

School of Pharmacy

REACHES OUT *to Save a Heart*

As 2007 came to a close, a new outreach, education, and intervention program, designed to serve a group of Baltimore residents whose hypertension is under-diagnosed and under-treated, became a reality.

“The program, funded by CareFirst BlueCross BlueShield, is designed to improve not only awareness but also outcomes of cardiovascular disease [CVD] in African-American males in the greater Baltimore metropolitan area,” says Fadia Shaya, PhD, MPH, associate professor in the Department of Pharmaceutical Health Services Research and the program’s principal investigator. “Mortality rates from cardiovascular disease for African-American males ages 35 to 64 is twice that of Caucasian men in the same age group. Many are not diagnosed until they are in the emergency room.”

Called the Maryland CVD Men’s Health Promotion Program, or MVP for short, the program is funded at \$1 million and runs through June 2010. It is designed to recruit 600 men using “recruitment chains,” by which members of the community are organized into 15 teams to recruit 40 patients per team from area family practice and emergency room sites.

“Reaching out to patients one at a time is much too slow,” explains Shaya. “The problem is that we’ve been doing it one brick at a time. By the team method, we build a recruitment chain where one recruited person is asked to recruit two more. By repeating that process over and over, we hope to reach our 600 patients very quickly.”

The program includes a board of advisors comprised of leaders from the School of Pharmacy, various area health care organizations, governmental organizations, and community and religious groups and is chaired by Shaya and Professor Elijah Saunders, MD, of the School of Medicine.

PharmD and PhD students at the School as well as medical students also will be involved, says Shaya.

“We want to provide interventions that increase the number of African-American men who know what their blood pressure numbers are and who can effectively reduce those numbers,” explains Shaya.



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“We also want to increase their access to medications, promote their compliance, urge them to quit smoking if they smoke, and encourage them to exercise and to eat a healthier diet.”

To afford maximum community coverage, recruitment will take place at a variety of venues, says Shaya. Educational pamphlets will be distributed at participating barbershops, a mass media campaign will target middle-aged black men, and faith-based organizations will participate.

Clinical interventions at selected practice sites will include a pharmacist and a research nurse taking vital signs and getting compliance information. Patients will fill out monthly forms documenting their participation. After six months of follow-up, each patient in the initial groups will be asked to recruit at least two new men, following the “buddy system,” says Shaya. The cycle will be repeated until 600 are recruited.

“Our goal is to try to prevent stroke and heart attacks among men who are at high risk,” concludes Shaya. “The way to do this is to not only identify those at risk, but also to provide them with education and access, and initiate intervention. We also think that this approach will provide benefits beyond the conclusion of the program.”

—*Randolph Fillmore*

