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## ACPM Announces Grant Winners Seeking to Combat Hypertension

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The American College of Preventive Medicine (ACPM) has awarded six institutions grants to develop innovative practice-setting models for addressing hypertension in African-American males ages 35-64. Created in partnership with the Centers for Disease Control and Prevention Division for Heart Disease and Stroke Prevention, this grant program will promote and document ways to reduce the incidence of hypertension, and improve the standard of care for hypertensive patient identification, referral and treatment.

Addressing and reducing the burden of hypertension (or high blood pressure) is a critical public health priority. Nearly 1 of 3 U.S. adults (about 75 million people) have high blood pressure and only about half (54 percent) have their high blood pressure under control.<sup>1</sup> One of the populations greatly affected by this epidemic is African-American men, who suffer disproportionately from high blood pressure which is a known risk factor for heart disease and stroke.<sup>2</sup>

Using a team-based care approach that includes the patient, primary care provider and other health care professionals is a recommended strategy to reduce and control high blood pressure.<sup>2</sup> The grantees will trial this integrative approach to identifying, screening, testing, and referring patients with hypertension or at high-risk for hypertension to evidence-based blood pressure self-measurement and management programs, and equip them with the clinical and community support to make the evidence-based lifestyle and behavior changes needed to manage their blood pressure. ACPM will work with the grantees during this 5-year project to support their efforts and disseminate lessons learned.

The grantees are:

**Access Health Louisiana, Kenner, LA:** By engaging in individualized supporting and coaching of patients paired with greater community-level patient engagement, Access Health hopes to improve identification of at-risk patients and provide additional resources to support their self-management efforts.

**The University of Alabama University Medical Center, Tuscaloosa, AL:** A pilot patient group will be enrolled in an on-site or online training curriculum to develop the lifestyle habits needed for self-monitoring and blood-pressure control. Patients will be provided blood pressure testing equipment and time from support staff, including social workers and dietitians.

**Cook County Health, Chicago, IL:** Patients will work with a dedicated nurse coordinator, who will guide them through self-measurement protocols and assist them in accessing community resources to modify social determinants of health and manage their blood pressure.

**Grady Health System, Atlanta, GA:** Grady will build a blood pressure registry into their Electronic Health Record in order to proactively reach out to patients that may show signs of hypertension and refer them at no cost for blood pressure testing. Patients will then be referred to peer educators and self-monitoring programs or scheduled for a three-month follow-up depending on their level of blood pressure control after the initial meeting.

**Henry Ford Health System, Detroit, MI:** Henry Ford Health System will pilot an analytics driven, team-based approach to the targeted assessment of medication adherence and social determinants of health to address patient barriers to hypertension management. They will engage nurses and pharmacists in complementary roles to address patient education on lifestyle issues and goal setting while optimizing medication regimens and eliminating barriers to medication adherence. Several Henry Ford clinics have demonstrated improved chronic disease control in patients with diabetes and COPD by similarly incorporating pharmacists into the multidisciplinary clinic teams.

**Lincoln Community Health Center, Durham, NC:** Lincoln is seeking to engage patients in self-management activities and use multi-disciplinary staff within the center to address challenges related to social determinants of health. Patients will be identified by past blood pressures in the EHR and a patient-centered plan of dynamic engagement will involve the following partners: behavioral health specialists, pharmacists, specialists in lifestyle coaching, local health department community health workers, county parks and recreation staff and medical staff.

Each grantee organization will work closely with ACPM over the course of the five-year project to develop and document the best practice methods for increasing hypertension awareness, screening, and referral within the practice setting. After the three year term of the grants, the work done by the grantees will be documented and shared in case studies and lessons learned to inform and improve the standard of care at health-delivery organizations across the country and help patients better manage hypertension and prevent the onset of heart disease and stroke.

## **About ACPM**

The American College of Preventive Medicine is a professional society providing leadership in research, professional education, development of public policy, and enhancement of standards of preventive medicine for and on behalf of our physician members. Uniquely trained in both clinical medicine and public health, preventive medicine specialists are equipped to understand and reduce the risks of disease, disability, and death in individuals and in population groups. For more information, visit [www.acpm.org](http://www.acpm.org)

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## References

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