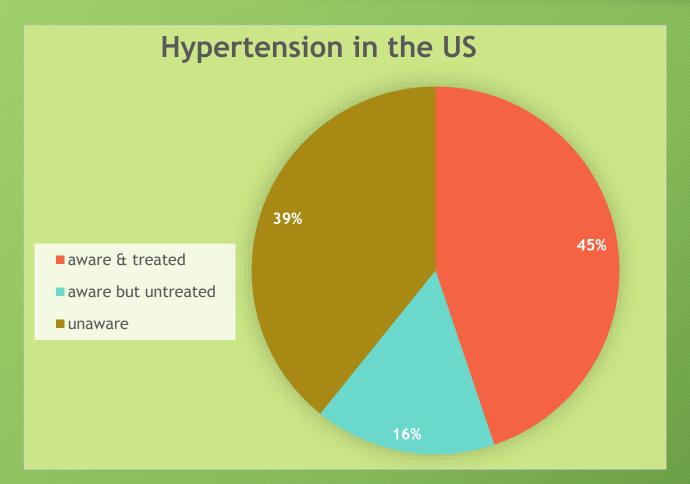
2015-2016 DNP Project:

The Effect of Faith Community/Public Health Nursing Practice in the Prevention and Management of Hypertension

Jennifer Cooper, DNP, RN, APHN-BC, CCP

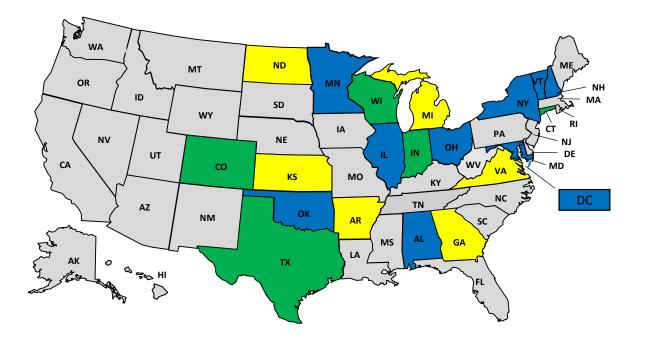




- Goal: to prevent one million hearts attacks and strokes by 2017.
- Intervention needed at all levels, and especially where people live, learn, work, play & pray.

 Nurses in community/public health roles well-positioned to address the need.

Map of 22 Learning Collaborative States, Territories, and Freely Associated States

