

# Patients with high blood pressure who partnered with community health workers more likely to achieve BP control

February 23 2023

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Patients with hypertension paired with a community health worker (CHW) through their primary care practice were more than three and a half times as likely to achieve blood pressure control within six months

compared to patients who were not. New research, led by researchers at NYU Grossman School of Medicine, suggest that similar CHW interventions could help other underserved, immigrant communities experiencing similar disparities.

Published online today in the journal *Circulation: Cardiovascular Quality and Outcomes*, the findings focus on community health workers (CHWs), lay members of a community who usually share ethnicity, language, income level, and/or life experiences with the people they serve. While past work has found that CHW-led programs lead to improvements in blood pressure in community-based settings like barbershops and churches frequented by members of the Black community, the new study is the first, the researchers said, to examine the intervention in primary care practices that specifically serve South Asian Americans.

Previous research shows that members of the South Asian community have a greater than average risk for [cardiovascular disease](#) (CVD), hypertension, and diabetes—even at lower body weights and at younger ages compared to Whites and other racial/ethnic groups. They also often face social and cultural barriers to managing [chronic diseases](#) and accessing healthcare.

The key to the intervention's success, according to lead study author Nadia Islam, Ph.D., associate professor in the Department of Population Health and associate director at the Institute for Excellence in Health Equity at NYU Langone, was the CHWs' ability to adapt evidence-based practices to offer culturally sensitive and linguistically appropriate health coaching. While New York City is home to the country's largest South Asian population, many have limited English proficiency, are disconnected from the healthcare system, and lack tailored resources. Working in close partnership with primary care practices serving South Asian practices, the CHWs were uniquely positioned to help patients

integrate their physicians' recommendations into their lives and daily routines.

"As the demand for patient-centered approaches in [clinical settings](#) expands, CHW models have growing clinical and public health relevance in the context of hypertension management," said Islam. "They offer a cost-effective model for chronic disease management among [immigrant communities](#) with limited English proficiency who are often underserved by health care systems."

Co-collaborators of the study include Healthfirst, New York City's largest insurer of Medicaid patients.

"Making sure primary care practices have the resources they need to support the specific needs of their patients is a top priority for us," said Susan Beane, MD, Healthfirst's executive medical director. "As these findings illustrate, making community health workers accessible for our members is an important way to advance health equity. We hope others will learn from, replicate, and scale this intervention."

## **How the Study Was Conducted**

The team of investigators enrolled 303 South Asian patients ranging in age from 18 to 85 with elevated blood pressure (systolic BP

Citation: Patients with high blood pressure who partnered with community health workers more likely to achieve BP control (2023, February 23) retrieved 28 April 2024 from <https://medicalxpress.com/news/2023-02-patients-high-blood-pressure-partnered.html>

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