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TURNING SCIENCE INTO ACTION

Hypertension in African Americans: Advances in Community Outreach and Public Health Approaches

The following is a synopsis of "Hypertension in African Americans: Advances in Community Outreach and Public Health Approaches," published December 2019 in *Progress in Cardiovascular Diseases*.

What is already known on this topic?

Hypertension (HTN), commonly called high blood pressure, is defined as having a systolic blood pressure (SBP) greater than or equal to 130 mmHg over a diastolic blood pressure (DPB) of at least 80 mmHg. In the United States, HTN disproportionately affects minority racial/ethnic groups, particularly African Americans, who are more likely to develop HTN at an earlier age than whites and whose SBP is, on average, 7 mmHg higher than whites.[1] African Americans also have lower rates of HTN control (44.6%) than whites (50.8%), often leading to poor cardiovascular health outcomes, including heart attack, stroke, and renal failure, and increasing their risk of death from cardiovascular disease (CVD). Despite interventions targeting HTN, African Americans continue to experience a higher burden of disease and a higher mortality rate from CVD.

What is added by this article?

This article highlights the need for and benefits of public health interventions addressing two factors historically associated with low HTN control in African American communities: poor adherence to medication and poor access to health care. Historical perspectives of community outreach have approached HTN by bringing health care to African American communities and/or developing coalitions of community organizations, health agencies, and volunteers, combined with education. Specific examples include the Church/Community Health Awareness and Monitoring Program (CHAMP), the Healthy Heart Community Prevention Project (HHCPP), the faith-based Give God a Hand project, and the National Heart, Lung, and Blood Institute (NHLBI) Community Health Worker Health Disparities Initiative.

Recent models that have succeeded in meeting the needs of communities with limited access to and low trust of the medical community include the Los Angeles barbershop study, which showed that using conversations with barbers to broaden use of blood pressure measurement and HTN medication therapy was responsible for a significant reduction in SBP six months post-enrollment.[2] Factors contributing to the study's success included physician–pharmacist collaboration, an effective anti-HTN drug regimen, and intervening at a trusted site.[2] Another successful model, the Faith-based Approaches in the Treatment of Hypertension (FAITH) study, used a combination of therapeutic changes focusing on healthy lifestyle behaviors (i.e., meal planning, stress management, structured goal setting, medication adherence) and motivational interviewing. Results indicated significant reductions in blood pressure readings six months post–program initiation, though no significant reductions nine months post-initiation,

possibly due to difficulty in quantifying behavioral change as a method of accurately measuring blood pressure reduction.[3]

Using community outreach models to address HTN among African American groups can shed light on ways to incorporate medication therapy that should continue to be practiced in public health interventions. New models should also consider incorporating emerging national public health efforts to address HTN, including emphasizing self-measured blood pressure (SMBP) and continued ambulatory blood pressure measurements (AMBP) in clinical settings, having the Million Hearts® initiative focus specifically on efforts to increase medication adherence and capture CVD risk through participants' electronic health records, and optimizing health information technology (HIT) research to address health disparities.

What are the implications of these findings?

Public health interventions targeting HTN and CVD in African American communities should continue to build on community outreach to address the needs of those with limited access to health care and/or low trust in the medical community. Understanding the relationships between factors such as social determinants (e.g., socioeconomic status, race); HTN diagnosis and prevalence; and environmental, and psychosocial factors affecting adherence and their effects on blood pressure will be critical to reducing the racial disparities in HTN. Additional research is needed to understand the impact of intervention programs involving community partner participation in patient care. As technological advances in at-home technology are made, the role of the three emerging national efforts—SMBP and AMBP, Million Hearts®, and HIT—in addressing CVD-related disparities should also be examined.

Resources

- American Heart Association: What About African Americans and High Blood Pressure?
- Centers for Disease Control and Prevention: A Community Health Worker Training Resource
- Million Hearts Initiative: Self-Monitored Blood Pressure Monitoring Tool

References

1. Maraboto C, Ferdinand KC. Update on hypertension in African-Americans. Progress in Cardiovascular Diseases. 2020;63(1):33-39.
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3. Schoenthaler AM, Lancaster KJ, Chaplin W, et al. Cluster Randomized Clinical Trial of FAITH (Faith-Based Approaches in the Treatment of Hypertension) in Blacks: Main Trial Results. 2018;11(10):e004691.

Citation

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