Promising Practices in Cardiovascular Disease:
Closing the Gap in Minority Disparities
Helping Physicians Improve Cardiovascular Health Disparities in California

The Centers for Disease Control and Prevention (CDC) have identified heart disease and stroke as the first and fourth leading causes of death, respectively, in the United States. However, these diseases do not affect all Americans equally. In fact, both exact a disproportionate toll on people of minority racial and ethnic backgrounds.

With this in mind, Health Services Advisory Group of California (HSAG of California), the state’s Medicare quality improvement organization, has created Promising Practices in Cardiovascular Disease: Closing the Gap in Minority Disparities. The goal is to provide primary care physicians with summaries of evidence-based and expert-recommended interventions to prevent and reduce disparities in cardiovascular-related conditions among African Americans, Hispanics, and Asian/Pacific Islanders—three groups most affected by cardiovascular disease (CVD).

This guide is designed to help physicians keep abreast of the latest research and innovations in preventing and treating cardiovascular disease in minority patients, and also to provide templates for change or improvements that promote high quality, efficient, and cost-effective care.
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Overview

AT-A-GLANCE: WHAT WE KNOW ABOUT DISPARITIES IN CARDIOVASCULAR DISEASE

According to the most current Department of Health and Human Services, Office of Minority Health statistics (2009), heart disease, along with being the leading cause of all deaths, is also the leading killer across most racial and ethnic minority communities. The statistics are sobering.

- African American men and women are 30 percent more likely to die from heart disease than non-Hispanic White males. Some 34 percent of African Americans have hypertension—a leading risk factor for heart disease—compared to 24 percent of Whites.
- African American and Mexican American women have a higher rate of obesity—a risk factor for CVD and diabetes—than non-Hispanic White women.
- Among Mexican Americans—who make up the largest proportion of the U.S. Hispanic population—64 percent of adults over age 20 have CVD.

The Asian/Pacific Islander population in the United States is diverse, with ancestral ties to more than 30 Asian and 25 Pacific Islander nations. While as a group they are less likely to have or die from heart disease than their White counterparts, the Office of Minority Health reports in 2011:

- Cardiovascular disease is the leading cause of death for both Asian Americans and Pacific Islanders, causing 33 percent of deaths within this population.
- Native Hawaiians/Pacific Islanders are 3.0 times more likely to be diagnosed with heart disease, and are 1.7 times more likely to die from it than Whites.

- Native Hawaiians/Pacific Islanders are 70 percent more likely to have high blood pressure than Whites, are 30 percent more likely to be obese than Whites, and are four times more likely to be obese than the overall Asian American population.*

Cardiovascular disease also is a financial burden:

- Treatment for CVDs accounts for nearly $1 of every $6 spent on healthcare in the United States.
- In 2010, an estimated $444 billion was spent on CVD treatment, medication, and lost productivity from disability.
- Total healthcare costs for stroke treatment and disability were an estimated $53.9 billion in 2010.

In California, the rates of heart disease are among the highest in the country across all races and ethnicities, but are particularly acute among African Americans and Hispanics. This is alarming, given the diversity of the state as

African Americans and Hispanics are less likely to receive appropriate cardiac medication (e.g., thrombolytic therapy, aspirin, and beta blockers), or to undergo coronary artery bypass surgery, even when variations in such factors as insurance status, income, age, co-morbid conditions, and symptom expression are taken into account.
a whole, and the fact that it has the country’s largest populations of both Hispanics and Asian/Pacific Islanders.

*Based on healthy weight as indicated by BMI of 18.5 up to 25.0; overweight of 25.0 up to 30.0 and obesity at BMI of 30.0 or higher.

**Sources:** American Heart Association. Heart Disease and Stroke Statistics—2009 Update; American Heart Association, African American/Hispanic/Asian/Pacific Islander Statistical fact Sheet 2013 update; CDC, Heart Disease and Stroke Prevention Addressing the Nation’s Leading Killers, At A Glance, 2011.

**A POSITIVE IMPACT ON QUALITY OF CARE AND THE BOTTOM LINE**

Today, incorporating promising practice strategies into prevention and treatment protocols is more important than ever before, as clinical standards become inextricably linked to specific quality measures and more efficient, cost-effective care. This is most recently evidenced through provisions included in the Affordable Care Act (ACA), particularly under Medicare, that expand the use of pay-for-performance approaches. While such methods provide financial incentives to providers who achieve measurable quality of care with optimal outcomes, penalties also may be exacted upon those physicians who fail to meet specified performance goals.

To help physicians prepare for new quality standards and revised payment structures that reward value over volume of services, this guide offers:

- Quick and timely access to recent research and recommendations on how to prevent or reduce disparities among minority populations;
- Methods and tools for re-thinking, changing, or improving current practices and outcomes with minority patients at the practice level, while staying abreast of ACA compliance;
- Innovative tools and methods to help clinicians’ adopt, support, and sustain
promising practice regimes that draw on the experiences and expertise of various stakeholders—from front desk staff and physician extenders, to community-based organizations.

**CARDIOVASCULAR INTERVENTIONS: PHYSICIAN AND PATIENT CHALLENGES**

Over time, research with physicians and patients, alike, has drawn attention to factors that can exacerbate the already challenging problem of preventing and treating heart disease in minority populations. For physicians, such issues often include:

- Restrictions on prescribing medications that, while not part of an insurer’s formulary for a particular health condition, are thought to be better suited for minority patients;
- Less time spent with patients learning about health problems, while devoting more time and resources to activities indirectly related to patient care;
- Difficulties integrating patient education into office visits, given increasing demands on time and resources; and
- Struggles with patient adherence to prescribed care plans, which can be greatly amplified with minority seniors who are challenged by costly drug therapies, a fragmented healthcare delivery network, and navigating their own day-to-day lives.

For patients, research shows that health disparities largely reflect socioeconomic differences in health-related risk factors, environment, language barriers, and the direct and/or indirect consequences of discrimination. This is compounded by the fact that African Americans, Hispanics, and Asian Americans often have more difficulty getting healthcare and have fewer choices of where they receive it. Additionally, these groups are less likely than Whites to have health insurance, a regular primary care provider, and even routine medical procedures.

For certain, the issues around health disparities are complex and varied, and in some cases, require actions well beyond the scope of this publication. For instance, while much of the current research efforts remain focused on the identification, modification, and treatment of individual-level risk factors, more recent studies are beginning to focus on the cause of these risk factors, including the social determinants of health. These studies consider social, economic, political, and cultural contexts, and how unequal experiences within these environments shape the health and distribution of health in society. You will find practices in this guide that do explore some of these factors, particularly as they relate to communication practices and patient education, and offer evidence that supports their role in providing effective cardiovascular care.

**COMPILING PROMISING PRACTICES AND RECOMMENDATIONS**

To develop this guide, our researchers conducted an analysis of peer-reviewed medical, social science, and public policy literature published between 2002 and 2014. To be considered for inclusion, it was required that literature:

- Focus on preventing and reducing disparities
in CVD and/or related subtopics, such as the ABCS—aspirin therapy, blood pressure/hypertension, cholesterol, and smoking cessation;

• Present results of empirical research of any design; and
• Present recommendations from one or more recognized experts. Some practices were inferred from study findings, but not explicitly recommended in the literature cited.

As a result, the strength of evidence supporting the practices varies. Strength of evidence is affected by several factors, including the design of the study used to gather data, the reliability and validity of measurement instruments, sample representativeness, and the degree of change in targeted outcomes predicted by an intervention. This resource includes brief summaries of the supporting evidence, with descriptions of the study design (where applicable) or expert source, study sample, and findings. In some cases, controversy is noted.

Many recommendations are based on systematic literature reviews, all of which include multiple peer-reviewed publications. However, the range of evidence included in a systematic literature review also varies. We encourage you to link to original sources and to refer to resources on evidence quality, such as www.essentialevidenceplus.com/product/ebm_loe.cfm?show=sort, to analyze the evidence critically and to consider the relevance and potential implications for your practice. The study design has been highlighted in each practice to help you in this process.

Ultimately, there are more than 70 promising practices included in this guide, many of which may benefit your practice.

COMMON THEMES AND AREAS OF FOCUS

In compiling this guide several common themes emerged. You will find that, in many instances, improved outcomes are linked to:

• Intentional and meaningful patient communication. Effective practices include using motivational interviewing techniques; employing teach-back approaches; or simply providing effective patient education materials, such as videos and toolkits.

• Awareness of and attention to the cultural, social, and economic factors that may impede medical adherence and overall improvement of health. Examples of successful techniques involve discussions with patients about traditional and herbal therapies to assess patient acceptance of prescribed medications; providing nutrition resources that help patients prepare healthier but comparable alternatives to traditional foods; and simplifying medication regimens for patients with low-literacy and/or disabilities.

• Integrating community resources into the clinical “team.” Several practices recommend forming networks of community health workers, faith-based leaders, and social workers to help address financial and other barriers to adherence, and to improve patient trust and medical understanding.

