Hypertension CANADA

Hypertension Prevention and Control in Canada:

A Strategic Approach to Save Lives, Improve Quality of Life, and Reduce Health Care Costs

The *2011-2020 Pan Canadian Hypertension Framework* was created by health and scientific experts to address the increasing prevalence of hypertension, both the original Framework and this update support the implementation of an expanded chronic care model for Canadians with high blood pressure to reduce the burden of hypertension.

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Hypertension by the numbers

#1

Global risk for death and disability

25%

WHO 2025 global target for reduction in uncontrolled hypertension

7.5 million

Canadians living with hypertension

1/2

Canadians taking preventive action

$13 billion

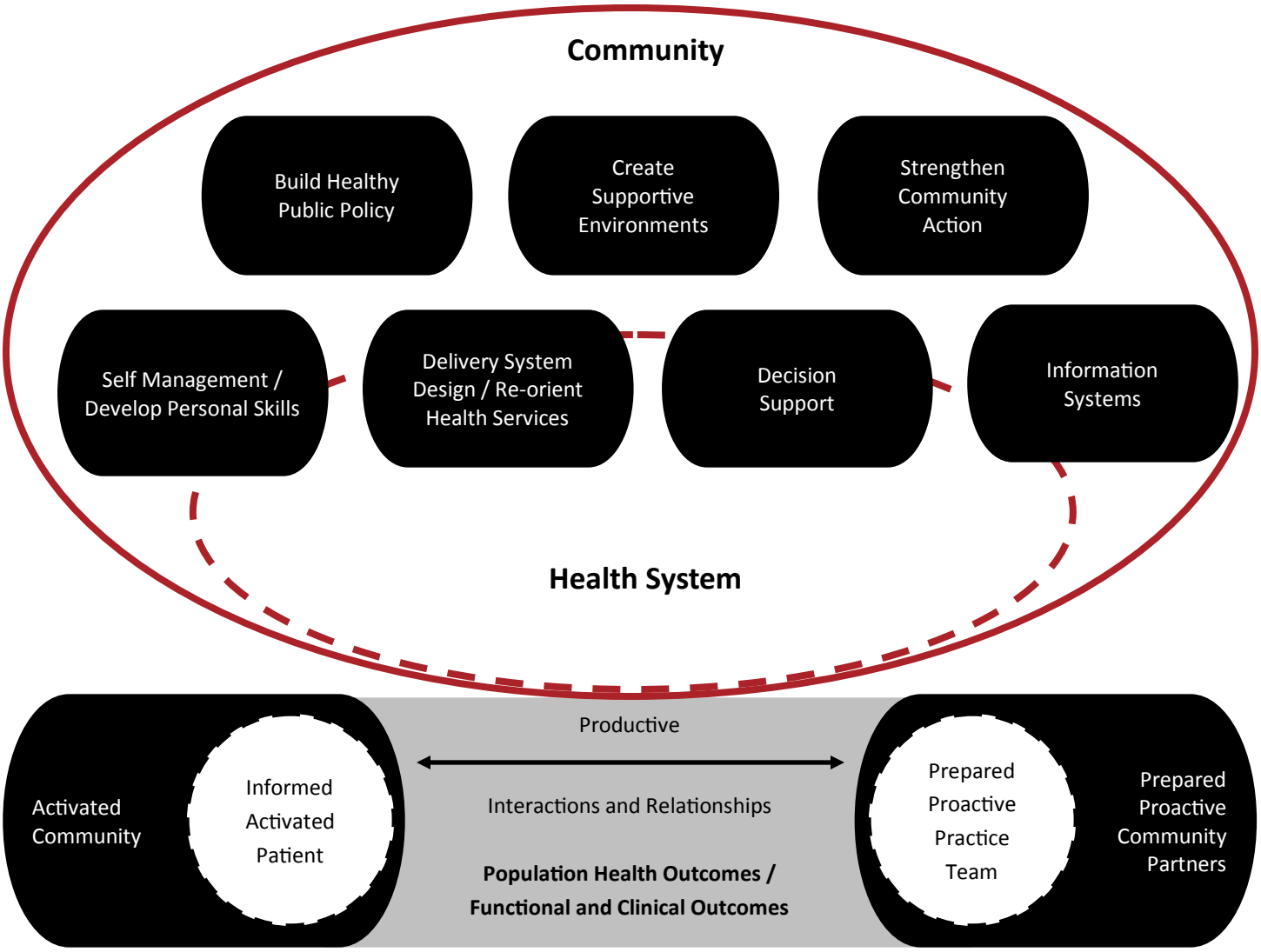
Direct and indirect health care costs in Canada

Full report at hypertension.ca/framework.

Update to the *2011—2020 Pan Canadian Hypertension Framework*
Presented at the Canadian Hypertension Congress on October 23, 2015

The Expanded Chronic Care Model

The expanded chronic care model, which has been adopted and utilized by most provinces, considers the roles of the community and the health care system. The community's role is to develop healthy public policy, create supportive environments, and strengthening community-based action. The health care system's role is to address information systems, decision supports, self-management, and the overall design of the health delivery system. New evidence supports the interventions called for in the *2011-2020 Pan Canadian Hypertension Framework*, which could reduce both the cost and the burden of hypertension-related death and disability.



