B. PROJECT OVERVIEW

Project Name:
Reducing racial disparities through improved hypertension control in African Americans.
HWPP Project Number:
2011D-41

*Without exceeding this one (1) page, briefly describe your project and partnership.*

Hypertension is a key risk factor for stroke, heart disease and kidney disease. It is also a leading cause of health disparity among African Americans. According to the Agency for Healthcare Research and Quality (AHRQ), one in four U.S. adults reported having high blood pressure in 2008 (6). The Centers for Disease Control and Prevention (CDC) notes that over 40% of African Americans ages 20 years and older suffer from hypertension. More than 61% of those individuals reported having uncontrolled hypertension (BP > 140/90 mmHg). Locally, the disparity is even greater.

Westside Healthcare Association (WHA) operates two federally qualified health centers in Milwaukee’s central city. Hypertension was the top medical diagnosis among WHA patients in 2010, affecting just under 11% of the total patient population. The disease was uncontrolled in 46% of those patients. Recent data collected from a patient survey at WHA identified hypertension as a priority of interest, second only to diabetes. Results of this survey suggest that patients want to learn more about topics related to hypertension and chronic disease self-management including nutrition, smoking cessation and physical activity.

In response to patient feedback, WHA has established a community-academic partnership with the goal of developing, implementing and evaluating a portable, cost-effective hypertension control strategy in a primary care setting. The successful intervention will be easily transferrable to other clinics in Milwaukee and beyond. A community-academic partnership affords the proposed project the ability to reach desired results in a culturally appropriate, yet academically and statistically relevant way. The partnership will facilitate health care delivery and research in a traditionally hard-to-reach urban population. A community advisory council has been established to oversee all facets of the project. Council members include the American Heart Association, Milwaukee Area Health Education Center, Center for Urban Population Health, Lindsay Heights Neighborhood Health Alliance, Wisconsin Primary Health Care Association and several neighborhood residents.

The proposed project incorporates community health workers (CHWs) into the outpatient care of hypertensive patients at WHA. Research indicates that CHWs who reflect the demographics of the population they serve are uniquely qualified as peer support providers and care coordinators in the management of chronic disease. The CHW hired for this project will be recruited from the local community, preferably from within WHA’s patient population. The intervention strategy will include group sessions rather than relying solely on more costly one-on-one visits with a primary care provider (PCP). The expectation is that the group sessions will be led by a CHW, with the supervision of a WHA provider. Curriculum for the group sessions will be derived from Life’s Simple Seven—an evidenced-based model developed by the American Heart Association (AHA). The model has been designed to address the seven key health factors that influence overall heart health. Those seven elements are: managing blood pressure, cholesterol control, nutrition/diet, physical activity, weight loss, smoking cessation and blood sugar reduction (11).

A three-month planning phase has been included at the beginning of the project timeline during which the community advisory council will review/modify the curriculum, discuss final implementation strategies and set program evaluation measures. Every six months, the curriculum will be repeated, for a total of three cohorts during an 18-month period. The community advisory council will meet after completion of each cohort to ensure program continuity and to address any necessary modifications. During the final three months of the project period, the advisory team will reconvene to evaluate program data and to establish a plan for further dissemination and implementation at additional sites.