• Applying culturally appropriate tools for self-monitoring and disease maintenance, as well as to improve patient health literacy and preventive self-care.
HOW TO USE THIS GUIDE

Promising Practices in Cardiovascular Disease: Closing the Gap in Minority Disparities was designed to serve the needs of busy primary care physicians by facilitating quick references to brief, practical recommendations that target nine major factors related to quality cardiovascular care. Read more about each section on the next page.

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**HOW TO USE THIS GUIDE**

Practices contained in this guide target nine major factors related to quality cardiovascular care:

- **Systemic, Procedural Practices**
  Included in this grouping are practices related to infrastructure, policies, and procedures for administering clinical practice. These administrative policies and procedures are associated with care quality and health outcomes.

- **Communication Practices**
  These practices involve clinician approaches to communication with patients.

- **Addressing Financial Barriers**
  Financial barriers can impede medication and other treatment adherence. These practices are ways clinicians can help patients to overcome these barriers.

- **Patient Education**
  These practices examine methods for clinicians to increase patients’ awareness of cardiovascular health risks and prevention, as well as patients’ understanding of prevention and treatment recommendations.

- **Dietary Practices**
  These interventions are promising approaches for encouraging recommended dietary practices among the targeted patient populations.

- **Physical Activity**
  These practices are promising approaches for increasing physical activity in the targeted populations.

- **Blood Pressure/Hypertension**
  These practices are promising approaches for controlling blood pressure in the targeted populations.

- **Aspirin, Anti-Platelet Therapy**
  These practices are promising approaches for optimal anti-platelet therapy in the targeted populations.

- **Smoking**
  These practices are promising approaches for smoking prevention and cessation in the targeted populations.

Within these groupings, practices are further categorized by ethnicity. Each promising practice summary provides:

- A description of the practice,
- The patient needs they are intended to address,
- The patient population it is intended to serve,
- A description of the supporting evidence (with study design highlighted), and
- A full citation of the original source.

*Note to user:* Several of the practices are studies reported in peer-reviewed journal articles. Some journals are open source and the articles are available for immediate download or printing at no cost. Access to other articles may require either a journal subscription or a fee to download the piece. Most academic institutions, libraries, and many hospitals and healthcare facilities already subscribe to many of the leading academic and professional journals. Your affiliation with these facilities should gain you free and continual access to these journals and articles.
Interactive Tips

Once you locate a practice of interest, to gain access to the original source document from your desktop or laptop computer:

- Move or hover your cursor over a selected citation and left-click to connect to the selected hyperlink.

To open on a mobile device:

- Single-tap the citation to connect to the selected hyperlink.

To cross reference a topic:

- Find the “search” window within the PDF, and type the specific term(s) or topic area(s).

Importantly, this guide is a living document that will be continually edited and updated. It will evolve through updates with the latest research findings in cardiac health disparities, be expanded as needed, and serve additional purposes over time. As the Medicare quality improvement organization for California, our goal is to strengthen patient outcomes and reduce disparities. If you would like to be alerted when an update is released, please email us your contact information to quality@hsag.com.
Additional Resources

It is critical for care providers to understand that ethnic and racial groups are culturally heterogeneous and that individuals within cultures vary in their perspectives and expectations about health and healthcare. However, some cultural perspectives are prevalent enough that care providers should be aware of them to meet general standards of culturally-competent care. A few key examples include:

FOR ALL ETHNIC MINORITY GROUPS

• People from minority cultures may also practice traditional medicine and/or seek treatment from traditional healers. It is important to be aware of this in order to manage potential contraindications or treatment interactions, and to be able to optimize positive aspects of both approaches to care (Dearfield & Pugh-Yi, 2011; American Society on Aging and American Society of Consultant Pharmacists Foundation, 2006).

• Understanding patients’ social supports, including family and religious community, can help in providing comprehensive care. Direct questions may be perceived as intrusive. Researchers have found that asking patients where they go for help in difficult times can be a non-threatening approach to learning about patients’ personal relationships and discussing with patients how these relationships and community supports affect health (Carteret, 2011).

AFRICAN AMERICANS

• Many African Americans hold a value that elders are to be treated with deferential respect in all situations. It is important to give directions with a respectful demeanor at all times and not to imply that the clinician is assuming familiarity or that the patient is being scolded. A non-deferential approach could result in reduced adherence (American Society on Aging and American Society of Consultant Pharmacists Foundation, 2006).

• As a result of historical factors, such as the Tuskegee syphilis experiment and disparities in care quality, many African Americans are wary of healthcare or perceive clinical encounters as degrading. It is important for providers to be sensitive to this issue and to make the effort to build mutual trust with patients. Cultural liaisons could be helpful in achieving this (Edwards, Greene, & Pryor, 2007; American Society on Aging and American Society of Consultant Pharmacists Foundation, 2006).

• Some African Americans believe increased blood pressure is a natural part of the aging process. Discussion about factors that are in patients’ control may be critical for encouraging self-care (Health Behavior News Service, 2014).

LATINOS

• Many Latinos hold values of simpatia and personalismo. Together, these basically translate to “formal kindness” and describe an expectation that care providers will be overtly compassionate and empathic. The emotional neutrality typical of conventional medicine may be perceived as aloofness and can be associated with reduced adherence (Hofstede, 2001).

• Familismo describes a belief that extended family participates in caregiving and healthcare decisions (Young, 2009).

• Fatalismo is a commonly held Latino belief that individuals can do little to alter their fates. This may be linked to decreased preventive care, less healthcare seeking, and avoidance of experimental or invasive procedures. Cultural liaisons can help to convey healthcare options and benefits in a framework that is relevant to patients (Hofstede, 2001; Flores & Vega, 1998).
• Many Latinos expect a paternalistic doctor/patient relationship. They may believe that asking questions or expressing concerns about treatment would insult a clinician. Conversely, a doctor asking questions may be perceived to be incompetent. Cultural liaisons can help clinicians to elicit questions and answers in a culturally-appropriate manner (Young, 2009; Dearfield & Pugh-Yi, 2011).

ASIAN AMERICANS
• Asians may be uncomfortable discussing emotions or pain and may expect that doctors will infer these from non-verbal cues, which may have different meanings than they do in acculturated contexts. For example, in some clinical settings, smiling and nodding may indicate confusion or embarrassment rather than agreement or understanding. Working with cultural liaisons to learn how to interpret non-verbal cues and elicit information about sensitive topics may enhance patient/provider communication (Carteret, 2011; Hall, 1977).
• Many Asians have traditional folk beliefs about health and medicine, and practice alternative medicine. They may be more likely to understand and follow clinical recommendations if these are presented in terms of their traditional frameworks (Kline & Huff, 2008).

REFERENCES


**CULTURAL COMPETENCY AND HEALTH LITERACY GUIDES AND TOOLKITS**

**NATIONAL INSTITUTES OF HEALTH**
Culturally-appropriate educational materials for African Americans on heart-healthy living and eating. In an easy-to-read format, these booklets provide concise information on heart disease, its risk factors, and heart healthy cooking.

In a Q & A format, defines “cultural competency” and discusses why it is important.

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**
[https://cccm.thinkculturalhealth.hhs.gov/](https://cccm.thinkculturalhealth.hhs.gov/)
A Physician’s Practical Guide to Culturally Competent Care website that offers continuing medical education/continuing education (CME/CE) credit and equips healthcare professionals with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

[https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp](https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp)
This section of Think Cultural Health offers tools and resources that will help you and your organization communicate effectively with your patients and clients, including A Patient-Centered Guide To Implementing Language Access Services In Healthcare Organizations.

This two-hour training is to educate public health professionals on the importance of health literacy and their role in providing health information and services and promoting public health literacy.

[http://www.health.gov/communication/literacy/olderadults/literacy.htm](http://www.health.gov/communication/literacy/olderadults/literacy.htm)
This guide is for people who serve older adults on health and aging issues. It provides background information on health literacy and strategies and suggestions for communicating with older adults.

Sponsored by the National Library of Medicine, this site offers multicultural outreach, activities, and resources for communicating health information to diverse audiences.

**HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**
Health literacy and cultural competency toolkits and videos.

Effective Communication Tools for Healthcare Professionals is a free, online, go-at-your-own-pace training that has helped more than 4,000 healthcare professionals and students improve patient/provider communication.

**ANTHEM BLUE CROSS**
Caring for Diverse Populations is a toolkit for physicians and healthcare professionals for better communication and better care.
Systemic, Procedural Practices
Practices related to infrastructure, policies, and procedures for administering clinical practice.

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ASIAN/PACIFIC ISLANDERS

PROMISING PRACTICE(S)
• Refer to American Heart Association guidelines for treatment

PURPOSE
• To ensure patients get recommended treatment and guidance

POPULATION
• Asian Americans (Note: Only care for Asian Americans was identified as an issue in this study. The recommendation may also benefit other groups)

EVIDENCE
• In a five-year prospective review of electronic medical records of treatment for 107,403 patients (4,412 Asian Americans) with coronary artery disease, Asian Americans were less likely than other groups to be given aspirin therapy or counseling about smoking.

