

Health care leaders call for reinstatement of Canadian hypertension control program

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A passionate plea for the re-establishment of Canada's health coalition focused on hypertension prevention and control has been published as an [editorial](#) in the *Canadian Journal of Cardiology*. "We need a national

hypertension control program to prevent death and disability," according to prominent health care leaders.

Lead author of the editorial Norm R.C. Campbell, MD, Department of Medicine, University of Calgary, explains, "Hypertension is a leading cause of death and disability in Canada; globally it causes about 1 in 5 deaths (19.2%). However, it is possible to reduce that markedly.

"Throughout my career in health care, I have worked on controlling our population's [hypertension](#). What was achieved in Canada was highly unique; Canada used to be the most successful country in controlling hypertension by a large margin and one of the best at prevention."

The editorial describes the pivotal role Canadian coalitions had in the prevention and control of hypertension. In Canada, the delivery of health care is a provincial and territorial responsibility, whereas the federal government sets and administers national standards for the health care system through the Canada Health Act as well as many nutrition policies.

Given the burden of disease associated with increased blood pressure, the Canadian federal and provincial governments released a hypertension strategy in 1986 calling for a coalition of governmental and non-governmental organizations to oversee strategy implementation.

Professor Campbell says, "In recent years, I have seen the Canadian hypertension control coalition and program fall apart while other countries are building much better national programs to control hypertension. As a result, hypertension control in Canada has been declining for the last decade.

"Hypertension prevention and control on a population scale are proven methods to prevent death and disability as well as reducing health care costs. We need to reestablish our national program to save lives."

Ross Tsuyuki, PharmD, President, Hypertension Canada, concurs with Professor Campbell's assessment, and says, "Hypertension Canada is highly concerned about declining control of blood pressure leading to increased death and disability in Canadians. Canada has become complacent. Hypertension Canada is committed to helping reestablish a coalition to bring the stakeholders, being health care providers and governments, to the table to address this problem."

Patrice Lindsay, RN, Ph.D., Lead, PWLE Engagement and Stroke Strategy at the Heart and Stroke Foundation of Canada, adds, "Heart and Stroke recognizes high blood pressure as the leading risk factor for stroke and a major risk factor for [heart disease](#). We strongly support initiatives that will lead to measurable increases in diagnosis, treatment, and control of high blood pressure and result in reductions in death and hospitalization from cardiovascular disease. These measures will improve outcomes and quality of life for individuals affected by [high blood pressure](#)."

Prevention of high [blood pressure](#) can occur at different levels.

- Via various public health interventions, such as promoting healthy diets, regular physical activity, reducing [alcohol consumption](#), and maintaining a healthy body weight and composition.
- Via clinical interventions, such as advising a [healthy lifestyle](#) and drug treatments.

Professor Campbell says, "Healthy lifestyles are hard for people to implement in our unhealthy environments; they take time and lots of support. Drug treatment is highly effective and fast and can save money or be cost-effective. Sadly, our clinical interventions are in decline."

The global model to prevent non-communicable disease (NCD)—that

account for about 90% of deaths and 85% of disability in Canada—and strengthen [primary care](#) is the World Health Organization (WHO)'s HEARTS initiative. HEARTS uses hypertension control as the "entry point" for NCD prevention and control in primary care.

Professor Campbell says, "While many public health professionals focus clinical interventions on infections like COVID-19, influenza, and the RS virus, the real issue impacting death and disability in Canada is prevention and control of NCDs. HEARTS is an established global model for Canada to use to rebuild primary care to reduce death rates and prevent NCDs."

Professor Campbell concludes, "Winston Churchill stated, 'never let a good crisis go to waste.' In Canada, we have an opportunity to build a much stronger collaborative federated health system focused on global best practices to prevent and control our major causes of death and disability, increasing quality of life, and saving health costs. It does not require much innovation or intellect but does require a strong ability to collaborate with the current global best practice being WHO HEARTS."

More information: The Urgent Need to Re-establish a Health Coalition Focused on Hypertension Prevention and Control in Canada, *Canadian Journal of Cardiology* (2024). [DOI: 10.1016/j.cjca.2023.11.039](#)

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