

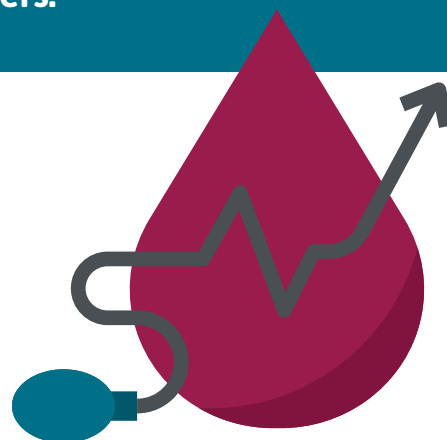
How To Promote
HYPERTENSION
Self-Management
in Diverse Populations





When it comes to population health management in diverse populations, nurses can be the biggest game-changers.

With hypertension being a global health issue growing in severity, it is estimated that by 2025, 1.5 billion people in the world will have hypertension.¹



.....

In the United States, the issue at hand becomes more dire and narrowed when discussing the alarming rates of black and brown patients battling high blood pressure, compared to their white counterparts. Nurses can play a critical role in delivering culturally and racially appropriate care.

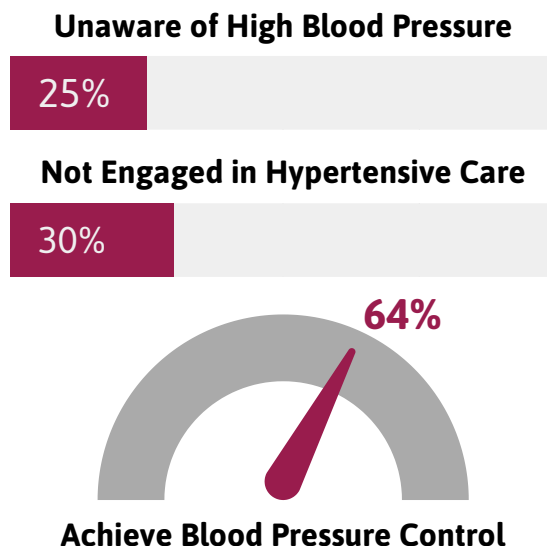
“The patient-provider relationship is an important factor in promoting self-management of hypertension,” says this study by the University of Michigan School of Nursing, exploring hypertension disparities among black women.² “Becoming aware of patients’ understanding of hypertension is essential to reduce knowledge deficits that could influence health outcomes. Nurses are well-positioned to work to reduce the disparity in hypertension among African Americans because they are taught to monitor, treat, and educate patients; advanced practice nurses can also prescribe medications and develop individualized treatments plans.”



That’s not to say the majority of the responsibility still won’t fall on the patient, but nurses can help patients discover health autonomy for lifestyle changes that can last a lifetime.

In the U.S., national education campaigns have been enacted in an attempt to solve this crisis, however, the numbers reveal a desperate need for more patient-provider intervention:

Among those with hypertension, 25 percent are unaware they have high blood pressure, and nearly 30 percent are not engaged in hypertension care. For those knowingly diagnosed with hypertension and seeking care, only 64 percent of overall patients achieve blood pressure control. In certain populations, such as Mexican-American men, the rate of blood pressure control drops drastically to 39 percent.¹ Mexican-Americans, African-Americans, and Hispanics in the U.S. routinely achieve lower rates of blood control compared to white patients.¹



SO WHAT CAN BE DONE TO HELP THESE DIVERSE POPULATIONS?

Proposed Solution:

Patient-Centered, Whole-Person Care

As stated above, nurses can be conduits to health autonomy. Historically, nurses have led research projects exploring hypertension care quality and social determinants of health associated with it. This makes them the perfect go-to for building the foundation for a value-based care environment. Ideally, this environment would address geographical considerations, ethnicity, gender, age, and SDOH.¹

In fact, another study by John Hopkins School of Nursing that explores hypertension disparities attributes these visible disadvantages partially to the “quality gap,” in which some population groups attain higher quality interventions and therefore see better health outcomes. **This gap cannot continue to be ignored; if it is, thousands of lives will continue to be lost every year.**

Not to mention, hypertension accounts for 50 percent of heart-disease risk and 75 percent of stroke risk, which are just two of the leading causes of death in the United States.



