

Ensure access

Bringing health and care closer to where people live and work involves training non-health players to raise awareness of cardiovascular risk factors and to conduct hypertension screening.

Health authorities and decision makers need to reimagine the way health and care are delivered to accelerate the detection of cardiovascular (CV) risk factors, access to treatment and follow-up. Besides standardizing guidelines and creating care algorithms, as well as digitizing healthcare and data collection, innovations must include new ways of delivering health services to people. Bringing health and care closer to where people live, work and play calls for new partnerships. Non-health actors can significantly expand access to early detection of CV risk factors outside the traditional health system when trained and equipped to deliver health information and conduct screening. Simple measurement tools, such as Bluetooth-enabled blood pressure (BP) meters, can ensure that people screened as positive are automatically referred to the health system for follow-up. Maximizing screening opportunities outside the health system, such as in pharmacies, supermarkets, small shops, beauty salons, barbershops, post offices, or at home, alleviates the burden on the health system and frees up capacity for health workers. These partners can also be engaged in the long-term follow-up of patients under treatment.

At the same time, health systems should take every opportunity to screen individuals for CV risk factors when they visit health services – regardless the reason – for instance by offering screening corners in primary health centers. Local events and people gatherings can also provide opportune moments to screen.

Further, city health authorities should work with partners from the education sector or workplace to disseminate health information on the benefits of physical exercise, healthy nutrition and early detection of cardiovascular risk in schools and workplaces.

Key interventions (taking the example of hypertension as prime risk factor for cardiovascular disease (CVD))

1. Accelerate detection of hypertension and other CV risk factors
 - Systematize screening in the health system to measure BP of all people visiting health services, regardless the reason (as a patient, an accompanying person, a caregiver, etc.). Ideally this should take place before the consultation, potentially also through self-measurement
 - Tap into existing community outreach activities to organize CV risk screening: if a primary care center is running a vaccination campaign for instance, health workers can also screen for hypertension and make the BP check part of the routine check-up
 - Introduce screening opportunities in high-traffic points throughout the city (e.g., bus stations, pharmacies, beauty salons, market places, football stadiums, etc.) by equipping non-traditional health partners with knowledge and tools to offer free BP measurement, counseling and health information. They also need to be educated about adequate referral to the health system
 - Set up a process to support referral, tracking and management of patients identified through city BP checkpoints to confirm diagnosis and follow-up in the health system
2. Target people in the workplace and schools and other community outlets/groups through health literacy, early detection of CV risk and proper management or referral
3. Mobilize local champions such as football and other sports clubs, dance schools, festival organizers, etc. to optimize options for healthy lifestyles in the city, disseminate CV health literacy and offer free BP screening
4. Collect data on population outreach, numbers of people screened, diagnosed, referred and followed up to oversee and further manage CV population health (see [Data and Digital section](#))

Key performance indicators

The indicators below can come from a variety of sources (primary and secondary data collection, national or regional surveys and databases).

Accelerating early detection of hypertension

- # of people screened in the city
- % of target population screened
- % of people newly diagnosed with hypertension
- % of people identified with known, but uncontrolled hypertension
- % of people referred by a city checkpoint to a health structure for diagnosis and follow-up
- # of individuals receiving health education at a city checkpoint
- % of people with severely high hypertension detected at a city checkpoint, who are referred to urgent care

Training city checkpoint owners on CV risk/hypertension information, the correct technique for BP measurement and the standard criteria for referral to the health system

- # of non-traditional health players trained
- # of BP checkpoints introduced in the city and connected to a health structure for referral of people screening positive

Improving population health literacy and availability of healthy lifestyle options

- # of people reached with CV health education in schools
- # of people reached with CV health education in the workplace
- # of new healthy options for lifestyle modification introduced each year by city authorities and their partners



Highlights

CARDIO approach – Ensure access

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Additional external resources

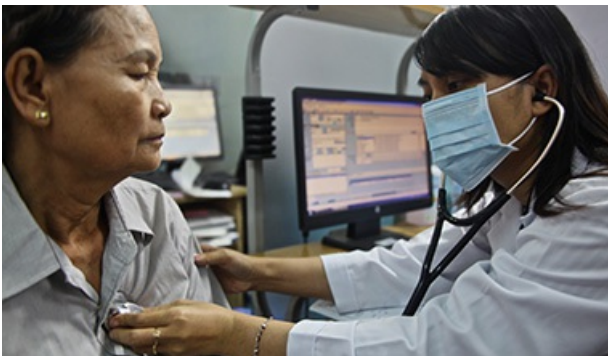
Reference documents and literature

- [U.S. Preventive Services Task Force. Screening for High Blood Pressure in Adults: Recommendation Statement. American Family Physician \(2016\). Feb 15;93\(4\):300-302](#)
- [Sustainability of blood pressure reduction in black barbershops. Circulation-AHA Journals. 2019;139:10–19](#)
- [A cluster-randomized trial of blood-pressure reduction in black barbershops, N Engl J Med 2018; 378:1291-1301](#)
- [How engaging schools is critical to address CV population health – the Kazibantu experience. Effects of a School-Based Health Intervention Program in Marginalized Communities of Port Elizabeth, South Africa \(the KaziBantu Study\): Protocol for a Randomized Controlled Trial. JMIR Res Protoc 2019;8\(7\):e14097](#)
- [Effect of community-based intervention on self-management of blood pressure among hypertensive adults: findings from the Communities for Healthy Hearts Quasi-experimental Study in Vietnam. J Glob Health Sci. 2020 Jun;2\(1\):e10](#)

- Knowledge change related to hypertension in the Southern province of Vietnam: a community based, before and after intervention evaluation. J Glob Health Sci. 2020 Jun;2(1):e14
- Fostering cardiovascular health at work – case study from Senegal, BMC Public Health, 2021, 21:1108

Materials in Portuguese

- Training and capacity building activities for Community Health Workers. National Day of Community Health Agents - Better Hearts Better Cities. Video on Youtube 2019
- Co-creation process with pharmacists. BHBC Cuidando do Seu Coração - Assistência Farmacêutica. Video on Youtube 2019
- Project with teenagers: PoetrySlam - Poesia que Pulsa - Cuidando do Seu Coração. Video on Youtube 2019



Previous pillar: Quality of care

Improving hypertension management with streamlined protocols and training of healthcare professionals.



Next pillar: Policy reform

Governments should enforce strategies and reforms, taxation and incentive structures, to address the growing burden of cardiovascular disease.

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2. https://www.novartisfoundation.org/novartisfoundation/sites/arctic_novartisfoundation/files/2021-04/210413-nov-uh-access_0.pdf
3. https://www.novartisfoundation.org/novartisfoundation/sites/arctic_novartisfoundation/files/2021-04/210413-nov-uh-access_0.pdf
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7. <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.118.038165>
8. <https://www.nejm.org/doi/full/10.1056/NEJMoa1717250>
9. <https://www.researchprotocols.org/2019/7/e14097/>
10. <https://doi.org/10.35500/jghs.2020.2.e10>
11. <https://doi.org/10.35500/jghs.2020.2.e14>
12. https://www.novartisfoundation.org/sites/novartisfoundation_org/files/2021-08/hypertension-among-south-african-children-a-cross-sectional-study.pdf
13. <https://www.youtube.com/watch?v=TpCH5Msqr4>
14. <https://www.youtube.com/watch?v=KSTq77C503Q>
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