

REACH Hypertension Project

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ABSTRACT

REACH (Racial and Ethnic Approaches to Community Health) was originally developed by the CDC (Center for Disease Control) to eliminate health disparities among minorities. REACH at MUSC is a collaborative effort with local communities to raise awareness and decrease the prevalence of chronic disease in African American populations. In recent years, REACH has specifically created programs aimed at educating communities on hypertension as a significant contributor to overall health and stroke prevention.

The Presidential Scholars group was responsible for two community outreach projects. One facet involved conducting blood pressure screenings and information sessions at various locations in the Charleston and Georgetown community. The other project focused on educating and distributing information to community leaders in small groups sessions to empower them to educate others on hypertension and the negative impact on health and quality of life.

METHODS

Prior to screening, a brief questionnaire was given to participating community members to inquire about their diet, exercise, weight, and lifestyle. The information was reviewed with each person in addition to the results of their BP reading. Screening sessions were conducted at the Morris Brown AME church in Charleston and at an Educational Dinner Banquet in Georgetown.

The second outreach project was at the Georgetown County Education Center and was directed towards community partners and health care workers. Educational materials were developed for community members and participants were educated via PowerPoint presentation and informational handouts.

These various data points were collected and analyzed as shown above.

RESULTS

Average Participant:



Age: 50.26 years

BMI: 32.2 kg/m² (Obese)

Race: African American

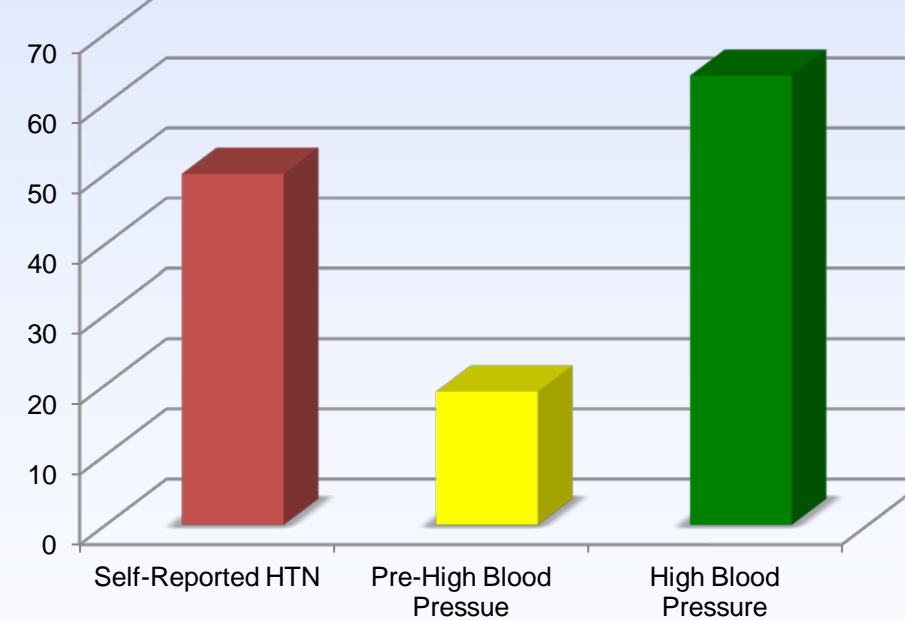
Diabetes: 35% of patients

Hypertension: 50% of patients

Heart Disease: 9% of patients

Category	Systolic		Diastolic
Normal	<120	and	<80
Prehypertension	120-139	or	80-89
Hypertension, Stage 1	140-159	or	90-99
Hypertension, Stage 2	≥160	or	≥100

Reported versus Measured High Blood Pressure



On screening, 44 out of 69 had elevated blood pressure

AND

13 out of 69 had pre-hypertensive readings

Community Member Evaluation

Pretest = 70%

Posttest = 75%

CONCLUSIONS

- Based on community leader feedback, our interventions increased hypertension and stroke awareness
- The results revealed a marked discrepancy between reported history of hypertension and recorded high blood pressure
- The group observed a lack of patient knowledge of systemic complications of hypertension
- Poor communication between patients and their healthcare providers was identified as a reoccurring problem and contributor
- Overall the program empowered participants to take responsibility for their own health and to educate other people in their communities

SUMMARY

Hypertension is a prevalent community problem and significant contributor to the prevalence of Stroke and chronic disease in the Lowcountry.

Ongoing work in the REACH program has targeted underserved communities to decrease misconceptions about chronic disease and improve the overall health of these populations. Screenings and workshops are helpful avenues to generate dialogue on the topic, but room for improvement clearly exists at health care offices.

Equipping community leaders with knowledge and tools on care management and interventions will ensure sustainability in the future.

REFERENCES

1. www.cdc.gov
2. www.americanheart.org
3. <http://academicdepartments.musc.edu/reach/>