CITATIONS

LATINOS

PROMISING PRACTICE(S)
• Encourage screening and preventive care; possibly work with promoturas, community health workers.

PURPOSE
• Increase cholesterol and hypertension awareness and screening; increase health literacy.

POPULATION
• Latinos

EVIDENCE
• National Health and Nutrition Examination Survey (NHANES) data indicated only 23 percent of Mexican Americans with high cholesterol were aware of it and only 6.9 percent were
receiving cholesterol-reducing medication. Only 50 percent of elderly Mexican Americans with hypertension were receiving medication and only 25 percent had adequate blood pressure control. While nearly 31.9 percent of Hispanics have metabolic syndrome, few are aware of the problem. A cultural norm that disease is normal and unavoidable may be a barrier to preventive care utilization. Latinos may use alternative medicine rather than conventional medical care. Low health literacy may contribute to low preventive healthcare and screening (Davidson et al., 2007).

• In a randomized controlled trial, Balcazar et al. (2010) found that culturally-targeted education through promotoras was effective with the Latino sample.

CITATIONS


PROMISING PRACTICE(S)
• Have longer clinic hours.

PURPOSE
• To accommodate patients’ work schedules and difficulties taking time off

POPULATION
• Latinos (Note: Only Latinos were mentioned in the recommendation, which may also benefit other groups)

EVIDENCE
• An expert consensus recommendation developed at the Hispanic Health Coalition of Georgia Latino Health Summit

CITATIONS
ALL ETHNICITIES

PROMISING PRACTICE(S)
• Consider using electronic health records to address issues linked to disparities.

PURPOSE
Electronic health records can be used to:
• Facilitate clinical team communication,
• Notify physician if prescription is not filled within 30 days, so that physician can contact patient to encourage and overcome barriers to adherence,
• Increase efficiency: allow physician more time to talk with patient in order to discuss patient’s concerns and questions, explain treatment and its importance, discuss use of alternative medicine to meet cultural expectations regarding clinical encounters.

POPULATION
• All

EVIDENCE
• Medication non-adherence is a major issue for hypertension and hypercholesterolemia patients. Racial differences in adherence partially explain disparities (Bosworth et al., 2006). Minority groups also may be disproportionately affected by issues with care coordination and health literacy. A systematic literature review on issues with medication adherence (Brown & Bussell, 2011) suggests that use of electronic health records may help to address some of these issues, resulting in reduced disparities.
• The Consumer Partnership for eHealth (2013) reports that electronic health records can be used to identify disparities in treatment, adherence, treatment outcomes, and to record information on culturally competent practice.

CITATIONS


PROMISING PRACTICE(S)
- Initiate long-term medications while patient is in the hospital rather than after discharge.

PURPOSE
- Increase medication adherence

POPULATION
- All

EVIDENCE
- A systematic literature review indicated that patients often perceive that medications initiated in the hospital are essential for their health.

CITATIONS
Communication Practices

These practices involve clinician approaches to communication with patients.

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AFRICAN AMERICANS

PROMISING PRACTICE(S)
• Use a patient-centered communication style—elicit information about needs, values, perspectives, questions, and concerns.
• Use a less dominant communication style with patients.
• Exhibit positive feelings toward patients.

PURPOSE
• To increase patient engagement with treatment

POPULATION
• African Americans (This was the population in the study. Recommendations may be promising for all patients.)

EVIDENCE
• In a cross-sectional comparison, independent raters’ coding and analysis of clinical encounters in a sample of 458 White and African Americans with 61 physicians showed physicians were more dominant and less patient-centered in their communication with African American than White patients. (Johnson et al., 2004).
• In a randomized controlled trial with 256 hypertensive African Americans, both groups received culturally-targeted education. The intervention group also got gifts and affirming telephone calls. The intervention group met more physical activity goals, burned more kilocalories, and was more likely to adhere to medication at 12-month followup. (Ogedegbe et al., 2012).
• There is general consensus in the field that patient engagement is necessary for treatment to be effective.

CITATIONS

ASIAN/PACIFIC ISLANDERS

PROMISING PRACTICE(S)
• Inquire about traditional medicine use. Videos on how to do this are available at:  
  http://erc.msh.org/aapi/voices.html

PURPOSE
• To prevent negative interactions between traditional and conventional medications

POPULATION
• Asian Americans

EVIDENCE
• Recommendation from Management for Sciences and Health in partnership with HRSA.

CITATIONS
Management for Sciences and Health Principles for Culturally Competent Health Care for Asian American Families and Communities. http://erc.msh.org/aapi/voices.html

LATINOS

PROMISING PRACTICE(S)
• Discusses the importance of hypertension screening, awareness, treatment with patients.

PURPOSE
• To increase awareness and self-care

POPULATION
• Latinos

EVIDENCE
• A longitudinal cohort study of 16,415 Hispanics shows that Hispanics are less likely than Whites to be aware of having hypertension or to have it under control.

CITATIONS
ALL ETHNICITIES

PROMISING PRACTICE(S)
• Use communication that facilitates patient understanding, increases trust, and facilitates agreement between the patient and clinician about treatment.

PURPOSE
• To increase patient adherence to treatment and prevention recommendations

POPULATION
• All

EVIDENCE
• Researchers proposed a theoretical causal framework based on systematic literature review.

CITATIONS

PROMISING PRACTICE(S)
• Develop clinical teams that include community health workers; provide comprehensive educational, behavioral, and pharmacological services. Work with community health workers to develop culturally-competent education.

PURPOSE
• To improve patient engagement, trust, and understanding, resulting in improved adherence and improved health outcomes

POPULATION
• African Americans
• Latinos (Note: These were the groups studied. Findings may be confirmed with other underserved groups.)

EVIDENCE
• A randomized controlled trial with 309 hypertensive African American men showed that those receiving comprehensive, culturally-targeted care achieved significantly better blood
pressure control, minimized left ventricle hypertrophy, and less renal insufficiency at three-year followup than a less intensive control group (Hill et al., 2003).

- Intensive culturally-targeted education program for Black women with type 2 diabetes was linked to pre-post-test improvements in weight, body mass index, glycemic control, and diabetes-related distress in a sample of 25 (D’Eramo et al., 2004).

- In a pilot test (n=102 patients, 18 providers) of an intervention which taught primary care physicians about culturally-sensitive communication with African American men patients and offered culturally-targeted information tools, patients improved from pre- to post-test on several targets, including reduced cholesterol, reduced salt and fat intake, increased physical activity, intent to quit smoking, reduced alcohol consumption, and reduced stress. Eleven of 18 practitioners found the materials useful (Ohio Academy of Family Physicians & Ohio Department of Health, 2013).

- The Mexican American Trial of Community Health workers (MATCH) study, a single-blinded randomized controlled trial with 144 Mexican American participants, found intervention participants had significantly more reduced hemoglobin A1C over two years than print information-only controls. There were no differences in blood pressure or diet. (Rothschild et al., 2013).

- In a three-year randomized community trial, the HEART project found that promotores de salud teaching the “Su Corazon, Su Vida” curriculum were more effective than a basic education materials-only control condition in improving diet and lowering cholesterol (Balcazar et al., 2010).

- Recommended by the Health Resources and Services Administration (HRSA) Office of Minority Health

CITATIONS


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**PROMISING PRACTICE(S)**

- Work in partnership with faith-based organizations to reach and educate community members about health issues, recommended care, and access to care.

**PURPOSE**

- To improve awareness, self-care, and health literacy

**POPULATION**

- All

**EVIDENCE**

- A systematic review of health-related databases showed that faith-based organizations can be effective partners and facilitate community outreach and education.

**CITATIONS**


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**PROMISING PRACTICE(S)**

- When prescribing, discuss: 1) medication name, 2) medication purpose, 3) rationale for choosing medication, 4) dosing frequency, 5) when to take medication, 6) how long it should be taken, 7) potential adverse effects, likelihood of occurrence, whether they will resolve without intervention, and how treatment plan will change if they do not resolve.
- Physicians often do not provide all of this information, especially for CVD medication.

**PURPOSE**

- To encourage adherence to recommendations

**POPULATION**

- All
EVIDENCE

- **Systematic literature review** on issues with medication adherence

CITATIONS


PROMISING PRACTICE(S)

- Assess medication adherence using non-judgmental communication.
- Table 2 in Brown and Bussell (2011) offers approaches.
- Encourage adherence to recommended treatment by:
  - Explaining the regimen clearly.
  - Explaining benefits and risks.
  - Eliciting history of alternative medicine use.
  - Explaining rationale for recommendations.
  - Referring patients to health education resources.
  - Actively engaging patients in all treatment decisions (e.g., asking when they prefer to take medications, when they want to achieve milestones).
  - Avoiding prescribing numerous medications and behavioral changes in one visit (can be overwhelming and make change seem unachievable).

PURPOSE

- To determine whether adherence may be an issue, and how to address it
- To encourage adherence to recommendations
- According to the World Health Organization, lack of adherence is the most important cause of failure to achieve blood pressure control.

