

Community health workers can help lower blood pressure

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Community health workers using proactive strategies such as home visits, health coaching, home blood pressure monitoring and other tactics were more successful in helping low-income patients control their hypertension than doctors using traditional approaches, according to new Tulane University research published in [JAMA](#), the Journal of the American Medical Association.

“The [study](#) showed that community health workers can play an important role in hypertension control among low-income communities,” said lead author Dr. Jiang He, Joseph S. Copes Chair of Epidemiology at Tulane University School of Public Health and Tropical Medicine. “Further research is needed to assess generalizability and cost-effectiveness of this intervention and to understand which components may have contributed most to the outcome.”

More people across the globe are developing uncontrolled high blood pressure, especially in low- and middle-income countries, despite extensive knowledge of hypertension prevention and treatment. To fight the problem, public health officials need effective, affordable and sustainable programs for hypertension control in low- and middle-income countries.

Tulane researchers tested a multicomponent intervention in 18 community health centers in Argentina, providing free health care to 1,432 uninsured, low-income adult patients with uncontrolled hypertension. The researchers randomly assigned patients to two groups: traditional care at a physician’s office or a multicomponent intervention that included health coaching, home blood pressure monitoring, a blood pressure audit and feedback from a community health worker, physician education, and text-messaging intervention.

Over 18 months, patients in the intervention group experienced a greater decrease in systolic and diastolic blood pressure (BP) than did patients who received usual care. The proportion of patients with controlled hypertension (BP <140/90 mm Hg) increased from 17 percent at baseline to 73 percent in the intervention group and from 18 percent to 52 percent in the usual care group. The multicomponent intervention significantly increased patients' adherence to antihypertensive medication and physicians' adherence to treatment guidelines.