners are keen to continue.

EK360 will review levels of activity in 6 months' time to see how successful the final phase has been in embedding a sustainable community empowered Hypertension Hero model within targeted communities across Kent & Medway.

Appendices

Appendix 1: Breakdown of active Hypertension Heroes by target area

Target Area	Community Partner	Hypertension Heroes	Trained Coordinators	Student Placements
Folkestone, Hythe & Rural	Age UK Hythe & Lyminge	9	1	0
	Folkestone Nepalese Community Centre	5	2	0
	Hythe Town Council Dementia Awareness Forum	3	2	1
	Sunflower House	2	2	0
Gravesend Central	North Kent Caribbean Network	2	1	0
	Rethink Sahayak	2	1	0
	Youth Ngage	3	1	0
Park Wood	Celebration Church	4	2	0
	Fusion Healthy Living Centre	6	3	0
Gillingham South	Medway Diversity Forum	3	2	0
	MEGAN CIC	2	1	0

Appendix 2: Service requirements for all Hypertension Heroes

- Run a weekly Hypertension Hero session to reach people in your community. This session can be at any time of day that you choose and needs to reach as many people as possible. It doesn't have to be in your office/centre, so you may decide to hold it in a busy place within your community. The time of this session must be agreed in advance with EK360 and must remain fixed throughout the delivery phase.
- Reach deeper into the communities you serve, reaching beyond people who currently use your services, by hosting Hypertension Hero sessions at events, activities or other community settings as you see fit.
- Offer rooms/space for the Hypertension Hero sessions to operate.
- Nominate and train a Hypertension Hero coordinator who will be on hand to supervise and coordinate the Hypertension Hero sessions.
- Recruit and coordinate 6 volunteer Hypertension Heroes.
- Cover any out-of-pocket expenses for volunteers.
- Communicate regularly with us; keeping us posted on your progress.

Appendix 3: Full demographic breakdown by target area

Folkestone, Hythe & Rural

- 65% (780) were female, 34% (408) male, <1% (4) preferred to self-describe, <1% (3) preferred not to say
- 82% (974) were aged 55 or over
- 52% (617) identified as being from a non-English, Welsh, Scottish, Northern Irish or British background, with 90% (553) of these identifying as Nepalese
- 46% (550) of interactions were carried out in a language other than English, with 99% (547) taking place in Nepalese
- 1% (17) identified as having a learning disability
- 1% (11) identified as being neurodiverse
- 1% (6) identified as transgender
- 6% (73) identified as a carer

Gravesend Central

- 66% (365) were female, 34% (187) male, <1% (1) preferred to self-describe
- 59% (326) were aged 55 or over
- 67% (371) identified as being from a non-English, Welsh, Scottish, Northern Irish or British background, with 80% (298) of these from an African or Caribbean background.
- 3% (15) of interactions were carried out in a language other than English, with 80% (12) of these taking place in Hindi/Punjabi
- 1% (5) identified as having a learning disability
- 9% (50) identified as being neurodiverse
- 1% (3) identified as transgender
- 7% (38) identified as being a carer

Park Wood

- 63% were female (84), 36% male (48), 1% (1) preferred to self-describe
- 59% (78) aged 55 or over
- 8% (10) identified as being from a non-English, Welsh, Scottish, Northern Irish or British background, with just under a third of these identifying as Nepalese (3).
- All interactions carried out in English
- 8% (10) identified as having a learning disability
- 10% (13) identified as being neurodiverse
- 1% (1) identified as transgender
- 8% (11) identified as being a carer

Gillingham South

- 65% (158) female, 35% (85) male, <1% preferred to self-describe
- 49% (120) aged 55 or over
- 40% (97) identified as being from a non-English, Welsh, Scottish, Northern Irish or British background, with 45% (44) of these identifying as Indian.
- 7% (18) of interactions were carried out in a language other than English, with 61% (11) of these taking place in Hindi
- 7% (17) identified as having a learning disability
- 9% (21) identified as being neurodiverse
- 1% (2) identified as transgender
- 11% (28) identified as being a carer