This means diverse populations, facing the unique challenges they do, spurred by current or historical injustices, may need that extra help that can notably come from nurses.¹

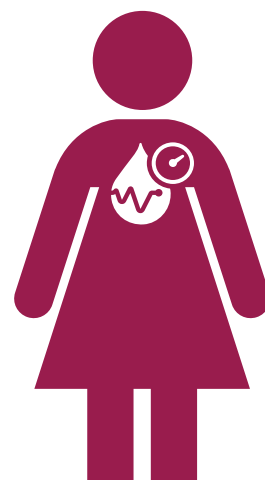
So how can nurses help? Well, it starts with a combination of different evidenced based-practices. The first of which would be team-based care. At its core, team-based care is patient-oriented, taking an individual's physical and social needs into account.

But most importantly, team-based care is patient-co-authored.

The patient should have a say in how the care plan will be carried out because they know best what capabilities their lifestyle permits them. **This approach to care has been proven to increase the proportion of individuals remaining in care with controlled hypertension.**¹

To launch this approach, it's important to understand differences among sub-groups in diverse populations. Understanding the way different groups perceive hypertension diagnosis and care is critical to achieving better outcomes. While racial differences are often highlighted in discussions surrounding hypertension, focusing on this alone will block effective work to be done. Many nurses can help their patients by collaborating on care that addresses ethnic and cultural differences as well. For example, the study by the University of Boston explores why African-American women are more likely to be diagnosed with hypertension at a younger age, have higher blood pressure readings, and die earlier from complications related to hypertension when compared to European American women. What researchers found through survey results was that some of the African-American women in the study had a lack of knowledge surrounding what blood pressure control and proper care looked like, which may be due to cultural misunderstandings.²

Firstly, researchers found that these women confounded self-management of blood pressure with self-management of late-occurring symptoms of hypertension. This obviously is not an effective way to promote self-management, because hypertension control has to be a proactive lifestyle change, not a reactionary one. Secondly, researchers found that these women believed their episodic stress was a root cause of their hypertension, and by lowering their stress, their hypertension would become little to none. While a link between stress and hypertension has been explored, in many cases more lifestyle changes are needed than this. And finally, researchers found that 35 percent of the women in the study felt unmotivated to make weight loss changes because they felt as though it would require vigorous exercise to do so, rather than small changes they can implement daily.



“This finding is disconcerting given that individuals must have accurate knowledge in understanding hypertension is manageable, not curable,” the study says. “Patients also must understand the purpose of following a regimen (dietary changes, exercise plans, and medication adherence) in order to effectively self-manage their blood pressure.

It is within the advanced practice nurse's scope of practice to identify gaps in the patient's knowledge of hypertension and provide education that meets their needs.”

Team-based care creates an environment where the conversations needed to understand the basis of these misconceptions can flourish.



