



**CHECK  
CHANGE  
CONTROL** **it**

**YOUR HEART DEPENDS ON IT**



**PHYSICIAN'S GUIDE TO REDUCING  
HIGH BLOOD PRESSURE AND  
HIGH CHOLESTEROL FOR YOUR  
AFRICAN-AMERICAN PATIENTS**



## Welcome to the Check It. Change It. Control It. campaign for African-American men and women.

Your African-American patients are at high risk of developing cardiovascular disease (see facts on the next page). To change this, the Ohio Department of Health, in partnership with the Ohio Academy of Family Physicians, has designed an educational outreach program called “Check It. Change It. Control It. Your Heart Depends On It.” We have been working with family physicians since 2012 to increase identification and management of hypertension and high cholesterol, and to help patients comply with recommended preventive behaviors and treatment.

The information package you received includes toolkits with an introductory brochure and tip sheets for you and your patients.

### PATIENT TOOLKIT: POINT-OF-CARE PATIENT INFORMATION

This toolkit was developed based on findings from focus groups with African-American patients and structured interviews with Ohio physicians. Patients consistently and adamantly told us they wanted and valued the information the toolkit provides. Using it during office visits presents a unique opportunity to develop positive patient-physician relationships.

To make the toolkits easy for you and your patients to use, we have grouped resources (tip sheets) into the color-coded categories Check It. Change It. and Control It. You can decide which tip sheets to provide or emphasize, based on a patient’s status on the continuum of diagnosis and treatment.

#### TIP SHEETS

##### CHECK IT.

- High Blood Pressure/  
High Cholesterol Facts
- Risk Assessment  
(may be completed  
prior to an appointment  
or in your waiting room)
- Heart Attack and Stroke  
Warning Signs
- Questions to Ask

##### CHANGE IT.

- Take Control
- Eating Healthy
- Physical Activity

##### CONTROL IT.

- Prevention and Control
- Blood Pressure and  
Cholesterol Trackers
- How to Succeed
- Apps and Resources

### PHYSICIAN TOOLKIT

This booklet also contains resources for physicians that are based on input from African-American patients.

- Guidelines for patient-centered communication
- Guidelines for positive interactions with  
African-American patients
- Lifestyle counseling guidelines  
for changing diet
- Resource list

We hope you will find these toolkits helpful in educating and communicating with your African-American patients, and that they also encourage positive patient-physician partnerships and help you achieve better outcomes.

## FACTS ABOUT HYPERTENSION AND HIGH CHOLESTEROL AMONG AFRICAN AMERICANS

No conclusive studies exist that explain why African Americans have such a high risk of developing cardiovascular disease. However, studies have linked hypertension to the different way in which African Americans metabolize salt.<sup>1,2</sup> Environmental factors such as a high-salt, high-fat diet and stress also have been implicated.

### **Regardless of the cause(s), the effects are alarming:**

Cardiovascular disease is a leading cause of death among African Americans.

High blood pressure and high cholesterol are major risk factors for cardiovascular disease – diseases of the heart and blood vessels. Cardiovascular disease can lead to heart attack and stroke.

African-American women die from heart disease more often than any other racial or ethnic group. 50,000 die from heart attacks each year in the U.S. alone.

And African-American men have a higher risk of dying from stroke before age 65 compared to other groups.

Among African-American men, nearly 45 percent have borderline-to-high cholesterol; and nearly half of African-American women have total cholesterol levels that are too high.

African Americans have the highest rate of high blood pressure of all groups and tend to develop it at a younger age, even in their teens.

In the 20 and older age group, 41 percent of African-American men and 44 percent of African-American women have high blood pressure.

In Ohio:

- African-American men are 53 percent more likely to die from stroke than white men and women.
- African-American women are 24 percent more likely to die from stroke than white men and women.

