

There are 103.3 million Americans with hypertension.

- Nearly half of adult Americans have high blood pressure based on Hypertension Guideline released by AHA on 11/13/17.
- The prevalence of high blood pressure is expected to triple among men under age 45 and double among women under 45 according to the report.
- High blood pressure, or hypertension, is an independent risk factor for heart disease and stroke, but even a 5 mm Hg decrease in blood pressure can reduce mortality due to heart disease and stroke by 9% and 14% respectively (INTERSALT, *Hypertension*, 1991).
- Hypertension disproportionately affects the African-American community with over 59% of African-American males and 56% of African-American females affected by high blood pressure compared to a national rate of 46%.



The purpose of this program is to eliminate high blood pressure as a health disparity among Americans and help achieve the goal of improving cardiovascular health by 20%, while reducing cardiovascular mortality by 20% by 2020 (AHA 2020 Impact Goal).

The AHA/ASA launched the first phase of the HBP program in August 2012 with a focus on top 18 markets nationwide and expanded to over 170. From July 2017-June 2018, 1,300,000+ participants enrolled, with an average drop in overall BP of 7.7 mm Hg.

The Check. Change. *Control.* Program is

- An **evidence-based** program, based on the success of the program over the past 5 years,
- Designed to establish **community partnerships and meaningful volunteer roles**, and is
- Focused on **innovation** using online trackers and **sustainability**.

FOUNDATIONAL PRINCIPLES AND BEST PRACTICES GUIDING CHECK. CHANGE. *CONTROL.*

The **Check. Change. *Control.* Program** is based on best practices learned from the AHA's Check It, Change It pilot, principles for volunteer engagement through the successes of AHA's Multicultural work, as well as other successful community-based programs identified through recent science literature reviews.

Key evidence-based scientific principles foundational to the program include:

1. The practice of self-monitoring and tracking of blood pressure readings at home or outside of the healthcare provider office setting.
2. Use of a digital self-monitoring tool to track blood pressure readings.
3. The practice of self-management skills and lifestyle changes related to blood pressure improvement.
4. Use of health mentors to motivate and encourage participants.
5. Attention to multicultural issues that result in hypertension being a health disparity for African-Americans.

To begin taking positive steps towards blood pressure control, sign up for the Check. Change. *Control.*® Tracker at www.ccctracker.com/aha. Find the campaign code on the map for your state to create an account.