POPULATION

- All, especially those of low socioeconomic status

EVIDENCE

- A **systematic literature review** showed that reasons for non-adherence among low socioeconomic-status patients included not understanding instructions. The strategies listed were found to address this.
CITATIONS

PROMISING PRACTICE(S)
• Prescribe combination pills rather than multiple pills to simplify the regimen.

PURPOSE
• To increase medication adherence

POPULATION
• All

EVIDENCE
• A systematic literature review on issues with medication adherence indicated patients are more likely to adhere to simple regimens.

CITATIONS

PROMISING PRACTICE(S)
• When complex regimens are necessary, acknowledge and discuss the burden.

PURPOSE
• To increase medication adherence

POPULATION
• All

EVIDENCE
• A systematic literature review on issues suggested this may be an effective way to overcome adherence issues with complex regimens.
CITATIONS

PROMISING PRACTICE(S)
• Confirm that the patient understands the regimen by using the teach-back approach. Ask the patient to repeat important points and to read and interpret medication labels.

PURPOSE
• To increase medication adherence

POPULATION
• All

EVIDENCE
• A systematic literature review on issues suggested this may be an effective way to overcome adherence issues with complex regimens.

CITATIONS

PROMISING PRACTICE(S)
• Assess whether the patient is more interested in short-term or long-term benefits of treatment. Discuss and emphasize benefits most valued by the patient.

PURPOSE
• To encourage adherence to recommended treatment

POPULATION
• All
EVIDENCE
• A systematic literature review on issues with medication adherence

CITATIONS

PROMISING PRACTICE(S)
• Encourage adherence through motivational interviewing.

PURPOSE
• To encourage adherence to recommended treatment

POPULATION
• All
• Note: Benefits were specifically demonstrated among African Americans in one study included in the meta-analysis.

EVIDENCE
• A meta-analysis of 72 randomized controlled trials demonstrated that motivational interviewing significantly improved cholesterol and blood pressure control.

CITATIONS

PROMISING PRACTICE(S)
• Provide pictorial, audiovisual materials for patients with literacy challenges. Possible indications are a patient saying he or she will read materials at home, or making excuses for the clinician to read instructions. www.medlineplus.gov offers videos on CVD in multiple languages.
• Social workers can help to address problems with literacy and health literacy.

PURPOSE
• To convey instructions clearly to patients who cannot read them
POPULATION
• All, especially those with less education or limited English proficiency
• May address barriers to adherence for some Latinos
• May increase awareness among South Asians

EVIDENCE
• **Systematic literature** review on issues with medication adherence (Brown & Bussell, 2011)
• Hebert et al. (2010) conducted a **cross-sectional study** of 561 patients in a heart failure disease-management program and found that Hispanic (mostly Cuban) and non-Hispanic Whites had comparable adherence when matched by socioeconomic status. Barriers to adherence were educational level and language.
• Tirodkar et al. (2011) call for patient education materials in plain language with simple concepts to address the needs of non-English speaking immigrants.

CITATIONS


PROMISING PRACTICE(S)
• Determine whether a patient is hesitant to take prescribed medication because of a preference for herbal medications. Discuss herbal bases for prescriptions (e.g., metformin is derived from lilacs).

PURPOSE
• To overcome hesitation to adhere to prescribed medication
POPULATION
• All

EVIDENCE
• Systematic literature review on issues with medication adherence

CITATIONS
Addressing Financial Barriers

Financial barriers can impede medication adherence. These practices are ways clinicians can help patients to overcome these barriers.
ALL ETHNICITIES

PROMISING PRACTICE(S)
• Adhere to patient formulary.

PURPOSE
• To encourage medication adherence

POPULATION
• All

EVIDENCE
• Systematic literature review on issues with medication adherence

CITATIONS

PROMISING PRACTICE(S)
• Discuss economic constraints with patients. Learn about and direct patients to programs that provide financial assistance. Coordinate with social workers and community health workers to develop strategies for addressing financial barriers to medication adherence.

PURPOSE
• To overcome financial barriers to medication adherence

POPULATION
• All

EVIDENCE
• Systematic literature review on issues with medication adherence

CITATIONS
Patient Education

These practices are ways clinicians can increase patients’ awareness of cardiovascular health risks and prevention, as well as patients’ understanding of prevention and treatment recommendations.

- AFRICAN AMERICANS ................................................................. 31
- ASIAN/PACIFIC ISLANDERS ...................................................... 33
- LATINOS ....................................................................................... 34

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AFRICAN AMERICANS

PROMISING PRACTICE(S)

- Educate patients about the importance of clinical care and adherence, even when symptoms are not present.
- Note: This will require outreach to patients who are not seeking clinical care.

PURPOSE

- To encourage adherence and self-care

POPULATION

- African Americans

EVIDENCE

- Interview with Keith Ferdinand, MD, cardiology professor at Emory University and chief science officer of The Association of Black Cardiologists that said African Americans often think medical treatment is necessary only when symptom are present (Kam, 2010).
- Consensus statement from International Society on Hypertension in Blacks makes the same statement, based on review of recent literature and guidelines (Flack et al., 2010).

CITATIONS


PROMISING PRACTICE(S)

- Communicate with patients about the definitions of “overweight” and “obese.” Explain that medical definitions are different from social definitions, and that understanding this is important for making choices related to health.

PURPOSE

- To overcome lack of awareness regarding definitions of overweight and obesity
POPULATION
• African Americans
• Latinos

EVIDENCE
• **1994-1996 descriptive data** on 621 African American adults who responded to the U.S. Department of Agriculture’s Continuing Survey of Food Intakes and Diet and Health Knowledge Survey showed that more than half of overweight and more that 20 percent of obese African Americans believed they were normal weight. The article reports that Black women are seldom told by health professionals that their weight is cause for concern.

• **Multivariate logistic regression analysis** of a sample of 829 Behavioral Risk Factor Surveillance Survey respondents showed that Hispanic women were more likely than non-Hispanic White women to underestimate their weight (Giardina et al., 2013).

CITATIONS
http://online.liebertpub.com/doi/abs/10.1089/jwh.2013.4440


PROMISING PRACTICE(S)
• Clarify that lifelong medication may be necessary for hypertension control.

PURPOSE
• To address patient assumptions that medication is only necessary when the patient is experiencing symptoms

POPULATION
• African Americans

EVIDENCE
• The International Society on Hypertension in Blacks, in a review of literature, found that many Black patients believed medications are only necessary to treat symptoms and that lifelong medication would not be necessary.
CITATIONS

ASIAN/PACIFIC ISLANDERS

PROMISING PRACTICE(S)
- Inform patients about connections between coronary heart disease, blood pressure, cholesterol, and diabetes.

PURPOSE
- To improve patients’ understanding, which supports treatment adherence

POPULATION
- South Asians

EVIDENCE
- In-depth interviews with 75 South Asian immigrants showed less-educated individuals were often unaware of the connections between coronary heart disease, blood pressure, cholesterol, and diabetes.

CITATIONS

PROMISING PRACTICE(S)
- Inform patients about CVD, causes, prevention, and treatment, generally.

PURPOSE
- To address lack of awareness
POPULATION

• Latinos
• Asian Americans

EVIDENCE

• A descriptive analysis of NHANES data showed low awareness of CVD among Hispanic Americans (Davidson et al., 2007). Multivariate logistic regression of a sample of 829 Behavioral Risk Factor Surveillance Survey respondents showed that Hispanic women were less aware than non-Hispanic White women that CVD is the leading cause of death among U.S. women. Hispanic women were also less likely than non-Hispanic White women to know the symptoms of a heart attack.

• A literature review showed an overall lack of data on Asian Americans, with underrepresentation in national surveys. Cardiology epidemiologist experts suggest, based on experience, that awareness and treatment are low among Asian Americans (Watson, Karnchansorn, & Gossain, 2009).

CITATIONS


LATINOS

PROMISING PRACTICE(S)

• Inform patients about CVD, causes, prevention, and treatment, generally.

PURPOSE

• To address lack of awareness
POPULATION
• Latinos
• Asian Americans

EVIDENCE
• A descriptive analysis of NHANES data showed low awareness of CVD among Hispanic Americans (Davidson et al., 2007). Multivariate logistic regression of a sample of 829 Behavioral Risk Factor Surveillance Survey respondents showed that Hispanic women were less aware than non-Hispanic White women that CVD is the leading cause of death among U.S. women. Hispanic women were also less likely than non-Hispanic White women to know the symptoms of a heart attack.
• A literature review showed an overall lack of data on Asian Americans, with underrepresentation in national surveys. Cardiology epidemiologist experts suggest, based on experience, that awareness and treatment are low among Asian Americans (Watson, Karnchansorn, & Gossain, 2009).

