

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

TO : Special Distribution

FROM : Graham W. Ward
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National High Blood Pressure Education Program

SUBJECT : Quarterly Report (October–December, 1978)

DATE: December 31, 1978

The new year will see the formation of two important Task Forces brought together to clarify two areas of importance in high blood pressure (HBP) control: the revision of guidelines for the detection, evaluation, and management of HBP, and the working relationships between health care providers.

Interdisciplinary Task Force

An Interdisciplinary Task Force on Provider Roles (ITFPR) is charged with the responsibility of examining current working relationships among health care providers involved in control and how these relationships can be improved to enhance control status. Some issues to be explored include the training of health professionals, legal issues in expanding the roles of allied health professionals, quality of care, reimbursement to allied health professionals, and consumer acceptance of the health care team concept.

The ITFPR will be made up of representatives of the major health care provider groups. A health law specialist will serve as consultant to the group. The task force will be chaired by Dr. Enid Goldberg, Dean, School of Nursing, University of Pittsburgh.

Medical Guideline Revision

The task of developing medical guidelines for the detection, referral, and treatment of patients with high blood pressure has been considered a priority from the initiation of the National High Blood Pressure Education Program in 1972. Task Force I, under the leadership of H. Mitchell Perry, M.D., developed initial guidelines for medical management of these patients. After extensive use of these guidelines for three years, the need for further development was clear, and resulted in 1975 in establishment of the Joint National Committee under the direction of Marvin Moser, M.D. The report of this group has been widely praised for its attention to the needs of the practicing physician for guidance in detection, evaluation, and therapy.

Since the publication of the report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC) two years ago, a number of changes have occurred in the management of HBP. New medications have recently

become, or are about to become available which have implications for JNC stepped-care therapy recommendations developed earlier. In addition, the issues of dietary management and non-drug therapies need to be addressed, as do guidelines for treating the elderly and recommendations for patient education.

A new national committee will be convened as part of our commitment to keep the guidelines comprehensive and current. The committee will review and update the work of JNC to develop a consensus, where possible, on current unresolved issues. The committee will also review the results of a 1977 FDA Survey of Physicians' Knowledge, Attitudes, and Reported Behavior with respect to hypertension, in order to identify other issues that should be addressed. The group will include representatives of the nation's major medical associations and will be chaired by Iqbal Krishan, M.D., Department of Preventive and Internal Medicine at the Mayo Clinic.

Both task forces are expected to take about a year to complete their work. Their first meetings will be held in early 1979.

RECENT AWARDS

In the past few months the Albert and Mary Lasker Foundation, the Society for Public Health Education, and the World Institute of Black Communications have recognized the Program's creators, the Program's accomplishments, and a Program television spot directed to a minority audience.

Lasker Award

The Albert Lasker Special Public Service Award has been given to two individuals who helped create the NHBPEP. Elliott L. Richardson was cited for his 1972 decision, as Secretary of HEW, to launch the Program. Theodore Cooper, now Dean of Cornell University Medical College, shared the award for his implementation of the program while he was director of NHLBI in the early 1970's.

SOPHE Award

As its annual meeting in Los Angeles last October, the Society for Public Health Education (SOPHE) awarded the NHBPEP, a commendation for excellence in health education programming. In presenting its first award recognizing the achievements of an overall program, the Society noted that, "The NHBPEP stands as a model for public health education programs." All previous SOPHE awards have been made to individuals.

Crediting the NHBPEP with making a substantial contribution to the reduction of hypertension-related cardiovascular deaths in the 1970's, SOPHE saluted the Program for its methods as well as its accomplishments. The deliberate process and long-range nature of program planning, the focus on systems and providers of care as well as the population at risk, and the effort to involve a spectrum of groups were all noted.

In commenting on the Program's communications approach, the Society noted the effectiveness of using multiple messages reinforced consistently over a period of time and of including, but not exclusively relying on, the mass media. NHBPEP's educational research projects also won praise for offering "new insights in health education methods and practice, not only for hypertension control, but for the enrichment of the field."

As the national organization of professional health educators with over 1,200 members, SOPHE sets standards for professional preparation and practice of health education activities.