Appendix 4: Postcodes of participants attending Kent Hypertension Heroes

Postcode district	Area coverage	Total interactions
BN27	Hailsham, Amberstone, Bodle Street, Bodle Street Green, Boreham Street, Carters Corner, Chalvington, Cowbeech, Downash, Golden Cross, Hellingly, Herstmonceux, Horsebridge, Lower Dicker, Lower Horsebridge, Magham Down, Mulbrooks, Rickney, Trolliloes, Upper Dicker, Wartling, Windmill Hill	1
BR1	Bromley, Bickley, Downham, Sundridge	1
BR2	Hayes, Shortlands, Bickley, Bromley Common, Keston, Keston Mark, Leaves Green, Nash	1
BR3	Beckenham, Elmers End, Shortlands, Eden Park, Park Langley, Clock House	1
BR6	Orpington, Locksbottom, Farnborough, Crofton, Green Street Green, Chelsfield, Downe, Pratt's Bottom, Well Hill	1
CM5	Chipping Ongar, High Ongar, Bobbingworth, Moreton, The Lavers, The Rodings	1
CT1	Canterbury (City centre, St Martins, Northgate and Sturry Road, South Canterbury, Thanington)	3
CT11	Ramsgate, Pegwell	1
CT12	Northwood, Minster-in-Thamet, Cliffsend, Monkton, Manston	1
CT14	Deal, Walmer, Kingsdown, Ringwould, Sholden, Great Mongeham, Worth, Ripple, Tilmanstone, Betteshanger	1
CT15	Alkham, Lydden, Eythorne, St Margaret's at Cliffe, Elvington	4
CT16	Dover (town centre and roughly east of A256), Whitfield, Temple Ewell	6
CT17	Dover (roughly west of A256), Tower Hamlets, River	2
CT18	Hawkinge, Lyminge, Etchinghill, Capel-le-Ferne, Densole, Newington	45
CT19	Folkestone (north), Cheriton	290
CT2	Canterbury (Hales Place, London Road, St Stephen's and Broad Oak Road, St Dunstons and Whitstable Road), Harbledown, Rough Common, Sturry, Fordwich, Blean, Tyler Hill, Broad Oak, Westbere	1

CT20	Folkestone (south), Sandgate	211
CT21	Hythe, Saltwood, Lympne, Postling, Newingreen, West Hythe, Westenhanger	288
CT3	Wingham, Hersden, Ash, Littlebourne	1
CT4	Canterbury (Nackington Road, Stuppington), Chartham, Bridge, Nackington, Lower Hardres, Patixbourne, Bekesbourne, Chartham Hatch, Part of Harbledown and Rough Common	1
CT6	Herne Bay, Herne, Broomfield, Greenhill, Eddington, Beltinge, Reculver	2
DA1	Dartford, Crayford, Barnes, Cray	2
DA10	Swanscombe, Ebbsfleet	9
DA11	Gravesend (west), Northfleet	109
DA12	Gravesend (east), Chalk, Shorne, Cobham	295
DA13	Meopham, Istead Rise, Vigo, Southfleet	3
DA14	Sidcup, Fooks Cray, North Cray, Longlands, Ruxley, part of Albany Park	1
DA2	Dartford (east), Stone, Wilmington, Bean, Hawley, Darenth, part of Joyden's Wood	8
DA3	Longfield, Hartley, New Ash Green, New Barn, Fawkham	6
DA7	Bexleyheath (north), Barnehurst, Crook Log	1
DA8	Erith, Northumberland Heath, Slade Green	1
DA9	Greenhithe, Stone	3
LE1	Leicester	1
LU2	Luton (East), Chiltern Green, Cockernhoe, East Hyde, Lawrence End, Lilley, New Mill End, Peters Green, Tea Green, The Hyde, Wandon End, Wandon Green, Winch Hill, London Luton Airport	1
ME14	Maidstone (north and east), Bearsted, Grove Green	17

ME15	Maidstone (south), Bearsted (Madginford), Downswood, Shepway, Senacre, Loose, Mangravet, Park Wood, Tovil, East Farleigh, West Farleigh	73
ME16	Maidstone (west of the River Medway), Barming, Allington	9
ME17	Hollingbourne, Huckling, Harrietsham, Lenham, Boughton Monchelsea, Linton, Coxheath, Chart Sutton, East Sutton, Langley, Kingswood, Sutton Valence	15
ME18	Wateringbury, Mereworth, Teston, Nettlestead, West Peckham, Yalding, Laddingford	1
ME19	West Malling, Kings Hill, Leybourne, East Malling	2
ME2	Strood, Halling, Cuxton, Frindsbury	28
ME20	Aylesford, Ditton, Larkfield, Eccles	1
ME3	Hoo Peninsula, Higham	4
ME5	Walderslade, Blue Bell Hill, Lordswood, Luton	5
ME7	Gillingham, Brompton, Hempstead, Bredhurst	7
ME8	Rainham, Parkwood, Twydall, Hempstead, Wigmore	1
N1	Northern head district: Barnsbury (part), Canonbury, Kings Cross, Islington, Pentonville, De Beauvoir Town, Hoxton. Shoreditch (part)	1
N8	Hornsey district: Hornsey, Crouch End, Harringay (part)	2
NN3	Abington (East), Bellinge, Blackthorn, Boothville, Ecton Brook, Great Billing, Headlands, Kingsley Park, Lings, Little Billing, Moulton, Moulton Park, Parklands, Rectory Farm, Round Spinney, Southfields, Spinney Hill, Standens Barn, Thorplands, Weston Favell	1
NR33	South Lowestoft	1
NR5	W and NW suburbs of Norwich: Bowthorpe, Costessey, Earlham	1
SE18	Woolwich district: Woolwich, Royal Arsenal, Plumstead, Shooter's Hill	1
SE20	Anerley district: Anerley, Crystal Palace (part), Penge, Beckenham (part)	1
SE3	Blackheath district: Blackheath, Kidbrooke, Westcombe Park	2

