

**Evidence-Based Intervention Related to: Cardiovascular Health**

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| <b>Title</b>        | <a href="#"><u>Integrating Community Health Workers into Community-Based Primary Care Practice Settings to Improve Blood Pressure Control Among South Asian Immigrants in New York City: Results from a Randomized Control Trial</u></a>  |
| <b>Author</b>       | Islam et al., 2023  |
| <b>Aim</b>          | To evaluate a community health worker (CHW)-led intervention to improve hypertension  |
| <b>Study Design</b> | Randomized control trial  |
| <b>Population</b>   | Adult South Asian patients diagnosed with hypertension and uncontrolled blood pressure (BP)   |
| <b>Sample Size</b>  | Patients were randomly assigned to the intervention (n=159) or control group (n=144)  |
| <b>Intervention</b> | The intervention was launched in 14 primary care practice sites, and the CHWs were 4 men and 3 women reflective of the patient population who all spoke Bangla, Hindi, Punjabi, and/or Urdu, and received standardized CHW core competency training. The intervention consisted of a CHW-led hypertension management curriculum adapted from the National Heart, Lung, and Blood Institute Healthy Heart, Healthy Family program, and other community-based CHW curriculum materials implemented in South Asian communities, and Million Heart Initiative materials. Group education sessions using adult learning techniques and group-based activities were conducted 5 times monthly and were 60-to-90-minutes long. Multiple sessions were held at primary care offices and community spaces to accommodate varying participant schedules. CHWs followed up by phone or in-person with participants every 2 weeks, assisting them in goal setting on hypertension control, including medication adherence, physical activity, and nutrition. Referrals to community resources such as food pantries and mental health services through established partnerships with a network of South Asian serving community-based organization were also made. All materials were culturally and linguistically adapted for relevancy to South Asian populations. Participants in the control group received usual care and were eligible to participate in the full intervention after the study completion. |
| <b>Results</b>      | At six months, 68.2% of the intervention group and 41.6% of the control group had controlled BP ( $P<0.001$ ). Intervention group participants had greater BP self-management activities compared to the control group, including cutting salt from their diet (81.9% of intervention group participants compared to 68.4% of control group participants), engaging in a physical activity program (31.9% of intervention participants compared to 11.3% of control group participants), and learning about healthy meals (31.3% of intervention group participants compared to 6.0% of control group participants).  |
| <b>Conclusion</b>   | This study demonstrates that culturally adapted CHW-led interventions for South Asian patients in community-based primary care settings can achieve significant improvements in BP control.   |