CITATIONS


PROMISING PRACTICE(S)
• Communicate with patients about the definitions of “overweight” and “obese.” Explain that medical definitions are different from social definitions, and that understanding this is important for making choices related to health.
PURPOSE
• To overcome lack of awareness regarding definitions of overweight and obesity

POPULATION
• African Americans
• Latinos

EVIDENCE
• 1994–1996 descriptive data on 621 African American adults who responded to the U.S. Department of Agriculture’s Continuing Survey of Food Intakes and Diet and Health Knowledge Survey showed that more than half of overweight and more than 20 percent of obese African Americans believed they were normal weight. The article reports that Black women are seldom told by health professionals that their weight is cause for concern.
• Multivariate logistic regression analysis of a sample of 829 Behavioral Risk Factor Surveillance Survey respondents showed that Hispanic women were more likely than non-Hispanic White women to underestimate their weight (Giardina et al., 2013).

CITATIONS

Dietary Practices

These interventions are promising approaches for encouraging recommended dietary practices among the targeted patient populations.

- AFRICAN AMERICANS ............................................................... 38
- ASIAN/PACIFIC ISLANDERS ................................................. 41
- LATINOS .................................................................................. 42
- ALL ETHNICITIES ...................................................................... 44
AFRICAN AMERICANS

PROMISING PRACTICE(S)
• Explore individual, cultural, and environmental factors affecting diet and make recommendations to patients based on a broad understanding of these influences.

PURPOSE
• To improve dietary practices (evidence is based on a study of fruit and vegetable consumption)

POPULATION
• African Americans and low socioeconomic status groups

EVIDENCE
• A review of 12 studies of African American diet showed that a socio-ecological framework is useful for understanding fruit and vegetable consumption and developing culturally-competent strategies for increasing intake.

CITATIONS

PROMISING PRACTICE(S)
• Provide clear, explicit information to patients about targeted dietary behaviors.

PURPOSE
• To improve adherence to recommendations (evidence is based on fruit and vegetable consumption)

POPULATION
• African Americans

EVIDENCE
• Descriptive survey results from a convenience sample of 57 African Americans indicated respondents were aware that fruits and vegetables were healthy but were not aware of how much they should consume.
CITATIONS

PROMISING PRACTICE(S)
• Advise African Americans to consume no more than 1,500 mg. of sodium daily.

PURPOSE
• To prevent increased blood pressure due to sodium intake

POPULATION
• African Americans

EVIDENCE
• Consensus in the field is that this is the threshold for a low-sodium diet.

CITATIONS

PROMISING PRACTICE(S)
• Check 24-hour urinary sodium excretion in African American patients.

PURPOSE
• To assess dietary adherence

POPULATION
• African Americans

EVIDENCE
• Comprehensive literature review on factors affecting hypertension in African Americans

CITATIONS

HSAG: Promising Practices in Cardiovascular Disease
PROMISING PRACTICE(S)
• Encourage calcium intake.

PURPOSE
• To prevent and address salt sensitivity that can result from low calcium intake

POPULATION
• African Americans; all patients with salt sensitivity

EVIDENCE
• Comprehensive literature review on factors affecting hypertension in African Americans

CITATIONS

PROMISING PRACTICE(S)
• Encourage dairy intake; discuss lactose intolerance.
• Follow National Medical Association recommendations for addressing lactose intolerance.
• Drink milk with food.
• Aged cheeses (e.g., cheddar, Swiss) are lower in lactose
• Introduce slowly, gradually increase
• Reduce—have lactose-reduced or lactose-free dairy products.
• Yogurt with live active cultures aids lactose digestion.
• Discuss benefits of dairy with patients, refer them to Dietary Approaches to Stop Hypertension (DASH) guidelines.

PURPOSE
• To reduce hypertension, insulin resistance syndrome, obesity
• To increase Vitamin D intake, which is necessary for calcium utilization

POPULATION
• African Americans
Dietary Practices

EVIDENCE

- Findings of a systematic literature and secondary data review include that dairy alone includes key nutrients. Several practices can overcome lactose intolerance.

CITATIONS


ASIAN/PACIFIC ISLANDERS

PROMISING PRACTICE(S)

- Encourage continuing positive aspects of typical Asian American diets.

PURPOSE

- To encourage patient engagement
- To avoid negative effects of acculturation on diet

POPULATION

- Asian Americans

EVIDENCE

- A review of secondary data and literature on CVD and related factors among Asian Americans generally and specific subpopulations. The main aim was to identify gaps and issue a call to action for more epidemiological data.
- The authors noted that soy, fish oil, green and black teas, and red yeast rice are healthy components of many Asian diets.

CITATIONS


PROMISING PRACTICE(S)

- Assess body fat, not just weight and BMI, in Asian patients.
PURPOSE
• To determine healthy weight range

POPULATION
• Asian Americans

EVIDENCE
• Due to **physiological differences**, Asians may need lower BMI thresholds for overweight and obesity.

CITATIONS
Stuart-Shor et al. (2012). Behavioral strategies for cardiovascular risk reduction in diverse and underserved racial/ethnic groups. *Circulation*, 125, 171-184. [https://circ.ahajournals.org/content/125/1/171.full.pdf+html](https://circ.ahajournals.org/content/125/1/171.full.pdf+html)

BMI chart is available at:
http://www.aancart.org/cancer-research.publications/aancart-educational-materials

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**LATINOS**

PROMISING PRACTICE(S)
• Encourage continuing positive aspects of typical Latino diets.

PURPOSE
• To encourage patient engagement
• To avoid negative effects of acculturation on diet

POPULATION
• Latinos

EVIDENCE
• A **review of research** on Hispanic diet says that typical Hispanic diets include many complex carbohydrates. Most meals include vegetables. Cheese offers calcium. The authors recommend recognizing these as well as recommending improvements.
CITATIONS

PROMISING PRACTICE(S)
- Be aware that higher socioeconomic status predicts acculturation, which is associated with Americanized diet high in fat and salt. Consider this when inquiring about diet and making dietary goals. Recommend healthier options based on the patient’s current cultural identity and preferences.

PURPOSE
- To encourage healthy eating

POPULATION
- Latinos

EVIDENCE
- Summary of research on Hispanic American diets and factors affecting them

CITATIONS

PROMISING PRACTICE(S)
- Discuss dietary fat and saturated fat, ask about whole milk consumption, recommend lower fat alternatives.

PURPOSE
- To reduce fat intake

POPULATION
- Latinos
EVIDENCE

- **Summary of research** on Hispanic diet says Hispanic Americans’ average fat and saturated fat consumption are higher than recommended. Mexican American men’s dietary cholesterol is higher than recommended. Hispanics are more likely than other populations to consume whole milk.

CITATIONS


ALL ETHNICITIES

PROMISING PRACTICE(S)

- Become familiar with traditional cultural foods that are high in fat, sodium, or sugar, and educate patients about healthier ways to prepare those foods.

PURPOSE

- To offer healthy diet options that encourage patients will adherence

POPULATION

- All

EVIDENCE

- African American: Collins-McNeil et al.(2012) made a pre- post-intervention comparison that included learning to make healthy versions of traditional foods. Questionnaires and anthropometric measures in 12 urban African American adults showed improvement in diabetes self-management practices.
- Latino: **Recommended** by the Hispanic Health Coalition of Georgia
- Asian: In a **randomized trial**, Chinese Americans in an intervention with health coaches who spoke their language and were familiar with patients’ culture and diet (n=46) had a significantly greater decrease in average A1C and better controlled A1C than a treatment-as-usual control group (n=46), (Ivey et al., 2012).
CITATIONS


PROMISING PRACTICES
• Recommend the National Heart Lung and Blood Institutes’ Dietary Approaches to Stop Hypertension, possibly modified for traditional African American diet.
• Toolkit is available at: www.njafp.org/hypertension-toolkit/patient-information/recommendations-based-on-a-typical-african-american-diet.

PURPOSE
• To provide culturally-appropriate, evidence-based, clear instructions to follow a diet that reduces hypertension risk

POPULATION
• All

EVIDENCE
• The Dietary Approaches to Stop Hypertension (DASH) was shown to be effective in a diverse sample of participants in a multi-center randomized study (Appel et al., 1997).
• In a randomized controlled pilot with African Americans with hypertension, participants in the culturally modified group consumed more fruits and vegetables at post-test than unmodified DASH control group participants. (Whitt-Glover et al., 2013)
• Based on results of a survey on heart disease knowledge and risk, answered by 300 Filipinos, Angosta and Speck (2014) recommend referring Pacific Islander patients to the DASH diet.
CITATIONS


DASH recommended by the International Society on Hypertension in Blacks.

DASH recommended by the Hypertension in African Americans Working Group of the International Society on Hypertension in Blacks.

PROMISING PRACTICE(S)

- Coordinate with a community health educator to use the National Black Child Development Institute’s Cultural Competence Tool targeting childhood obesity to identify and address community needs.

PURPOSE

- To prevent and address childhood obesity

POPULATION

- All
- The tool emphasizes data on African Americans and Latinos, but is designed for use in all communities.

EVIDENCE

- The tool was designed by experts in the field and provides clear steps toward improving cultural competence. Tests of its effectiveness were not found.

CITATIONS
Physical Activity

These practices are promising approaches for increasing physical activity in the targeted populations.

