



Advancing Hypertension Care

Hypertension, a strong predictor for cardiovascular complications such as heart attack, stroke, and heart failure, is a critical public health issue. In response to this challenge, ACPM funds projects across five diverse clinical settings to develop practice models that advance the standard of preventive care for hypertension in African American Men.

Cook County Health (CCH)

Dedicated Care Coordination for Patients

Project Description:

The project takes place within the John H. Sengstacke Health Center and draws patients from three sources: an



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annual health fair, the Emergency Department, and the Medication Assisted Treatment (MAT) Clinic. Once identified, patients are invited to be part of the program. Patients complete a health risk screening/health risk assessment with the Care Coordinator, who is a nurse, while the Medical Assistant carries out the standard intake. The patient then sees either a nurse or physician, where the Self-Measured Blood Pressure monitoring techniques (SMBP) program is introduced. The Care Coordinator initiates a follow up plan and provides patient education materials.

Patients learn how to measure blood pressure, receive a personalized plan for self-monitoring, and get a recommendation on when to return for follow-up depending on risk level. Patients are provided with a blood pressure monitor.

CCH has identified patient education materials within its electronic medical records system that will become a standard set of hypertension prevention resources for all clinicians who use the system.

Social Determinant of Health (SDoH) Addressed:

CCH has chosen to address the Social Determinants of substance abuse and health literacy using tools to measure pre- and post-intervention health literacy specifically on hypertension and health.

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Organization:

Cook County Health (CCH) serves both urban and suburban municipalities in the City of Chicago. It operates 2 hospitals, 15 community health centers, healthcare services for the county jail and juvenile detention center, a comprehensive medical home for patients with HIV/AIDS, and the Cook County Department of Public Health (CCDPH).



In 2019, more than 50% of patients covered by CCH had not seen a doctor in the previous 12 months, 85% percent reported that they were unable to obtain needed medications, and 1 in 5 were worried about finding a place to stay in the near future. Many CCH patients suffer from heart disease, high cholesterol, diabetes, obesity follow-up and asthma. In addition, many members smoke cigarettes, and many live in communities that do not have easy access to healthy food or safe ways to exercise.

The overall patient population in 2019 by age was: Black 86%, White 6.3%, Asian 2.4%, Hispanic 2.1%, Mixed 1.8% and other 0.7%. Of the 7,373 African American men ages 35-64 in the patient population, 6,864 had blood pressure measurements taken in the last year. Of those, 4,614, or 67%, had high blood pressure.

Materials, Technology, Resources and Partnerships:

- Text reminders of patient appointments.
- Admission, Discharge and Transfer (ADT) alerts of emergency department visits and hospital admissions from 25 hospitals to the project to serve as a stream of referrals.
- Alerts show providers if a patient seeks care outside the network.
- Public transportation vouchers and a van service so that participants to come to the clinic for follow-up.
- Food vouchers.
- Athletic memberships at Chicago Parks facilities.

Payor Mix:

- Medicaid 42%
- Medicare 21%
- Commercial 5%
- Uninsured 32%