1. Federation of American Societies for Experimental Biology (2010, April 26). Predicting risk for high blood pressure: Factors of hormone metabolism that may make African Americans more susceptible. ScienceDaily. Retrieved September 20, 2012, from: [sciencedaily.com/releases/2010/04/100426113102.htm](http://sciencedaily.com/releases/2010/04/100426113102.htm). (Based on research by Dr. TanYa Gwathmey, Hypertension and Vascular Research Center of Wake Forest University Baptist Medical Center, and presented at this meeting under the title "Sex and Racial Background Influence Angiotensin Peptide Metabolism in Young Adults.")

2. American Journal of Hypertension 22, 1303-1308 (December 2009) | doi:10.1038/ajh.2009.167. Aldosterone Contributes to Blood Pressure Variance and to Likelihood of Hypertension in Normal Weight and Overweight African Americans, Srividya Kidambi, Jane M. Kotchen, Shanthi Krishnaswami, Clarence E. Grim and Theodore A. Kotchen. and Racial Background Influence Angiotensin Peptide Metabolism in Young Adults.")

# Communication guidelines

## PATIENT-CENTERED COMMUNICATION<sup>1</sup>

1. Use orienting statements: "First I will ask you some questions, and then I will listen to your heart."
2. Slow down. Communication can be improved by speaking slowly and by spending just a small amount of additional time with each patient. This will help foster a patient-centered approach to clinician-patient interaction.
3. Use plain, nonmedical language. Explain things to patients as you would explain them to a family member.
4. Ask patients to explain their understanding of their medical problems or treatments.
5. Limit the amount of information provided, and repeat it. Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.
6. Confirm that patients understand by asking them to repeat back your instructions.
7. Write out goals, a strategy to achieve them and a timeline. Express confidence that goals can be achieved, but ask the patient if there is anything that could prevent them from doing so. Help them eliminate any obstacles and reaffirm that the goals can be achieved.
8. Create a shame-free environment. Encourage patients to ask questions, and make them feel comfortable doing so. Enlist the aid of others (patient's family, friends) to promote understanding.
9. Ask patients if they have any concerns that have not been addressed.
10. Sit rather than stand.
11. Listen rather than speak. African-American women feel it is especially important for their physicians to listen to them. This shows respect and genuine concern, and affects African-American women's perceptions of doctor trustworthiness.<sup>2</sup>
12. In the TED Talk "5 Ways to Listen Better," Listening Consultant Julian Treasure suggests using the acronym RASA, which is the Sanskrit word for juice or essence, to focus on listening. "RASA stands for Receive, which means pay attention to the person; Appreciate, making little noises like "hmm," "oh," "okay"; Summarize, the word "so" is very important in communication; and Ask, ask questions afterward."<sup>3</sup>

1. Adapted from: [ama-assn.org/ama1/pub/upload/mm/384/june03cp.doc](http://ama-assn.org/ama1/pub/upload/mm/384/june03cp.doc) (MS Word - 3 pages), and American Medical Association Foundation and American Medical Association. Health Literacy: A Manual for Clinicians. Chicago: AMA Foundation and AMA; 2003:8. (In which original sources for the data can be found.): [acibademsaglik.com/Upload/PDF/literatur40.pdf](http://acibademsaglik.com/Upload/PDF/literatur40.pdf) (PDF - 48 pages)

2. Based on comments made by African-American women in focus groups conducted in Columbus and Cleveland, Ohio, April 2014, on behalf of the Ohio Department of Health.

3. TEDGlobal 2011, filmed July 2011: [ted.com/talks/julian\\_treasure\\_5\\_ways\\_to\\_listen\\_better](http://ted.com/talks/julian_treasure_5_ways_to_listen_better), accessed May 5, 2014.

## DIETARY CHANGES FOR HYPERTENSION AND HIGH CHOLESTEROL

For African Americans, food is an integral part of their ethnic identity and tradition. Switching to diets low in sodium and saturated fat has been shown to be more challenging for many African Americans. Following are guidelines for helping your patients change their diets to reach the blood pressure and cholesterol goals you set for them.

