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**INTERVENTION IMPROVES CONTROL OF HIGH BLOOD PRESSURE
IN YOUNG INNER-CITY AFRICAN-AMERICAN MEN**

In East Baltimore's inner city, a group of hypertensive young African-American men gained control of their high blood pressure, thanks to a comprehensive intervention conducted at the community level by a multidisciplinary health care team. Forty-four percent of the men receiving the intensive form of the intervention attained control after three years, whereas at the study's start, only 17 percent had control.

Conducted by The Johns Hopkins University School of Nursing, the research is described in an article entitled "Hypertension Care and Control in Underserved Urban African American Men: Behavioral and Physiologic Outcomes at 36 Months," which appears in the November issue of *The American Journal of Hypertension*. The study was funded by the National Institute of Nursing Research (NINR), part of the National Institutes of Health (NIH), Department of Health and Human Services.

Over one in four Americans has high blood pressure. The number of cases is nearly 40 percent higher for African Americans than Caucasians, and the effects of hypertension are more frequent and severe. African Americans may also experience greater organ damage resulting from the condition. Young African –American men in particular have the lowest rates of awareness, treatment and control of hypertension of any population group in the United States.

The low socioeconomic status and higher risk factors of the men in the study, such as obesity, smoking, and alcohol and drug use, contributed to their hypertension and the lack of its control. According to principal investigator Martha N. Hill, PhD, RN, Dean of the School of Nursing, "To my knowledge, until now no hypertension studies have targeted

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high-risk, young urban African American men, who are underserved by the health care system. We found that in many cases, participation in our study was the first time some of the men had contact with formal health care. They were pleased to be part of the research and to improve their health.”

Dr. Hill further indicated, “ Of note is that we used a comprehensive health care team approach with these men, who are considered hard to reach. The team approach was key to achieving control of hypertension and to retaining more than 90% of these men in the study protocol over three years’ time.”

The study population involved 309 hypertensive young men between 21 and 54 years of age, who were randomly divided into two groups. The group with more intensive care received individual attention from a health care team consisting of a nurse practitioner, who focused on blood pressure management; a community health worker, who made home visits and provided social services that included referrals, job training, and housing assistance; and a physician, who was available for consultation. The young men in the less intensive group received referral to sources of hypertension care within the community, a phone call twice a year to provide counseling, and along with the more intensive group, a visit once a year to the Outpatient General Clinical Research Center.

Dr. Patricia A. Grady, Director of the NINR, stated, “This study is an important example of research that addresses health care disparities in our country. Ethnically and culturally sensitive research is vital when dealing with vulnerable populations at the community level, such as young urban African-American men, and this research shows how it can work well.”

Among other positive findings – a decrease for both intervention groups in smoking, eating salty foods all or most of the time, unemployment, low income, and lack of health insurance. Taking medications to reduce blood pressure increased for both groups.

“It is not enough to see these patients in a clinic and achieve beneficial results,” concluded Dr. Hill. “The evidence suggests modifications of care are necessary. Culturally appropriate outreach that includes one-on-one visits in the home to supplement clinic visits are effective strategies, as is care that addresses lifestyle risk factors, such as poor nutrition and alcohol abuse,” she said.

Future research is planned to evaluate cost effectiveness of the intervention and to devise methods that focus on reducing obesity and substance abuse as part of comprehensive care.

More information about nursing research is available at the NINR website at <http://www.nih.gov/ninr>.

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