CEBA Award

The World Institute of Black Communications has presented its CEBA (Communications Excellence to Black Audiences) award to the NHBPEP for an Ad Council television spot. The spot featured Lou Rawls singing while a Black family illustrates reasons for the father to stay on his HBP medication.

STUDY OF PATIENT TRACKING

Patient tracking is a systematic process of patient contact and monitoring to aid adherence to treatment. It is potentially useful in the management of any chronic disease. Its potential usefulness is of particular interest in hypertension, a symptomless disease whose treatment involves the powerful disincentives of inconvenience, long-term commitment, and possible side effects.

A recent small-scale study by the Program indicates that those who use patient tracking believe it improves compliance with antihypertensive treatment. The study collected data on some 134 hypertension programs with patient tracking systems in a variety of settings.

The primary purpose of the study was to describe a range of currently operating patient tracking. The study was conducted to help understand patient tracking as one of several potential techniques for supporting the control of hypertension by increasing compliance with treatment.

Although the NHBPEP study does not (and was not intended to) permit a firm conclusion as to the effectiveness or efficiency of tracking systems, it does suggest that patient tracking has promise as an aid to patient management and as a con-

tributor to patient compliance. Tracking can be used, for example, to create additional opportunities for patient education. It can be carried out in a variety of settings that have staff skilled in patient contact and a patient recordkeeping system.

The almost totally independent development of the various patient tracking systems indicates a strong need for communication among programs, assistance in system development, and a larger scale evaluation of the cost-effectiveness of tracking. Expanding patient tracking operations on a test basis and noting their outcomes can help determine efficacy, as well as build a directory of working programs.

The Program has available a brief summary of the patient tracking study. Those interested in receiving it should write to: National High Blood Pressure Information Center, 120/80 National Institutes of Health, Bethesda, Maryland 20014, Attention: Harry Jones.

1979 HIGH BLOOD PRESSURE MONTH

Plans are underway for May 1979, National High Blood Pressure Month. The '79 focus will continue the theme of staying on treatment. The slogan for this year is, "High Blood Pressure . . . Treat It for Life."

The National High Blood Pressure Coordinating Committee will again be the steering group for Month activities. In the past, some 125 national, state and local groups officially participated. These groups will continue to utilize their own communication and organizational structures to involve their staff and volunteers in national and local HBP Month activities.

In late fall, NHBPEP staff began contacting national offices of participating organizations, state health departments, and other groups to offer assistance in planning HBP Month and offering a kit of materials for use at the local levels.

The 1979 Month kit contains:

- A large selection of reproducible items which includes three mini-posters, suggested newspaper articles and fillers, a crossword puzzle and two "ads."
- An attractive 40" x 30" poster will include background information and ideas for detection efforts, public awareness, group or membership education, and professional education.
- A 21" x 16" poster, which includes a large area of white space, will be available for groups to publicize their own activities.
- A form which should be used when ordering NHBPEP educational materials.

The kits will be mailed to participating groups in February.

Program Briefs

- The Program's newest national radio announcements (PSA's) focus on hypertension's lack of symptoms.

Who's Droney?
Who's Restraining?

The radio campaign, which began in November, features five recorded announcements: two 60-second and three 30-second spots. Designed to fit most station formats, the PSA's use good-natured humor to dispel the misconception that high blood pressure has physical or emotional symptoms. The PSA's, which were offered to all 6,500 commercial radio stations, are entitled "The Old Crooner," "Manhole," "Duck," "Count," and "Santa." All spots are free to the stations and all are designed so that a "tag" which would describe local HBP control program could be attached to each PSA.

- The Black Health Care Providers Task Force has reached a consensus on the roles of Black health care personnel and has identified barriers to carrying out these roles. In the next few months the task force plans to analyze obstacles to Black health professionals in carrying out effective detection, treatment, and management of hypertensive patients. A final report is expected in June, 1979.
- Dr. Harriet P. Dustan of Birmingham, Alabama, past president of the American Heart Association (AHA), will be Editor-in-Chief of a new scientific journal to be published by the Association beginning January, 1979. There will be six issues a year.

The new journal, Hypertension, is directed to physicians and researchers. Subscriptions are \$35 U.S., \$17.50 for students, house officers and research fellows in the U.S. only. Subscriptions are available from the AHA National Office, 7320 Greenville Avenue, Dallas, Texas 75231.