Canada Chair in Hypertension Prevention and Control

2: Initiatives to Enhance the Canadian Hypertension Education Program and to Develop a National Hypertension Surveillance Program

By Norm RC Campbell and Selina Omar

This is the second in a series of two reports on the Canada Chair in Hypertension Prevention and Control. The first report reviewed the creation of the Chair position, the effort to increase public and patient self efficacy to prevent and manage hypertension, and programs to decrease the prevalence of hypertension by reducing dietary sodium.1 This report focuses on the effort to enhance the Canadian Hypertension Education Program (CHEP) and to develop a national surveillance program for hypertension. Of note, the Chair represents a leadership position that works with organizations and individuals in Canada to advocate for resources and coordinate hypertension initiatives.

Enhance the CHEP

CHEP is a comprehensive healthcare-professional education program intended to reduce cardiovascular disease in Canada through improved hypertension management.2 CHEP annually updates evidence-based management recommendations that are extensively disseminated and aided by a variety of implementation tools and techniques.

With many changes in the structure and function of healthcare, it was recognized that CHEP needed to evolve. As a result, plans were developed to help sustain CHEP. Regular communication venues were developed between Canadian hypertension organizations, and a new and enhanced hypertension website (www.hypertension.ca) was launched. To aid CHEP in adapting to the evolving multidisciplinary care model, the Canadian Council of Cardiovascular Nurses and the Canadian Pharmacists Association joined the College of Family Physicians of Canada on the CHEP Steering Committee. New nursing and pharmacy workgroups were formed to address discipline-specific approaches and, with the family-physician workgroup, a discussion paper was produced on the synergistic and collaborative roles of the primary-care disciplines. A formal survey of the educational needs of nurses and pharmacists was conducted. The survey found that, in addition to knowledge needs, many nurses and pharmacists did not receive or were not aware of the CHEP recommendations, indicating that more extensive dissemination of the recommendations is required. Hence, CHEP is examining a new method of disseminating educational material that is based on the requests of individual primary-care healthcare professionals. The project to individualize and increase the dissemination of CHEP recommendations is being piloted in Alberta along with a community-based train-the-trainer program to increase the number of people who can educate others on the recommendations. CHEP is collaborating with Blood Pressure Canada in this initiative to aid the dissemination of educational resources to patients and the public. To aid CHEP in adapting to the evolving multidisciplinary care model, the Canadian Council of Cardiovascular Nurses and the Canadian Pharmacists Association joined the College of Family Physicians of Canada on the CHEP Steering Committee.

National Surveillance Program

CHEP is collaborating with Statistics Canada, PHAC and several provinces to develop a comprehensive system for assessing the prevalence and management of hypertension. In 2008, the most noteworthy surveillance news came from the Ontario Heart and Stroke Foundation Blood Pressure Survey (ON-BP).3 The survey indicated that Ontario had one of the lowest prevalence rates for hypertension in the developed world but also had the highest reported rates of awareness, treatment and control of hypertension. The support has facilitated face-to-face meetings of the Task Forces, the development of enhanced educational resources, the hiring of support staff, and access to national data resources and expertise.

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Hypertension to be in excellent health, and who smoked fewer visits to doctors, perceived themselves to be in excellent health, and who smoked less likely to be treated with antihypertensive drugs. While many young hypertensive Canadians may be at a low absolute cardiovascular risk, there was no trend to treat higher proportions of those who had more risk factors. These results will guide CHEP in developing education programs.

Chep continues to work with PHAC and provinces to use linked provincial administrative data to track the diagnosis, treatment and outcomes of hypertensive Canadians. Major progress occurred in 2008 when PHAC and provinces agreed to assess the prevalence and incidence of diagnosed hypertension using provincial administrative data based on diagnostic algorithms produced by K Tu and other CHEP members.

Although not complete, the outcomes research program that has been developed is arguably one of the most complete and complex national chronic management programs that exist. The program will greatly facilitate the development of new interventions and allow Canada to stay at the forefront of the world in prevention and control of hypertension.

Other Activities
The Hypertension Chair has regularly met with federal and provincial government officials and with the national and many of the provincial Heart and Stroke Foundations to increase awareness of hypertension as a health risk for Canadians. These meetings are crucial to the integration of hypertension with cardiovascular disease prevention initiatives in Canada.