SL1	Slough, Burnham, Cippenham, Farnham Royal, Stoke Poges, Littleworth, Farnham Common	1
SL2	Britwell, Farnham Common, Farnham Royal, Stoke Poges, Egypt, Hedgerley	1
SS0	Westcliff-on-Sea, Chalkwell	1
SS16	Langdon Hills, Vange	5
SY4	Baschurch, Bomere Heath, Nesscliffe, Shawbury, Wem	1
TN12	Paddock Wood, Staplehurst, Brenchley, Horsmonden, Marden, East Peckham	3
TN23	Ashford (town centre), Kingsnorth, Singleton	7
TN24	Willesborough, Kennington, Boughton Aluph, Goat Lees	8
TN25	Challock, Wye, Stowting, Brook	9
TN27	Headcorn, Biddenden	5
TN28	New Romney, Greatstone-on-Sea, Littlestone-on-Sea	12
TN29	Lydd	31
TN30	Tenterden, Wittersham	2
Not recorded or unable to identify		321

Appendix 5: Postcodes of participants attending Medway Hypertension Heroes

Postcode district	Area coverage	Total interactions
AI7	Welwyn Garden City (east)	1
CT6	Herne Bay, Herne, Broomfield, Greenhill, Eddington, Beltinge, Reculver	1
DA12	Gravesend (east), Chalk, Shorne, Cobham	1
DA16	Welling, Falconwood, East Wickham, Crook Log	1
ME1	Rochester, Borstal, Burham, Wouldham	10
ME10	Sittingbourne, Kemsley, Milton Regis	4
ME13	Faversham, Boughton under Blean, Selling and rural area	1
ME16	Maidstone (west of the River Medway), Barming, Allington	2
ME2	Strood, Halling, Cuxton, Frindsbury	16
ME4	Chatham, Brompton, Luton, St. Mary's Island	40
ME5	Walderslade, Blue Bell Hill, Lordswood, Luton	7
ME7	Gillingham, Brompton, Hempstead, Bredhurst	120
ME8	Rainham, Parkwood, Twydall, Hempstead, Wigmore	20
N11	New Southgate, Friern Barnet, Bounds Green, Arnos Grove (part)	1
TN12	Paddock Wood, Staplehurst, Brenchley, Horsmonden, Marden, East Peckham	1
Not recorded or unable to identify		18

Appendix 6: Locations visited by Hypertension Heroes by target area

Target Area	Community Partner	Location Visited	Total interactions
Folkestone, Hythe & Rural	Age UK Hythe & Lyminge	Age UK Hythe	196
		Age UK Lyminge	40
		Holiday Extras	42
	Folkestone Nepalese Community Centre	Folkestone Nepalese Community Centre	538
		Shorncliffe Community Centre	14
		Harvey Grammar School	5
		Pent Farm	1
	Hythe Town Council Dementia Awareness Forum	Hythe Pantry	109
		101 Hythe High Street	74
		Salvation Army Hythe	22
		Sleeping Giant Media	19
		Folkestone Academy	18
		Hawkinge Community Centre	17
		Hythe Community Dementia Cafe	14
		Carers Support Hythe	3
	Sunflower House	The Bayle (Community Room)	56
		3Hills Sports Centre	12
Glendale House		10	
St Eanswythe Church		5	

Gravesend Central	North Kent Caribbean Network	North Kent Caribbean Network	194
	Rethink Sahayak	St George's Church	150
		Gravesend Gurdwara	9
	Youth Ngage	Youth Ngage	109
		Methodist Church Gravesend	46
		Gravesham Council	20
		Old Gravesendian Rugby Club	11
		Jacob Afro Hair	10
		Trac Ministries	4
		Moyibo Foods Gravesend	2
Park Wood	Celebration Church	Christ Church	18
	Fusion Healthy Living Centre	Fusion Healthy Living Centre	84
		Park Wood Larder	18
		Morrisons Cafe	13
Gillingham South	MEGAN CIC	Magpie Hall Centre	44
		St Mark's Church	75
		Social Prescribing Event	12
		Strood	2

Medway Diversity Forum	All Saints Church	7
	Beulah Lounge (Nigerian Association)	1
	Carers First	5
	Gillingham Mosque	9
	Guru Nanak Gudwara	13
	Kent Ramgarhia Darbar	11
	MidKent College	9
	Nasir Mosque	5
	Perish Church	6
	Sahara at MidKent College	9
	Sheges Barbers	5
	St Augustines Church	31

References

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We engage
We reflect
We improve peoples
lives