### SET SMALL, SPECIFIC DIETARY GOALS:

- Limit the amount of canned foods you eat, except those labeled “low sodium.”
- Choose fresh or frozen foods most of the time.
- Take the skin off chicken or turkey before you eat it. The skin is where most of the fat is.
- Cut fat off meat.
- Switch from cooking with butter to cooking with a healthy oil, such as canola, olive or safflower.
- Eat fast food as little as possible. When you do go to fast-food restaurants, choose healthier options like salads and wraps.
- Cut your portion size by using a smaller plate.

### HELP PATIENTS UNDERSTAND THE KINDS OF FOODS THEY ARE LIKELY TO EAT THAT ARE HIGH IN SODIUM:\*

Some patients don't realize their salt intake includes the added salt in processed foods. Help them understand that it's not only the salt they choose to add themselves that counts.

- Processed foods and meats that are not labeled “low sodium”; examples: canned soup, frozen entrees, salami, bacon.
- Snacks like potato chips, popcorn, corn chips and salted nuts.
- Fast-food meals also can be very high in sodium.
- Seasonings like garlic salt.

### TALK ABOUT OPTIONS FOR COOKING AT HOME:

- Don't add salt when the food is cooking. Salt to taste, or not at all.
- Don't add salt-based seasonings like garlic salt when cooking.
- Switch to garlic powder instead.
- Use flavorful low-salt ingredients (herbs, spices, garlic, onions).

Show how to read labels for salt content. Keep a can of creamed corn and a can of low-salt chicken broth in your office and compare the differences.

Ask your patients, "What changes could you make between now and our next visit?" Write these goals down and give to the patient to take home. Follow up on them at the next visit.

**Ask your patients if they have questions about diet at each visit.**

\* The recommended daily allowance for sodium is 2,300mg. Low-sodium foods are less than 140mg/serving; moderate-sodium foods are less than 400mg/serving; high-sodium foods are more than 400mg/serving.

# Positive Interaction guidelines

## POSITIVE INTERACTIONS WITH AFRICAN-AMERICAN PATIENTS

Having respectful, comfortable interactions in healthcare settings makes it more likely that African Americans will keep follow-up visits and comply with treatment regimens.<sup>1</sup> Following are guidelines to help establish trusting relationships and improve communication so you can have positive interactions with your African-American patients.

Please also review these guidelines with your office staff and share the materials in this toolkit with them.

- Whenever possible, the same physician should consistently see the same patients so there is opportunity to develop trust. If that is not practical, interaction with the same nurses and staff can help fill the gap.
- Be objective and work to understand patients' behaviors and cultural beliefs.
- Higher levels of social support of family, friends and existing social networks, such as faith-based organizations, have been found to increase compliance with treatment among African Americans with chronic disease.
- Include the patients' family in treatment plans. They can have a positive influence on lifestyle changes, taking medication as directed and keeping follow-up visits.
- Physicians should consider their patients' social and economic environments in formulating therapy. Suggestions should be grounded in facts, because, African-American males don't want to be treated differently, such as assuming they are poor or don't have health insurance because they are black. Research conducted by the Ohio Department of Health confirms that family is vitally important to African-American women, providing an opportunity to get family members involved in supporting the patient, as previously mentioned; however, it also indicates where there is potential non-compliance. For example, African-American women may be less likely to change a traditional high-fat, high-sugar, high-calorie meal plan if they believe it will upset family members.
- For patients who are financially strapped,
  - Medical insurance and transportation, and taking time away from work can be barriers to keeping office appointments.
  - Try the least expensive medications first.
  - Offer bus schedules if transportation is a problem.
  - Provide a list of pharmacies that offer free blood pressure checks.
- Consider offering a blood pressure "hotline" phone number and email address to patients, if possible. Designate staff members to answer patient concerns where possible to avoid unnecessary visits.