Part of the Chair’s activities includes highlighting Canadian activities to other countries. In this regard, the Chair has presented Canadian hypertension programs to the American Society of Hypertension (in 2007 and 2008), the Asian Pacific Hypertension Conference (in 2007), the World Hypertension League (in 2007), the International Hypertension Society (2008) and the European Society of Cardiology (in 2008). In general, many countries have expressed an interest in Canadian programs that are more organized and extensive than those in other countries. There is particular interest in CHEP and some countries have sent delegates to Canada in part to obtain more information on the program.

Closing Remarks
The Canadian Hypertension Chair represents an interesting experiment. The Chair—created in 2008—Certificate of Excellence program in 2006. According to the BPC website (available at www.hypertension.ca/bpc/), this award is given “annually to deserving individuals, organizations or programs that have made a unique and recent contribution to the awareness, prevention, or treatment of hypertension in Canada.”

In 2008, as part of its Annual General Meeting held in conjunction with the Canadian Cardiovascular Congress in Toronto in October, BPC awarded a Certificate of Excellence to Dr. Denis Drouin, acknowledging his commitment in disseminating and implementing the recommendations of the Canadian Hypertension Education Program (CHEP) over the past eight years.

The Award was presented by Dr. Norm Campbell (on right in photo), President of BPC’s Executive Committee and Chair of its Public Education Task Force.
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Liaising with international hypertension societies has provided an important platform for the CHS to expand its profile and to enable members of the CHS to have “cross-talk” with members of other societies. In this regard, the CHS interacted with the American Society of Hypertension (ASH), where each Society had, at their respective annual meetings, joint CHS/ASH sessions. At the 2008 ASH meeting held in New Orleans, three CHS members, all of whom were previous recipients of the ASH young investigator award, were invited to give presentations of the progress of their research. In turn, the CHS invited Suzanne Oparil, President of ASH, to provide insights on “science as a career” for our young trainees. This special symposium took place at the trainee luncheon of the 2008 annual meeting. In addition, the CHS will support a CHS trainee to present an abstract at the 2009 Inter-American Society of Hypertension (IASH) meeting to be held in Brazil, in a joint IASH/CHS symposium. Finally, the CHS is grateful to the American Heart Association (AHA), which kindly donated the “Hypertension Primer” for distribution to all new members. In addition, our corporate members continue to support the Society, with a current corporate membership of 14 members. There is a strong campaign to encourage new members and we look forward to growth, especially amongst our young scientists.

In closing, I would like to acknowledge the incredible support and hard work by the members of the Executive committee, without whose assistance and insights my presidency would have been very difficult. Jim van Huyse has done an outstanding job as secretary-treasurer, Pierre Moreau has worked tirelessly on the planning of the 2008 annual meeting, Venkat Gopalakrishnan has been an excellent liaison between the ISH 2010 organizing committee and the CHS, and Mansoor Husain, incoming President, has provided me with wonderful counsel. To all, I am extremely grateful. I would also like to express my sincere thanks to Kathy Christmas, who has done a sterling job in all the administrative aspects of the CHS. I have enjoyed my year as CHS President and look forward to continued lobbying for the Society and to working hard to ensure that the wonderful objectives of the CHS, defined 30 years ago, continue to be realized.

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by the Canadian Hypertension Society, Blood Pressure Canada, the Canadian Institute for Health Research and sanofi-aventis—provides funding for leadership in the prevention and control of hypertension. In just over two years of the inaugural Chair, major Canadian health organizations and governments have made substantive contributions with resources, personnel and energy. The Canadian pharmaceutical industry has also strongly supported the effort to treat and control hypertension. Although the Canadian Hypertension Chair concept initially appears to be effective, the funds for the Chair will be depleted in about two years. A recent donation from Bristol-Myers Squibb for $50,000 will help sustain the Chair position past 2011. The CIHR and the Heart and Stroke Foundation of Canada have each expressed interest in sustaining the Chair with a competitive five-year renewal. It is estimated that $3.5 million is required for a permanent endowment.

References:

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Readers of Hypertension Canada are invited to visit the CHS homepage at www.hypertension.ca/chs and submit suggestions on its improvement.