- AFRICAN AMERICANS ............................................................. 48
- ASIAN/ PACIFIC ISLANDERS .................................................. 54
- LATINOS .................................................................................. 56

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AFRICAN AMERICANS

PROMISING PRACTICE(S)

• Refer patients to Home-based Individually Tailored Physical Activity Print (HIPP), or provide components during clinical encounters. Components include: tips on scheduling exercise; tips on making exercise fun; emphasizing benefits to physical, mental, and spiritual health rather than just weight loss; information about injury prevention; information about free or low-cost physical activities; and images that represent target audience on promotional materials. Materials emphasized goal setting, self-monitoring, social support, and rewards for goal achievement.

PURPOSE

• To overcome barriers to physical activity

POPULATION

• African American women

• Note: This is the group included in the study. Recommendations may also work with other groups.

EVIDENCE

• Researchers conducted 11 focus groups to identify barriers to physical activity, then developed print materials, which were mailed to participants. Over one month, average physical activity increased approximately 65 minutes per week and participants indicated increased readiness to change.

CITATIONS


PROMISING PRACTICE(S)

• Refer patients to a faith-based intervention that uses evidence-based practices to encourage physical activity and healthy eating. Key components include teaching participants to overcome barriers to physical activity, teaching participants to log physical activity, and teaching participants to prepare healthy versions of traditional foods.
PURPOSE
• To increase physical activity

POPULATION
• African Americans
• Note: This is the group included in the study. Recommendations may also work with other groups

EVIDENCE
• In a randomized, controlled trial with 403 participants from eight churches, over six months, the intervention group participated in 60-minute, monthly educational sessions on diet, portions, and overcoming barriers to physical activity. A trained church member co-presented educational sessions. Participants received a pedometer, instructions on using it, and on how to track steps. Control group participants received bi-monthly newsletters with general health information. Both groups significantly increased fruit and vegetable consumption between pre- and post-test. The intervention group significantly increased physical activity.

CITATIONS

PROMISING PRACTICE(S)
• Refer patients to a group that offers social support and peer counseling, as well as nutrition counseling.
• Discuss patients’ normal physical activities, encourage them to increase the minutes they spend on them, and the intensity with which they do them.

PURPOSE
• To increase self-care
• To increase physical activity
POPULATION
- African American women
- Hispanic women
- Note: These are the groups included in the study. Recommendations may also work with other groups.

EVIDENCE
- In a multi-practice, randomized controlled trial with 200 African American women with type 2 diabetes aged 40 years or older, participants received clinic and community interventions, clinic intervention only, or minimal intervention (educational pamphlets in the mail). The clinic intervention was four monthly visits to a nutritionist. The community intervention included 12 monthly calls with a trained peer counselor for social support and reinforcing behavior change goals, and three group sessions that promoted readiness to change. At baseline, participants provided information about their daily activities. Peer counselors encouraged participants to increase time and intensity for activities they already engaged in. At six months follow-up both clinic-only and clinic-plus-community groups expended significantly more calories per day than minimal intervention participants, and clinic-plus-community participants expended more calories than the clinic only group. At 12 months, clinic only and clinic+community participants expended more calories than minimal intervention participants, but did not differ from each other (Keyserling et al., 2002).
- In a randomized controlled trial of 217 women (163 Hispanic) assigned to provider counseling, provider counseling plus health education, or provider counseling plus community health worker support over a 12-month period, all groups significantly increased average minutes of physical activity between pre- and post-test. Only those in the community health worker condition averaged five or more daily servings of fruits and vegetables at post-test.

CITATIONS

Since our beginning in 1979 as a Medicare peer review organization mandated by federal law and acting in only a portion of Arizona, HSAG has burgeoned to its present status and now serves more than 20 percent of the Medicare population nationwide as a quality improvement organization (QIO). HSAG is currently involved with Medicaid programs in more than a dozen states where it works to assure the quality, access, timeliness, and appropriateness of care for approximately 45 percent of the nation’s Medicaid recipients.

Through a special study funded by the Centers for Medicare & Medicaid Services, HSAG of California has launched the Cardiac Health Disparities Initiative to improve cardiac health of African American, Hispanic and Asian/Pacific Islander Medicare beneficiaries across the state. This effort is in support of the Department of Health and Human Services’ Million Hearts initiative to prevent heart attacks and strokes by focusing on the ABCS: Aspirin therapy, Blood pressure control, Cholesterol control, and Smoking Cessation.
POPULATION
• African Americans
• Hispanic women
• Note: These are the groups included in the studies. Recommendations may also work with other groups.

EVIDENCE
• The Centers for Disease Control and Prevention (CDC) sponsored Racial and Ethnic Approaches to Community Health (REACH), which offers walking clubs, neighborhood walking groups, and community walking tours. Groups are promoted at churches and by community health workers. In a longitudinal cohort study, average number of minutes walked per week increased significantly between baseline and three-year follow-up. Behavioral Risk Factors Surveillance Survey (BRFSS) data were used for comparison. These data did not indicate significant change in comparison group physical activity during the intervention period (Miles et al., 2011).
• In the Camino por Salud program, participants worked with a promotora to map and measure a walking plan. Participants could walk with the promotora or alone. Groups walked for 30 minutes either three or five days per week for 36 weeks. A pre-post-test comparison found that both groups lost weight and body fat. BMI decreased significantly only for the five-day group (Keller & Gonzales, 2008).

CITATIONS


PROMISING PRACTICE(S)
• Teach children self-regulatory skills: goal setting, self-monitoring, and productive self-talk.
• Refer children to structured physical activity.
PURPOSE
• To increase physical activity

POPULATION
• African American pre-schoolers
• Note: This is the group included in the study. Recommendations may also work with other groups.

EVIDENCE
• In a randomized trial with 338 African American pre-schoolers, the intervention group received 30 minutes of daily structured physical activity and self-regulatory skill training for a period of nine months. Physical activity was an average of 30 minutes per week higher for the intervention group. The intervention group’s average BMI was also lower at post-test.

CITATIONS

PROMISING PRACTICE(S)
• Discuss stress, depression, and binge eating with patients; develop a plan that addresses these issues for patients who have them.

PURPOSE
• To reduce stress, depression, and body fat, which are all linked to binge eating

POPULATION
• African American women
• Latina women

EVIDENCE
• In a sample of 171 African American and Latina women who answered surveys about stress impact, depression, and binge eating, and provided body fat data, regression models showed that stress and depression predict binge eating and body fat.
CITATIONS

ASIAN/PACIFIC ISLANDERS

PROMISING PRACTICE(S)
• Discuss patients’ physical activity levels and encourage them to exercise at least 30 minutes daily, five days per week.
• Discuss patients’ motivations and barriers to physical activity. Encourage them to focus on motivation, and determine how to overcome barriers. Emphasize the medical importance of physical activity.

PURPOSE
• To overcome cultural norms of being sedentary
• To leverage motivation to exercise
• To overcome barriers to physical activity

POPULATION
• Latinos
• Korean Americans
• Older Mexican-American women (Note: This is the group included in the study. Recommendations may also work with other groups).

EVIDENCE
• Healthy People 2010 reports that 54 percent of Hispanic Americans engaged in no leisure time physical activity.
• A review of literature suggests prevalent sedentary lifestyle in Korean Americans (Watson, Karchansorn, & Gossain, 2009).
• Focus groups with 10 older Mexican-American women identified factors that increased motivation to exercise, and barriers to exercise. Motivating factors included: staying healthy for one’s family, close friends and family who would push for success and demand accountability, past successes, because the doctor advised exercise, and to look better. Barriers were: caregiving not allowing time for exercise, family obligations do not allow time, family and friends undermine or discourage exercise, pain during exercise, and fatigue or lack of motivation.
CITATIONS


PROMISING PRACTICE(S)
- Refer patients to a culturally-tailored lifestyle intervention.
- Note: This study had a very high attrition rate (73.5 percent). Patients should be encouraged to find a program they are committed to completing.

PURPOSE
- To increase physical activity
- To improve dietary habits
- To achieve healthy weight
- To decrease blood cholesterol

POPULATION
- Latinos
- Korean Americans
- Older Mexican-American women (Note: This is the group included in the study. Recommendations may also work with other groups).

EVIDENCE
- In a pilot test with 64 Latino adults, the six-week intervention included self-management techniques, motivational enhancement, motivational interviewing, traditional Latino food and physical activities, and Latino interventionists. Seventeen participants completed the program. Their physical activity increased an average of 40 minutes per week. Weight dropped 1.5–3.2 lbs. Systolic blood pressure dropped an average of 10.4 mm Hg.
CITATIONS

PROMISING PRACTICE(S)
- Use culturally-appropriate tools for self-monitoring.

PURPOSE
- To support self-monitoring of nutrition and physical activity

POPULATION
- Asian Americans
- Note: This was the group targeted by the tools identified. Others may be available.

EVIDENCE

CITATIONS

LATINOS
PROMISING PRACTICE(S)
- Discuss patients’ physical activity levels and encourage them to exercise at least 30 minutes daily, five days per week.
- Discuss patients’ motivations and barriers to physical activity. Encourage them to focus on motivation, determine how to overcome barriers. Emphasize the medical importance of physical activity.