1. Adapted from: [ama-assn.org/ama1/pub/upload/mm/384/june03cp.doc](http://ama-assn.org/ama1/pub/upload/mm/384/june03cp.doc) (MS Word - 3 pages), and American Medical Association Foundation and American Medical Association. Health Literacy: A Manual for Clinicians. Chicago: AMA Foundation and AMA; 2003:8. (In which original sources for the data can be found.): [acibademsaglik.com/Upload/PDF/literatur40.pdf](http://acibademsaglik.com/Upload/PDF/literatur40.pdf) (PDF - 48 pages)

# Resources

## SELECTED RESOURCES

### MEDICAL RESOURCES

The New Jersey Academy of Family Physicians (NJAFP) has a learning group focused on management of hypertension in black patients. The NJAFP offers a three-part, online learning series with CME credits and other useful information and tools: [njafp.org/learning-group/hypertension-black-patients](https://www.njafp.org/learning-group/hypertension-black-patients)

### PROTOCOL REFERENCE CARD

"The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure": [nhlbi.nih.gov/guidelines/hypertension/phycard.pdf](https://www.nhlbi.nih.gov/guidelines/hypertension/phycard.pdf)

### CULTURAL INFORMATION

"Cultural Competence: It's Not Just Political Correctness. It's Good Medicine," includes cultural competence self-test, American Academy of Family Physicians: [aafp.org/fpm/2000/1000/p58.html#](https://www.aafp.org/fpm/2000/1000/p58.html#)

Cultural Proficiency Guidelines, American Academy of Family Physicians:  
[aafp.org/about/policies/all/cultural-guidelines.html](https://www.aafp.org/about/policies/all/cultural-guidelines.html)

National Standards on Culturally and Linguistically Appropriate Services (CLAS):  
[minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15](https://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15)

"A Physician's Practical Guide to Culturally Competent Care," online course (CME credits available), U.S. Health and Human Services, Office of Minority Health: [cccm.thinkculturalhealth.hhs.gov](https://www.cccm.thinkculturalhealth.hhs.gov)

"A Clinician's Guide to Reduce Cardiovascular Disparities," online learning with quizzes and case studies, (CME credits available), Cultural Competence Online for Medical Practice (CCOMP): [c-comp.org](https://www.c-comp.org)

"Health Literacy and Patient Safety: Help Patients Understand, Manual for Physicians," (CME credits available), American Medical Association Foundation:  
[med.fsu.edu/userFiles/file/ahc/ahc\\_health\\_clinicians\\_manual.pdf](https://www.med.fsu.edu/userFiles/file/ahc/ahc_health_clinicians_manual.pdf) (PDF – 60 pages)

### COMMUNICATION AND LISTENING

"Physician-Patient Communications Resource Center," Federation of State Medical Boards:  
[fsmb.org/physician\\_patient\\_communications\\_resource\\_center.html](https://www.fsmb.org/physician_patient_communications_resource_center.html)

"Five Ways to Listen Better," Julian Treasure, TEDGlobal 2011:  
[ted.com/talks/julian\\_treasure\\_5\\_ways\\_to\\_listen\\_better](https://www.ted.com/talks/julian_treasure_5_ways_to_listen_better)

"The Executive's Guide to Better Listening," Bernard T. Ferrari, McKinsey Quarterly:  
[mckinsey.com/insights/leading\\_in\\_the\\_21st\\_century/the\\_executives\\_guide\\_to\\_better\\_listening](https://www.mckinsey.com/insights/leading_in_the_21st_century/the_executives_guide_to_better_listening)

"Active Listening, Hear What People are Really Saying," James Manktelow and Amy Carlson, Mind Tools:  
[mindtools.com/CommSkill/ActiveListening.htm](https://www.mindtools.com/CommSkill/ActiveListening.htm)

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