GEORGIA STROKE AND HEART ATTACK PREVENTION PROGRAM (SHAPP)

Million Hearts™—Success in Blood Pressure Control

FAST FACTS

Location: Georgia

Innovations: Expand activities in the public health system to prevent heart disease among low-income residents by providing low-cost medication, tracking appointments and progress, and providing for long-term management.

Improvement: Percentage of residents with blood pressure under control rose to 68%.

DEMONSTRATED RESULTS

SHAPP was less costly and resulted in better health outcomes than either no preventive care or usual care. In fiscal year 2003, the proportion of SHAPP patients with blood pressure under control was 60% and 68% in two districts, respectively, compared to the national average of 31%. Compared with no preventive care, the program was estimated to result in 54% fewer adverse events than national rates. Compared with usual care, the program was estimated to result in 46% fewer expected adverse events. Combining the costs of preventive treatment with the costs of expected adverse events, SHAPP cost an average of $486 per patient annually, compared with the average annual costs of $534 for no care and $624 for usual care nationally.

INNOVATIVE APPROACH

According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, 1.7 million Georgians had hypertension in 2004. Of those, 469,800 were low-income, uninsured, or underinsured residents and, therefore, potentially eligible for the SHAPP education and direct service program. Of the more than 15,000 patients served by SHAPP, most were between 30 and 59 years old and most were African American. SHAPP services included screening and case management for hypertension through county health departments as well as referrals to doctors and treatment. Once enrolled, clients were provided with hypertension medications and services at low or no cost. Local public health nurses used tracking systems for appointments and for monitoring patient status. These nurses also served as case managers, handling problems, appointments, adherence to taking medications, and other lifestyle interventions. Once blood pressure was under control, clients' long-term health status was managed jointly with a private doctor or through public health clinics.

For details about the program, go to: **www.cdc.gov/pcd/issues/2006/jan/05_0143.htm**