PURPOSE
- To overcome cultural norms of being sedentary
- To leverage motivation to exercise
- To overcome barriers to physical activity
POPULATION

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- **Focus groups** with 10 older Mexican-American women identified factors that increased motivation to exercise, and barriers to exercise. Motivating factors included: staying healthy for one’s family, close friends and family who would push for success and demand accountability, past successes, **because the doctor advised exercise**, and to look better. Barriers were: caregiving not allowing time for exercise, family obligations do not allow time, family and friends undermine or discourage exercise, pain during exercise, and fatigue or lack of motivation.

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CITATIONS

PROMISING PRACTICE(S)
• Refer patients to a group that offers social support and peer counseling as well as nutrition counseling.
• Discuss patients’ normal physical activities, encourage them to increase the minutes they spend on them, and the intensity with which they do them.

PURPOSE
• To increase self-care
• To increase physical activity
POPULATION

- African American women
- Hispanic women
- Note: These are the groups included in the study. Recommendations may also work with other groups.

EVIDENCE

- In a **multi-practice, randomized controlled trial** with 200 African American women with type 2 diabetes aged 40 years or older, participants received clinic and community interventions, clinic intervention only, or minimal intervention (educational pamphlets in the mail). The clinic intervention was four monthly visits to a nutritionist. The community intervention included 12 monthly calls with a trained peer counselor for social support and reinforcing behavior change goals, and three group sessions that promoted readiness to change. At baseline, participants provided information about their daily activities. Peer counselors encouraged participants to increase time and intensity for activities they already engaged in. At six months follow-up both clinic-only and clinic-plus-community groups expended significantly more calories per day than minimal intervention participants, and clinic-plus-community participants expended more calories than the clinic only group. At 12 months, clinic only and clinic+community participants expended more calories than minimal intervention participants, but did not differ from each other (Keyserling et al., 2002).

- In a **randomized controlled trial** of 217 women (163 Hispanic) assigned to provider counseling, provider counseling plus health education, or provider counseling plus community health worker support over a 12-month period, all groups significantly increased average minutes of physical activity between pre- and post-test. Only those in the community health worker condition average five or more daily servings of fruits and vegetables at post-test.

CITATIONS


PROMISING PRACTICE(S)
• Refer patients to a walking group.

PURPOSE
• To increase physical activity.

POPULATION
• African Americans
• Hispanic Women
• Note: These are the groups included in the studies. Recommendations may also work with other groups.

EVIDENCE
• The Centers for Disease Control and Prevention (CDC) sponsored Racial and Ethnic Approaches to Community Health (REACH), which offers walking clubs, neighborhood walking groups, and community walking tours. Groups are promoted at churches and by community health workers. In a longitudinal cohort study, average number of minutes walked per week increased significantly between baseline and three-year follow-up. Behavioral Risk Factors Surveillance Survey (BRFSS) data were used for comparison. These data did not indicate significant change in comparison group physical activity during the intervention period (Miles et al., 2011).

• In the Camino por Salud program, participants worked with a promotora to map and measure a walking plan. Participants could walk with the promotora or alone. Groups walked for 30 minutes either three or five days per week for 36 weeks. A pre-post-test comparison found that both groups lost weight and body fat. BMI deceased significantly only for the 5-day group (Keller & Gonzales, 2008).

CITATIONS

PROMISING PRACTICE(S)
• Discuss stress, depression, and binge eating with patients; develop a plan that addresses these issues for patients who have them.

PURPOSE
• To reduce stress, depression, and body fat, which are all linked to binge eating

POPULATION
• African American women
• Latina women

EVIDENCE
• In a sample of 171 African American and Latina women who answered surveys about stress impact, depression, and binge eating, and provided body fat data, regression models showed that stress and depression predict binge eating and body fat.

CITATIONS
Blood Pressure/Hypertension

These practices are promising approaches for controlling blood pressure in the targeted populations.

- AFRICAN AMERICANS ........................................................................ 63
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AFRICAN AMERICANS

PROMISING PRACTICE(S)

• Aim for a specific blood pressure target, not to generally decrease it.
• Determine the target based on CVD risk factors and clinical data. Some experts recommend 130/80 mm Hg, others advocate 120/80 mm Hg for African Americans, in order to address elevated risks in this population.
• Consider this threshold when determining whether to use combination or multi-drug regimens.

PURPOSE

• To ensure blood pressure is adequately controlled

POPULATION

• African Americans
• Note: This population was the only one mentioned in the publication, but the recommendation to aim for a specific target may be useful for all populations.

EVIDENCE

• An expert roundtable convened to develop an initiative to target CVD in African Americans.

CITATIONS


PROMISING PRACTICE(S)

• Screen for impaired glucose tolerance, microalbuminuria, and central obesity. Consider results when determining regimen for hypertension. Patients with multiple CVD risk factors should be treated more aggressively than those with a single risk factor.

PURPOSE

• To ensure blood pressure and other CVD risk factors are adequately controlled

POPULATION

• African Americans
• Note: This population was the only one mentioned in the publication, but the recommendation may be useful for all populations.
EVIDENCE
• An expert roundtable convened to develop an initiative to target CVD in African Americans.

CITATIONS

PROMISING PRACTICE(S)
• Treat African Americans with heart failure with isosorbide dinitrate and hydralazine in addition to background therapy with neuro-hormonal blockers.

PURPOSE
• To reduce morbidity and mortality associated with congestive heart failure, reduce hospitalizations, and improve quality of life

POPULATION
• African Americans

EVIDENCE
• For the African American Heart Failure Trial (A-HeFT), a double-blind randomized controlled trial of 1,050 African American adult patients, patients receiving isosorbide dinitrate and hydralazine plus background therapy with neuro-hormonal blockers had a 43 percent higher survival rate, 35 percent fewer first hospitalizations for heart failure, and improved quality of life at six months follow-up. Differences widened after six months.
• While mechanisms could not be proven, the therapy may work because isosorbide dinitrate donates nitric oxide to the renin-angiotensin system (which is typically less active in African Americans than Whites) and supports vasodilation. Hydralazine may prolong vasodilatory effects and reduce oxidative stress.

CITATIONS
PROMISING PRACTICE(S)

- Treat African Americans with or at-risk for diabetes, needing first line hypertension therapy, with angiotensin converting enzyme (ACE) inhibitors or aldosterone receptor blockers (ARB) in combination with calcium channel blockers (CCB) or metoprolol.

PURPOSE

- To reduce blood pressure and provide renal protection

POPULATION

- African Americans

EVIDENCE

- In the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack (ALLHAT) study, ACE inhibitors were less effective than thiazide diuretics among African Americans, probably because they are less effective at reducing blood pressure. However, ACE inhibitors provide better renal protection than CCB or metoprolol in this population.
- ALLHAT was a **double-blind, randomized controlled multi-center trial**. The total sample included 6,671 African Americans.

CITATIONS


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PROMISING PRACTICE(S)

- Use the risk stratification algorithm specified by the International Society on Hypertension in Blacks (ISHIB).
- Algorithm chart is available at: [http://www.ishib.org/wordpress/?page_id=2412](http://www.ishib.org/wordpress/?page_id=2412).
- **NOTE:** Some experts (Nainggolan, 2010; Hypertension in African Americans Working Group) say the recommendations for lower blood pressure targets are not supported by clinical evidence. ISHIB responds that lower targets will not cause harm and are a strategy for addressing multiple increased risks among African Americans.

PURPOSE

- To determine optimal treatment regimen
POPULATION
• African Americans

EVIDENCE
• Consensus reached by International Society on Hypertension in Blacks based on review of recent research and guidelines.

CITATIONS

PROMISING PRACTICE(S)
• The less stringent clinical algorithm from the Hypertension in African Americans Working Group is available at: https://www.uic.edu/pharmacy/services/di/aahtn.htm

PURPOSE
• To determine optimal treatment regimen

POPULATION
• African Americans

EVIDENCE
• Consensus based on public domain data.

CITATIONS

PROMISING PRACTICE(S)
• Initiate comprehensive lifestyle modifications in African American patients when blood pressure exceeds 115/75 mm Hg.

PURPOSE
• To prevent development of hypertension in patients in a very high-risk demographic
POPULATION
• African Americans

EVIDENCE
• Consensus reached by International Society on Hypertension in Blacks based on review of recent research and guidelines.

CITATIONS

PROMISING PRACTICE(S)
• Ask obese patients about snoring and screen for sleep apnea.

PURPOSE
• To lower the risk for hypertension associated with sleep apnea

POPULATION
• African Americans
• Note: This was the only population included in the Consensus Statement. The recommendation may apply to other populations.

EVIDENCE
• Consensus reached by International Society on Hypertension in Blacks based on review of recent research and guidelines

CITATIONS

PROMISING PRACTICE(S)
• Encourage patients with pre-hypertension, suspected hypertension, and confirmed hypertension to monitor blood pressure routinely at home.
PURPOSE
• To encourage patient engagement and increase treatment adherence

POPULATION
• African Americans
• Note: This was the only population included in the Consensus Statement. The recommendation may apply to other populations.

