July 13, 2023

Canadian Hypertension Coalition (CHC)

Background: Increased blood pressure is the leading risk for death in the world (~1 in 5 deaths is attributable to increased blood pressure) and accounts for one tenth of health care spending in Canada. Extensive research has established the main environmental causes of hypertension: diet (especially high sodium intake), obesity, physical inactivity, and excess alcohol intake) and that drug treatment is highly effective at preventing the death and disability caused by hypertension. Many policy interventions (e.g., policies to reduce the addition of sodium to foods during food processing) are effective at preventing hypertension and have very high returns on investment. Clinical interventions to treat hypertension are also cost effective in most settings and cost saving in people at high cardiovascular risk.

Currently, slightly more than one quarter of Canadians over age 20 yrs. have been diagnosed with hypertension, it is the most frequent diagnosis leading to a physician visit, the most expensive health diagnosis for provincial governments, and close to ½ of those over age 60 in Canada are treated with pharmacotherapy. Canada has been the country with the highest national rates of awareness of hypertension, treatment of hypertension and control of hypertension and has a relatively low prevalence of hypertension relative to other developed countries. Hence, Canada has been widely used as a best global practice for population hypertension prevention and control. However, the rates of awareness, treatment and control in Canadian women has been reported to have declined from 68.9% in 2012-13 to 49.2% in 2016-17.

In part, Canadian success in hypertension prevention and control is likely to be due to the contributions of a national coalition of non-governmental and governmental health organizations that were active since 1986. In 2012, the governmental organizations withdrew from the coalition and there was much less focus on implementation and evaluation of population hypertension control, potentially explaining the decline in hypertension control rate. For the last few years, there has been no active national coalition for hypertension control. Many interventions to prevent and control hypertension are at best partly implemented in Canada. Past Canadian approaches to clinically treat and control hypertension are now obsolete. Global best practices vis-a-vis the World Health Organization now include highly systematic public health approaches and are increasingly being used with great success in many middle to high income countries, but not in Canada. Several countries have surpassed Canadian rates of hypertension control in women and have improving overall rates of hypertension while Canadian rates are declining.

The effort to prevent and control hypertension requires a strong partnership between governmental and non-governmental organizations working together. There is a strong need to redevelop a national hypertension coalition.

Terms of reference for the CHC

1) The coalition will be administered by Hypertension Canada and regularly report to Hypertension Canada. Since Hypertension Canada will be incurring the administrative costs, it will be the primary organization associated with the coalition.
2) Membership will include major health organizations that are involved with the prevention and control of hypertension. The focus will be on organizations with a national mandate but will not exclude strongly committed provincial or regional organizations. Efforts will be made to include both previous and new health organizations. As the coalition moves forward, we would welcome other organizations to be the "home" of the coalition and will vote on this every 2 years. Ideally, this would help create a queue of other interested organizations and would ensure the life of the coalition.
3) Individuals representing member organizations on the coalition will be selected by the national organizations to be committed to and interested in the cause, report back regularly to the organization and advocate for action within the organization.
4) The Coalition Chair will be selected by Hypertension Canada and the representatives of the member organizations. The Chair will have a 2-year renewable term.
5) The coalition chair will oversee the work of the coalition including developing and maintaining the membership, developing agendas, approving minutes before dissemination and annually reporting to the coalition members.
6) The coalition and its members will
    - Prioritize actions for the prevention and control of hypertension.
    - Based on priorities, develop and facilitate the broad knowledge translation of policy statements and interventions that would directly or indirectly prevent and control hypertension and that could receive broad endorsement from national health and public health organizations.
    - Assist in advocacy efforts to governmental and non-governmental organizations for the prevention and control of hypertension including population-based interventions, health care delivery systems and increased capacity for community-based programs especially those aimed at vulnerable populations and people who have been identified to have hypertension management gaps.
    - If governmental organizations are do not join the coalition, a priority will be to encourage provincial and federal governmental organizations to form a national hypertension control program as is the case for many other countries.

Expected activities. The coalition membership is expected to be active with two to four meetings (that can be virtual) annually, electronic communication between meetings and regular review of material.