

Check. Change. Control.® Overview

There are nearly 80 million Americans with hypertension.

- 1 in 3 adults have high blood pressure
- Of the patients that are aware and are being treated for high blood pressure, almost half are not at goal. Current rate of patients with blood pressure in control is 54%.
- High blood pressure, or hypertension, is an independent risk factor for heart disease and stroke, but even a 5 mmHg decrease in blood pressure can reduce mortality due to heart disease and stroke by 9% and 14% respectively (INTERSALT, *Hypertension*, 1991).
- Hypertension disproportionately affects the African-American community with over 45% of African-American males and 46% of African-American females affected by high blood pressure compared to a national rate of 33%.



The purpose of this program is to eliminate high blood pressure as a health disparity among Americans and help achieve the goal of improving cardiovascular health by 20%, while reducing cardiovascular mortality by 20% by 2020 (AHA 2020 Impact Goal).

The AHA/ASA launched the first phase of The High Blood Pressure program in August 2012, with a focus on top markets nationwide. As of June 2016, the program expanded to over 100 markets, 50,000 + participants enrolled, more than 163,000 blood pressure readings taken with an average drop in systolic BP of 11 mmHg.

The Check. Change. Control. Program is

- An **evidence-based** program, based on the success of the program over the past 4 years,
- Designed to establish **community partnerships and meaningful volunteer roles**, and is
- Focused on **innovation** using online trackers and **sustainability**.

FOUNDATIONAL PRINCIPLES AND BEST PRACTICES GUIDING CHECK. CHANGE. CONTROL.

The Check. Change. Control. Program is based on best practices learned from the AHA's Check It, Change It pilot, principles for volunteer engagement through the successes of AHA's Multicultural work, as well as other successful community-based programs identified through recent science literature reviews.

Key evidence-based scientific principles foundational to the program include:

1. The practice of self-monitoring and tracking of blood pressure readings at home or outside of the healthcare provider office setting.
2. Use of a digital self-monitoring tool to track blood pressure readings.
3. The practice of self-management skills related to blood pressure management.
4. Use of health mentors to motivate and encourage participants.
5. Attention to multi-cultural issues that result in hypertension being a health disparity for African-Americans.

To begin taking positive steps towards blood pressure control, sign up for the Check. Change. Control.® Tracker at www.heart.org/cc or reach out to Courtney Nelson, NJ Senior Director of Community Health at courtney.nelson@heart.org.