Created by: Victoria Barr, Sylvia Robinson, Brenda Marin-Link, Lisa Underhill, Anita Dotts & Darlene Ravensdale (2002).

Adapted from Glasgow, R., Orleans, C., Wagner, E., Curry, S., Soldberg, I. (2001). "Does the Chronic Care Model also serve as a template for improving prevention?" *The Milbank Quarterly*, 79(4), and World Health Organization, Health and Welfare Canada and Canadian Public Health Association (1986). Ottawa Charter of Health Promotion.

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Progress Toward the 2020 Targets

The *2011-2020 Pan Canadian Hypertension Framework* sets hypertension indicator targets to reduce the burden of hypertension-related disease. Today, 68% of Canadians living with hypertension have their blood pressure under control, to the credit of multi-stakeholder efforts and Hypertension Canada's CHEP clinical practice guidelines. Little progress has been made toward these targets, and they will not be met without stronger action.

Hypertension Indicators 2007-2013	2007 - 2009	2010 - 2011	2012 - 2013	2020 Target
Hypertension prevalence	19.6%	21.8%	22.6%	13%
Adults in Canada are aware of the risk of developing hypertension and of the lifestyle factors that influence blood pressure	—	—	15 - 34% [c]	90%
Adults in Canada are aware that high blood pressure increases the risk of major vascular disease (e.g. stroke, dementia, kidney failure)	—	—	32 - 87% [b]	85%
People in Canada who have hypertension are aware of their condition	83.4%	82.9%	84.3%	95%
Those with hypertension are attempting to follow appropriate lifestyle recommendations [a]	62 - 82%	—	51% [b]	90%
Canadians initially diagnosed with hypertension with normal BP while not on antihypertensive drug treatment [a] **(i.e. lifestyle control)**	8.5%	11.1%	6.6%	40%
People unable to be successfully treated for hypertension through lifestyle therapy have appropriate drug therapy	79.9%	79.2%	79.6%	87%
People with hypertension have their blood pressure "under control"	65.9%	64.1%	68.1%	78%
Aboriginal/Indigenous "populations" have similar" rates for" blood pressure health indicators as the general population.	—	—	—	NA
Populations at higher risk have similar rates for blood pressure health indicators as the general population	—	—	—	NA

[a] The percentages are for people following specific lifestyle recommendations from the SLCDC-hypertension module 2009. The other data are from the Canadian Health Measures surveys.
[b] Hypertension Canada's Public Attitudes and Awareness Survey 2015
[c] Hypertension Canada survey in 2015: 34% were aware of the 90% risk of developing hypertension while only 15% were aware of all the lifestyle risks
"N/A" is not applicable. "—" indicates data that is not available .

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Actions to Achieve 2020 Targets

Federal, provincial and territorial governments, and the private sector, health care professionals, academia and non-governmental organizations, all play a role in the Expanded Chronic Care Model.

Build Healthy Public Policy and Create Supportive Environments	Implement effective multi-sectoral national food and physical activity policies that improve environments and create equity by making healthy choices the easy choices for all Canadians. Develop strong inter-sectoral partnerships to advocate for evidence-based policy interventions, especially regarding modifiable risk factors.
Strengthen Community Action	Scale up and sustain proven transformative community programs to meet the population's needs.
Develop Personal Skills for Better Self-Management	Ensure that people diagnosed with hypertension are actively engaged in their care and medical decisions by providing them high quality resources, such as those from Hypertension Canada, that enable self-management. Allow for individualization of treatment based on clinical circumstances and patient wishes. Practice a population-based approach in health system delivery.
Reorient / Redesign the Health Services Delivery System	Improve health outcomes by reorienting funding mechanisms so that they are patient -centred and promote the proactive prevention, identification and care of hypertension. Develop locally-adapted, evidence-based care maps for the management of hypertension that systemize care and allow for individualization of treatment based on clinical circumstances and patient wishes. Prioritize areas where populations perceived to be disadvantaged live, work and play.
Improve Decision Support	Ensure that Canadian health care professional education around hypertension is based on the highest Canadian standards of care, Hypertension Canada's CHEP Guidelines, and is culturally sensitive. Produce educational resources that enable primary care providers to counsel patients on hypertension prevention, to screen for high blood pressure, to optimally assist the patient with lifestyle and drug therapies, and to contribute to the ongoing achievement of blood pressure and health targets.
Address Hypertension in Priority Populations	Target primary chronic disease prevention in Aboriginal/Indigenous youth. Improve health outcomes by reorienting funding mechanisms so that they are patient-centred and promote the proactive prevention, identification and care of
Optimize Information Systems	Strengthen research, monitoring and evaluation to inform nutrition and health policy development: assess the impact of dietary risk factors and interventions on health outcomes.

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