

Community intervention among low-income patients results in improved blood pressure control

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Low-income patients in Argentina with uncontrolled high blood pressure who participated in a community health worker-led multicomponent

intervention experienced a greater decrease in systolic and diastolic blood pressure over 18 months than did patients who received usual care, according to a study published by *JAMA*.

Despite extensive knowledge of [hypertension prevention](#) and treatment, the global prevalence of hypertension is high and increasing, while the proportion of controlled hypertension is low, especially in low- and [middle-income countries](#). Developing and implementing effective, affordable, and sustainable programs for hypertension control is a public health priority in low and middle-income countries.

Jiang He, M.D., Ph.D., of the Tulane University School of Public Health and Tropical Medicine, New Orleans, and colleagues randomly assigned to a multicomponent intervention or usual care 18 centers in Argentina providing free health care to uninsured, low-income adult [patients](#) with uncontrolled hypertension patients (n = 1,432). The multicomponent intervention included a [community health](#) worker-led home intervention (health coaching, home [blood pressure](#) [BP] monitoring, and BP audit and feedback), a physician intervention, and a text-messaging intervention.

Over 18 months, patients in the intervention group experienced a greater decrease in systolic and diastolic BP than did patients who received usual care. The proportion of patients with controlled hypertension (BP

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