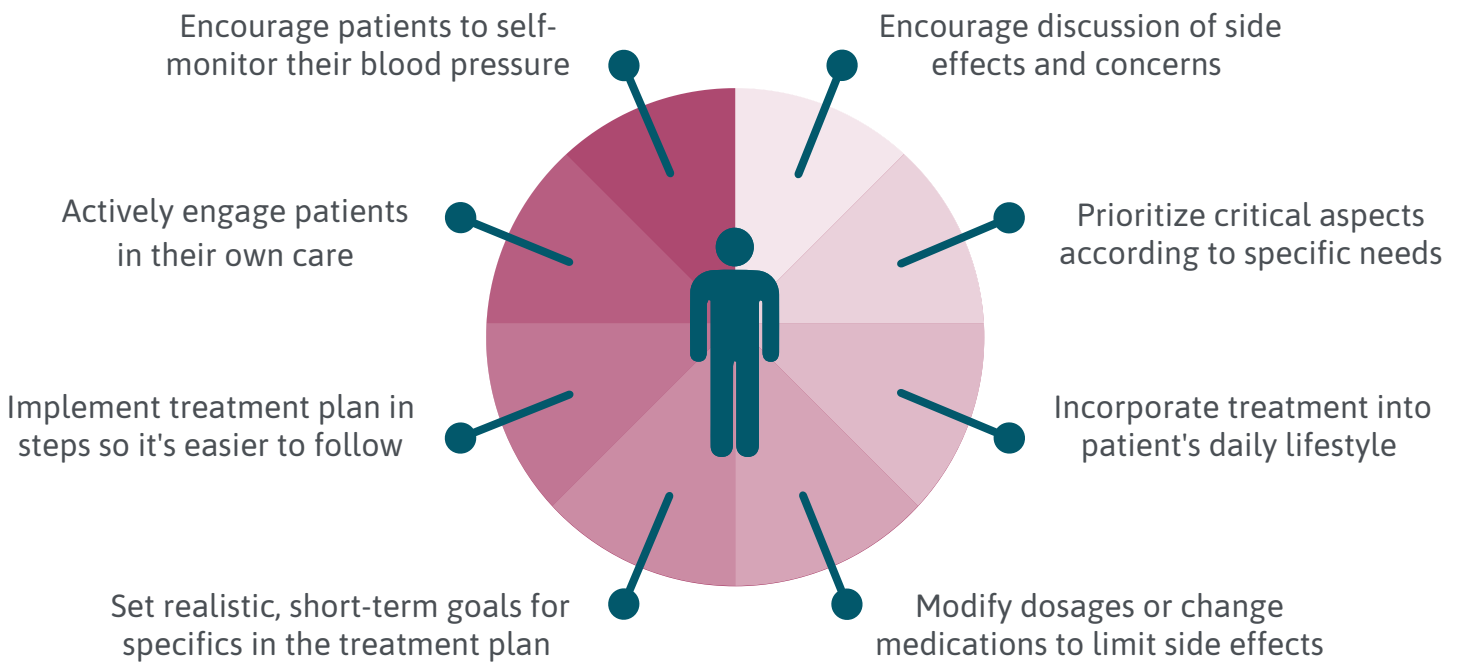
Culturally, food influences may also play a role in effective management. Asking patients to deter from a diet and food culture that they enjoy is not the fairest or most effective approach. Rather, health professionals can help by giving alternate ingredient or portion suggestions that still allow patients to stay within their dietary desires. Some patients may also be facing monetary restrictions. It's true that in America, what the health industry labels as “healthy foods” are not always affordable or sustainable for a lifestyle riddled with financial hardships. In the same vein, exercise at designated spots, like a gym, isn't always feasible for patients facing these hardships either, especially if they have children and other responsibilities that demand time and priority. If the answer to hypertension was to always eat more greens and workout daily, many patients wouldn't be in this crisis today.



Strategies to Help Promote Patient Self-Management

The first study published by John Hopkins gives a bullet point list of strategies nurses and nurse practitioners can use to help promote patient self-management in hypertension¹:

1. Individualize the Regimen



DO's:

- ✓ Minimize the cost of therapy
- ✓ Simplify the regimen
- ✓ Make a point to discourage quick weight loss regimens
- ✓ Tell the patient you will ask about adherence
- ✓ Include patient in decision making as much as possible

¹"Expanding the Role of Nurses to Improve Hypertension Care and Control Globally," ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

2. Identify Knowledge, Attitudes, Beliefs, and Experience

1 Assess patient's understanding and acceptance of BP diagnosis and care expectations

2 Understand how cultural beliefs and practices may influence care and adherence

3 Discuss patient's concerns and clarify any misunderstandings

"Expanding the Role of Nurses to Improve Hypertension Care and Control Globally." ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