EVIDENCE
• Consensus reached by International Society on Hypertension in Blacks (ISHIB) based on review of recent research and guidelines.

CITATIONS

PROMISING PRACTICE(S)
• Follow ISHIB guidelines on drug regimens for hypertension with comorbidity, http://hyper.ahajournals.org/content/56/5/780.full
• Table 3 presents desirable combinations.
• Table 5 presents undesirable combinations.

PURPOSE
• To provide effective care for multiple CVD conditions, chronic kidney disease, and diabetes

POPULATION
• African Americans

EVIDENCE
• Consensus reached by International Society on Hypertension in Blacks (ISHIB) based on review of recent research and guidelines

CITATIONS
PROMISING PRACTICE(S)

- Follow ISHIB guidelines on multidrug regimens for African Americans with hypertension, http://hyper.ahajournals.org/content/56/5/780.full
- Figure 2 presents a guide to multidrug anti-hypertensive therapy.
- Table 6 presents therapeutic recommendations for lowering blood pressure in resistant hypertension.

PURPOSE

- To achieve blood pressure control, including among patients with resistant hypertension

POPULATION

- African Americans

EVIDENCE

- Consensus reached by International Society on Hypertension in Blacks based on review of recent research and guidelines

CITATIONS


PROMISING PRACTICE(S)

- Consider generic long-acting calcium channel blockers (CCBs) for patients with difficulty paying for medications, including those with a limit on Medicaid and Medicare Part D.
- Chorthalidone, reserpine, and spironolactone are key agents in a low-cost, effective, anti-hypertension regimen.

PURPOSE

- To support blood pressure control when patients have difficulty paying for medication

POPULATION

- African Americans
- Note: This was the only population included in the Consensus Statement. The recommendation may apply to other populations.
EVIDENCE

• **Consensus** reached by International Society on Hypertension in Blacks based on review of recent research and guidelines

CITATIONS


http://hyper.ahajournals.org

LATINOS

PROMISING PRACTICE(S)

• Consider renin-angiotensin-aldosterone system (RAAS)-based therapies.

PURPOSE

• To treat hypertension in patients with comorbidities

POPULATION

• Latinos

EVIDENCE

• A **systematic literature review** showed co-morbidities are more common among Hispanic people than other populations. RAAS inhibitor-based therapies may be especially beneficial for this population.

CITATIONS

Aspirin, Anti-Platelet Therapy

These practices are promising approaches for optimal anti-platelet therapy in the targeted populations.

We emphasize that no research has demonstrated that aspirin is effective as primary prevention of cardiovascular disease. There is strong evidence that anti-platelet therapy is an effective secondary prevention.

Hissett, J. et al. (2014). Effects of changing guidelines on prescribing aspirin for primary prevention of cardiovascular events. *Journal of the American Board of Family Medicine, 27*, 78-86. [http://www.jabfm.org/content/27/1/78.full](http://www.jabfm.org/content/27/1/78.full)
AFRICAN AMERICANS

PROMISING PRACTICE(S)
• Prescribe aspirin rather than ticlopidine to African Americans who have had a stroke.

PURPOSE
• To prevent recurrent stroke

POPULATION
• African Americans

EVIDENCE
• The National Institute of Neurological Disorders and Stroke African American Antiplatelet Stroke Study, a double-blind, multi-center randomized controlled trial with 1,809 African American stroke patients, found that aspirin is safer and more effective than ticlopidine among patients who can tolerate aspirin. Patients who took aspirin had significantly lower composite scores on recurrent stroke, myocardial infarction, and vascular death over the 24-month trial.

CITATIONS

PROMISING PRACTICE(S)
• Elicit information from patients regarding concerns about side effects of aspirin. Present information about risks and benefits.

PURPOSE
• To increase adherence to aspirin therapy

POPULATION
• All women
• African Americans
EVIDENCE

• **Survey** about aspirin concerns and adherence of 510 patients discharged from the hospital after treatment for acute coronary heart syndrome. **Logistic regression** analysis showed women and African Americans were most likely to be concerned about the risks of aspirin therapy.

CITATIONS


LATINOS

PROMISING PRACTICE(S)

• Prescribe ticagrelor and aspirin rather than clopidogrel and aspirin to Hispanic patients.

PURPOSE

• To offer optimal anti-platelet therapy

POPULATION

• Latinos

EVIDENCE

• A **randomized controlled trial** of 40 Hispanic patients found that aspirin plus ticagrelor was associated with lower levels of on-treatment platelet reactivity, and faster onset and greater extent of platelet inhibition than aspirin plus clopidogrel.

CITATIONS

PROMISING PRACTICE(S)
• Discuss benefits of aspirin therapy, ask patient about any questions or concerns.

PURPOSE
• To address underutilization of aspirin among Latinos

POPULATION
• Latinos

EVIDENCE
• In a cross-sectional study of 268 patients, among patients for whom aspirin therapy was indicated, Hispanics were less likely than Whites to use it. Results did not indicate why this would be the case.

CITATIONS

ALL ETHNICITIES

PROMISING PRACTICE(S)
• Elicit information from patients regarding concerns about side effects of aspirin. Present information about risks and benefits.

PURPOSE
• To increase adherence to aspirin therapy.

POPULATION
• All women, African Americans

EVIDENCE
• Survey about aspirin concerns and adherence of 510 patients discharged from the hospital after treatment for acute coronary heart syndrome. Logistic regression analysis showed women and African Americans were most likely to be concerned about the risks of aspirin therapy.
Aspirin, Anti-platelet therapy

CITATIONS

PROMISING PRACTICE(S)
• Consider acid suppression co-therapy.

PURPOSE
• To prevent gastroduodenal ulcers and upper GI adverse events

POPULATION
• All

EVIDENCE
• A systematic literature review showed this approach can prevent the main potential adverse effects of aspirin therapy.

CITATIONS
Smoking

These practices are promising approaches for smoking prevention and cessation in the targeted populations.

- AFRICAN AMERICANS
- LATINOS

BACK TO TABLE OF CONTENTS
AFRICAN AMERICANS

PROMISING PRACTICE(S)
• Describe the benefits of nicotine replacement therapy (NRT).

PURPOSE
• To support informed patient decision making

POPULATION
• African Americans
• Latinos

EVIDENCE
• In focus groups with 70 smokers, African Americans and Latinos expressed concerns about NRT’s safety. African Americans were especially likely to express concern about NRT’s effectiveness. Hispanics were especially likely to believe that quitting “cold turkey” would demonstrate personal responsibility and investment.

CITATIONS

LATINOS

PROMISING PRACTICE(S)
• Use a culturally-targeted toolkit.

PURPOSE
• To prevent and reduce smoking

POPULATION
• Latinos

EVIDENCE
• The National Latino Tobacco Control Network offers a toolkit. Evaluations of it were not found.
CITATIONS
The toolkit is available at: www.aap.org

PROMISING PRACTICE(S)
• Teach patients that light and intermittent smoking are dangerous.

PURPOSE
• To discourage smoking, encourage quitting

POPULATION
• Latinos

EVIDENCE
• According to the National Latino National Control Network, Hispanics who smoke often smoke less than other smokers. The Coalition suggests the community could benefit from a message that any smoking is dangerous.

CITATIONS

PROMISING PRACTICE(S)
• Ask all patients about smoking behavior, and advise those who do to quit.

PURPOSE
• To address disparities in advice from clinicians to quit smoking

POPULATION
• Latinos

EVIDENCE
• Analysis of National Health Interview Survey data showed that Hispanics were less likely than Whites or Blacks to be advised to quit smoking.
CITATIONS

PROMISING PRACTICE(S)
• Work with communities to understand smoking norms.

PURPOSE
• To understand community needs and engage communities
• To educate communities about the dangers of tobacco

POPULATION
• Recent Asian immigrants
• Note: This was the group mentioned in the article. The recommendation may apply to other insular communities.

EVIDENCE
• Interview with Grace Ma, Ph.D., Director of the Center for Asian Health at Temple University Department of Public Health.

CITATIONS
Since our beginning in 1979 as a Medicare peer review organization mandated by federal law and acting in only a portion of Arizona, HSAG has burgeoned to its present status and now serves more than 20 percent of the Medicare population nationwide as a quality improvement organization (QIO). HSAG is currently involved with Medicaid programs in more than a dozen states where it works to assure the quality, access, timeliness, and appropriateness of care for approximately 45 percent of the nation's Medicaid recipients.

Through a special study funded by the Centers for Medicare & Medicaid Services, HSAG of California has launched the Cardiac Health Disparities Initiative to improve cardiac health of African American, Hispanic and Asian/Pacific Islander Medicare beneficiaries across the state. This effort is in support of the Department of Health and Human Services' Million Hearts initiative to prevent heart attacks and strokes by focusing on the ABCS: Aspirin therapy, Blood pressure control, Cholesterol control, and Smoking Cessation.