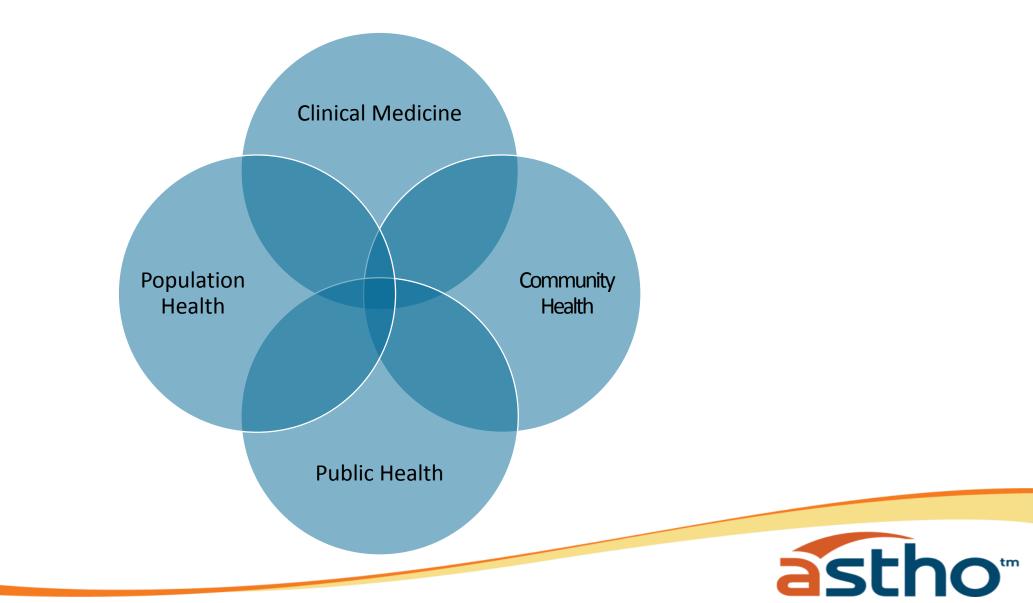








Complementary Approaches to Identify, Control, and Improve Blood Pressure







http://youtu.be/PJsgZZIjoHk

A Collaborative Effort



- Million Hearts Initiative (CMS/CDC)
- ASTHO Million Hearts State Learning Collaborative
- APHN
- Maryland Department of Health and Mental Hygiene
- Washington County Health Department
- Meritus Health
- Meritus Health Parish Nurse Network
- GWU DNP Project (2015-2016)
- AACN/CDC Academic Partners to Improve Health

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The Meritus Health Parish Nurse Network Intervention

Educating Nurses:

- Competency in BP measurement
- Motivational interviewing
- Teaching tools
- Documentation

Monitoring & Coaching Participants:

- Provided free digital blood pressure monitors
- Had participants self-rate lifestyle focus areas
- Provided educational materials based on focus area
- Regular meetings with nurses to monitor BP and provide coaching

Methods

Competency in Blood Pressure Measurement

Figure 2



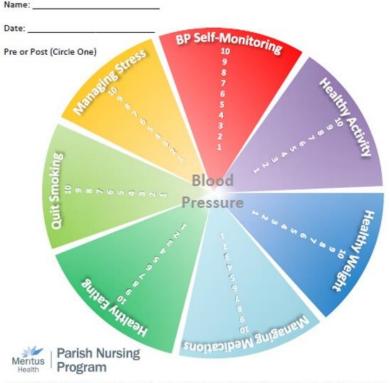
COMPETENCY: Blood Pressure Measurement

Million Hearts Blood Pressure Project Parish Nurse: _____

Performance Steps	Method of Evaluation	Met	*Unmet	Evaluator Date & Initials	Parish Nurse, Date & Initials
View video clip at: http://www.nejm.org/doi/full/10.1056/nejmvcm0800157	View 100% of video clip				
 Describe how to determine the correct cuff size for the patient Identify rubber bladder in cuff Bladder covers 80% circumference of arm Width of bladder 40% circumference of arm 	Return Demonstration				
 Demonstrates correct patient positioning Seated with feet flat on the floor Leaning against back of the chair not on arm Arm fully supported, brachial artery at heart level Upper arm bare, do not apply cuff over clothing 	Return Demonstration	5			
Demonstrates correct cuff placement Apply cuff snugly Center of bladder is directly above brachial artery Bottom edge of cuff is 1" above elbow 	Return Demonstration				
 Demonstrates palpatory technique of estimating BP Inflate manometer while palpating radial pulse Note level at which radial pulse disappears Release air from cuff slowly 	Return Demonstration				

Model for Healthy Blood Pressure

- Seven lifestyle areas based on AHAs Simple Seven
- Self-Assessment (1-10)
- Participants chose
 1-2 lifestyle areas



This publication was adapted, with permission, from the Model for Healthy Living, designed by the Church Health Center, Memphis Tennessee, www.churchhealthcenter.org/fcnhome.

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BP Self-Monitoring

Regularly taking your blood pressures at home or at your pharmacy.