3. Provide Follow-Up and Reinforcement

**Provide
Feedback
Regarding
BP Level**



- ▶ Ask about behaviors to achieve BP control
- ▶ Give positive feedback for behavioral and BP improvement
- ▶ Provide evidence-based tools and resources designed to maximize self-management

- ▶ Hold exit interviews to clarify regimen
- ▶ Contact and follow up with patients who missed appointments
- ▶ Make appointment for next visit before patient leaves the office
- ▶ Schedule more frequent visits to counsel nonadherent patients
- ▶ Use appointment reminders and contact patients to confirm appointments
- ▶ Establish regular, structured follow-up mechanisms and reminder systems to monitor patients' progress



**Reinforce
Contact and
Collaboration**

Other Considerations:

- + Consider clinician-patient contracts
- + Consider home/telehealth visits

"Expanding the Role of Nurses to Improve Hypertension Care and Control Globally." ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

Inform patient about recommended treatment



Inform patient of blood pressure (BP) level

Teach self-monitoring skills



4. Educate about Conditions and Treatment



Establish a BP goal with patients

Emphasize the need to continue treatment for BP



Provide patient time to state behaviors to carry out treatment

"Expanding the Role of Nurses to Improve Hypertension Care and Control Globally." ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

5. Promote Social Support

Educate family members on being a part of the BP control process



Suggest small-group activities to enhance mutual support and motivation

"Expanding the Role of Nurses to Improve Hypertension Care and Control Globally." ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

6. Collaborate with Other Professionals



- 1 Draw on complementary skills and knowledge of certified clinical staff
- 2 Facilitate communication and care coordination among team members, patient, family, and caregivers
- 3 Assure awareness and effective use of evidence-based diagnosis and treatment guidelines by all team members
- 4 Follow a single, personalized plan of care based on individual patient's characteristics and needs
- 5 Refer patients for more intensive counseling or specialty evaluation

"Expanding the Role of Nurses to Improve Hypertension Care and Control Globally." ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

Need Help as a Nurse or Health Provider?

Health Coaches Could Alleviate Your Burden

A lot of time is demanded of health providers like nurses. While many have the desire to help their patients flourish, time isn't always so generous. Health coaches can be a good addition to a workflow that helps balance the load. They are often certified to carry out many of the responsibilities needed to help patients achieve their health goals, notably in fostering behavior and lifestyle changes that are culturally aware. Health coaches can help spend the extra time needed outside the office to instill self-management principles when and where it's convenient for the patient.

.....

How Can Certintell Help?

Certintell's certified health coaches integrate with your team's workflow to make aspirations for patient health a reality. They work virtually, meaning our services reduce barriers to accessing care and help narrow the quality gap. If the option is selected, the patient can also have access to our suite of Remote Patient Monitoring (RPM) devices that automatically transmit weight and blood pressure readings to all members of the care team. The health coach will work with the patient to make sense of these readings and build a foundation where the patient willingly begins to take accountability. Our bilingual health coaches and additional translation services ensure no patient in a diverse population is left without understanding how they can best achieve their best form.



Certintell is a care management company that enables safety-net providers to make a lasting impact on the health of underserved patients through telehealth. We do this by using our in-depth expertise in health care and health information technology to anticipate — and meet — the needs of health care payers, providers and patients.

Closing the Care Gap™

SOURCES

1) "Expanding the Role of Nurses to Improve Hypertension Care and Control Globally." ScienceDirect, 1 Mar. 2016, www.sciencedirect.com/science/article/pii/S221499961600028X.

2) Jones, Lenette M., et al. "Opportunities for the Advanced Practice Nurse to Enhance Hypertension Knowledge and Self-Management Among African American Women." National Center for Biotechnology Information, 1 Nov. 2018, www.ncbi.nlm.nih.gov/pmc/articles/PMC5679274.



certintell
TELEHEALTH

How to contact us:

1-800-946-9143

Info@Certintell.com

Closing the Care Gap™