

Insights for Community Health

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Organization:	New York University of School Medicine
Mechanism:	PAR: HS08-269: Exploratory and Developmental Grant to Improve Health Quality through Health Information (IT) (R21)
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Project Period:	September 2012 – August 2014
AHRQ Funding Amount:	\$176,950

Summary: Hypertension is the leading cause of death among African Americans and is a driver of racial disparities in cardiovascular morbidity and mortality. Poor blood pressure (BP) control is a major reason for this disproportionate burden. Despite the proven efficacy of reducing cardiovascular risk through self-management behaviors, dissemination of these interventions beyond clinical settings is limited. The New York City Department of Health and Mental Hygiene (DOHMH) developed Keep on Track (KOT), a program that aims to lower BP in older adults by utilizing lay health workers (LHW) at faith-based organizations. KOT was tested in a 12-week preliminary pilot study at two churches. LHWs used a paper-based system to track BP readings and conduct counseling and health education sessions. A reduction in BP was seen in all 13 participants. Despite this success, the paper-based system presented a challenge for the management of the high volume of participant BP data, as well as the analysis of collected data for feedback, decisionmaking, and reporting.

This project is improving KOT information management by implementing an electronic personal health record (PHR) and a church data dashboard that will be managed by trained LHWs. The PHR will display health information and health education materials to congregants with hypertension from two predominately African American churches and will allow them to enter and track their own measurements and observations of their BP and health behaviors. In addition, a congregational dashboard feature will be implemented at each church for use by LHWs and congregation leadership, a design innovation that will allow tracking of both individual and aggregate changes in participants' BP and health behavior. The trained LHWs will provide targeted outreach and brief lifestyle counseling based on this data. The project will also explore the role of church-based social support in reducing barriers—which frequently include low computer literacy, inconvenience, and time burden—to PHR use among underserved and elderly populations.

Specific Aims:

- Assess the feasibility of implementing a customized PHR system to support a church-based BP monitoring program to two predominately African American churches in New York City. **(Ongoing)**
- Evaluate the effect of implementing the PHR system on: 1) changes in systolic and diastolic BP from baseline to 9 months; and 2) changes in daily servings of fruits and vegetables; level of physical activity; within-participant weight loss; and number of visits to the primary care physician from baseline to 9 months. **(Upcoming)**

2012 Activities: Dr. Schoenthaler and her team conducted focus groups with five church health ministries to elicit their views on the most important ways to improve the Web application for the PHR and the congregational dashboard. Findings from focus groups provided valuable information for study implementation, including the customization of the PHR and dashboard with the vendor, level of detail required in the training manuals (e.g., simple explanations of icons), and specific privacy preferences (reluctance to enter birth dates). In early 2013, the project team will begin recruiting churches to participate in the study. In preparation, the team has developed and implemented an application process for church selection to ensure that chosen sites will be best able to conduct the research. The project team has experienced some delays in working with the PHR vendor but anticipates that the study timeline will recover once the PHR is delivered. As last self-reported in the AHRQ Research Reporting System, project progress and activities are mostly on track. The project budget is somewhat underspent due to the delay in delivery of the PHR.

Preliminary Impact and Findings: This project has no findings to date.

Target Population: Adults, Chronic Care*, Elderly*, Hypertension, Racial or Ethnic Minorities*:
Black and African Americans

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use

** This target population is one of AHRQ's priority populations.*