1 2 3 4 5 6 7 8 9 10

Healthy Activity

Finding ways to move around and meet activity guidelines. 1 2 3 4 5 6 7 8 9 10

Healthy Weight

Maintaining a recommended weight. 1 2 3 4 5 6 7 8 9 10

Managing Medications

Taking your medications as prescribed.12345678910

Healthy Eating

Reducing salt intake and eating more fruits and vegetables. 1 2 3 4 5 6 7 8 9 10

Quit Smoking

Staying away from cigarettes and tobacco products. 1 2 3 4 5 6 7 8 9 10

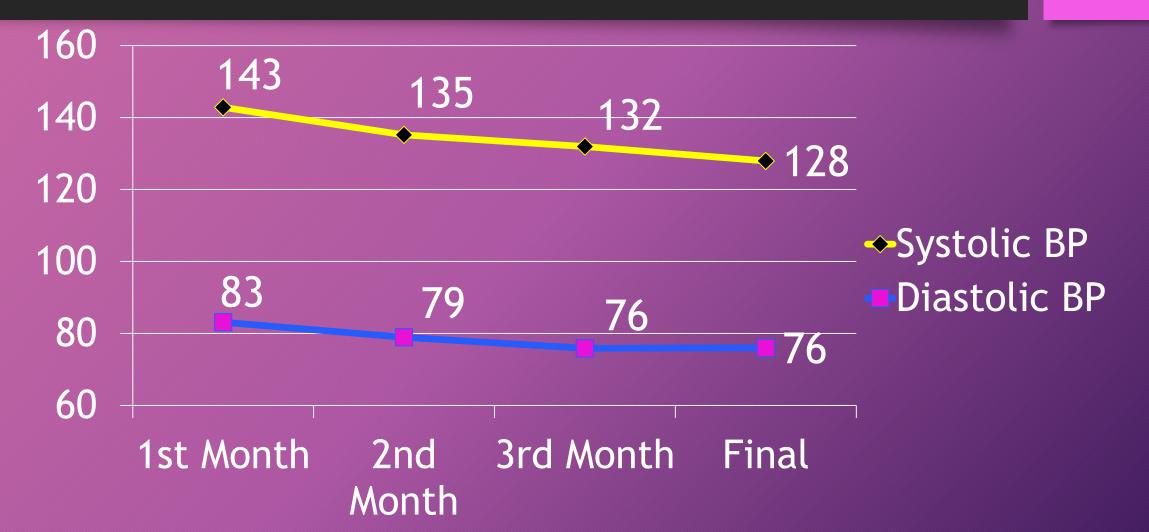
Managing Stress

Reduce the amount of stress in your life and/or find ways to ensure it does not affect you as much.

1 2 3 4 5 6 7 8 9 10

Results

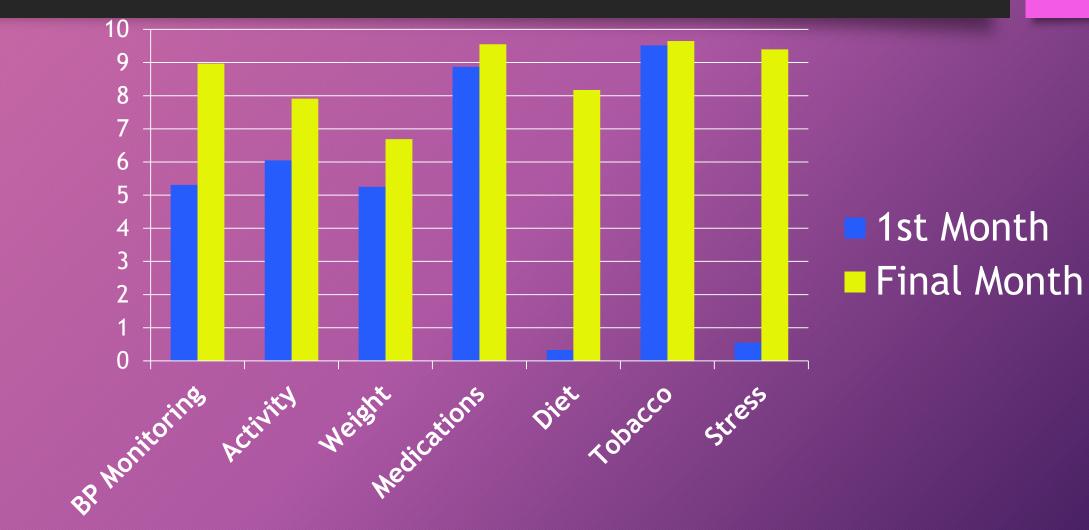
Analysis of Pre- and Post-intervention Blood Pressure Measures



