

Dear _____,

This letter is to confirm that [insert volunteer's name] has completed [insert hours] as a Volunteer Health Mentor for the American Heart Association's **Check. Change. Control.**® high blood pressure program. **Check. Change. Control.** is an evidence based program that uses innovative ways to improve the management of hypertension in the American adult population. Our goal is to enroll 86,000 participants by the end of 2017 and to improve population level hypertension identification and control while giving individuals better access to care through new interventions and online tools to manage their blood pressure.

Hypertension affects 80 million Americans and can lead to increasing the risk of coronary heart disease, stroke and contributing to heart and kidney failure. While even a small reduction in blood pressure can result in significantly improved outcomes, only one in three persons with hypertension are able to achieve their blood pressure goal.

Check. Change. Control is designed to close this gap by using Volunteer Health Mentors like, [insert volunteer's name], to teach people about the risks associated with high blood pressure and how the practice of self-monitoring can help them better manage the condition. The Volunteer participated in training through the local American Heart Association affiliate and was responsible for helping to enroll [insert number here] participants in the **Check. Change. Control** program and mentor them throughout the four-month initiative.

We strongly believe that volunteers and support from community partners like [insert organization name] are critical to our success in the community and we value your partnership. We appreciate your interest in this program and would not be able to achieve our goal without community volunteers.

Sincerely,

[insert name]
Affiliate Volunteer or Staff Leader