Analysis of Pre- and Post-intervention Blood Pressure Measures

Blood Pressure	First Month	Second Month	Third Month	Final
	(n=118)	(N=113)	(N=58)	(N=109)
Systolic BP (mmHg)	142.82 (17.57)	135.16 (16.99)	131.95 (15.53)	127.95 (15.47)
	Range: 106-192	Range: 94-218	Range: 104-183	Range: 93-169
Diastolic BP (mmHg)	83.12 (11.49)	78.95 (10.49)	75.88 (9.81)	75.99 (9.49)
	Range: 55-133	Range: 54-118	Range: 52-103	Range: 52-103
Systolic BP Range				
<140 mmHg	57 (48.3%)	73 (64.6%)	41 (70.7%)	87 (79.8%)
>=140 mmHg	61 (51.7%)	40 (35.4%)	17 (29.3%)	22 (20.2%)
Diastolic BP Range				
<90 mmHg	83 (70.3%)	97 (85.8%)	53 (91.4%)	101 (92.7%)
>=90 mmHg	35 (29.7%)	18 (14.2%)	5 (8.6%)	8 (7.3%)

Analysis of Lifestyle Scores



Analysis of Lifestyle Scores

Lifestyle Satisfaction Scores	1 st month	Final month	t value	Р
	M (SD)	M (SD)		
BP self-monitoring	5.31 (3.37)	8.97 (1.66)	11.30	<0.001
Healthy activity	6.05 (2.59)	7.91 (1.82)	10.44	<0.001
Healthy weight	5.25 (2.86)	6.69 (2.56)	6.69	<0.001
Managing Medications	8.87 (2.02)	9.55 (1.19)	4.69	<0.001
Healthy Eating	0.33 (0.47)	8.17 (2.14)	33.99	<0.001
Quit Smoking	9.52 (1.82)	9.65 (1.51)	1.88	0.063
Managing Stress	0.55 (0.50)	7.40 (1.86)	35.09	<0.001

Conclusions

- Systolic and diastolic BP measures all declined; statistically significant improvement.
- The means of 6 of the 7 lifestyle areas showed significant improvement.
- Overall, the effect of this 3-month faith community nursing intervention of BP monitoring and coaching on lifestyle changes in the at-risk and hypertensive population showed significant improvement in lowering BP and improving satisfaction in lifestyle areas.

Strengths & Limitations

Strengths

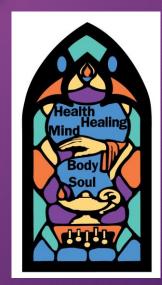
- Strong, established Faith Community Nurse Network
- Stipend to faith communities
- Free BP monitors to participants
- Participant access to a trusted health professional
- Resources of faith community

Limitations

- Opportunities for the hospital and health dept. collaboration
- Short project time frame and limited resources
- Limited generalizability; lack of control group, small sample
- Communication with PCP

Recommendations

- Health System/Public Health/Faith Community
 Partnership
- Valuing the role of nursing in prevention and population health
- Continued work with national partners
- Data collection and analysis
- Dissemination
- More sustainable funding mechanism



The work goes on...

Partners

- CDC Nursing Workgroup
- ASTHO
- NACCHO
- NACDD
- National Forum for Heart
 Disease & Stroke Prevention
- American Heart Association



- Provide targeted technical assistance to communities.
- Provide a platform for sharing success stories.
- Advocate for sustainable funding mechanisms for C/PHN role and future programs.
- APHN Fellow opportunity.

Faculty Support of DNP Population Health Projects

- 1. Understand individual vs. population health outcomes.
- 2. Recognize projects with population health outcomes are equally necessary and important.
- 3. Consider adding a C/PHN as a secondary advisor.
- 4. Build academic-practice partnerships that can support population health projects (not just LHD).
- 5. Think of national initiatives and partners, too!

Thank you!

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