

All Aboard!

Bus tour drives home the importance of healthy blood pressure levels.

In 1967 the Beatles boarded a bus and embarked on a *Magical Mystery Tour*. In 1992 running mates Bill Clinton and Al Gore launched their 1,000-mile road trip to win America's heartland. This past fall, it was the ANA's turn to get behind the wheel of a 10-city, cross-country bus tour as part of its "Take Action for Healthy Blood Pressure" campaign.

The campaign's goal was to inform as many consumers as possible about the new blood pressure guidelines developed by the National Heart, Lung, and Blood Institute (NHLBI) with the ANA's assistance, as well as the importance of managing their blood pressure. To help accomplish those goals, the ANA called on its state-based associations to supply the nurse power and expertise at blood pressure screenings at each of the tour's 10 stops, from New York City to Los Angeles to Atlanta.

"High blood pressure is an underrecognized national public health crisis," says ANA President Barbara Blakeney, MS, RN. "The public needs to know that although high blood pressure has no symptoms, it may have serious health consequences."

Blakeney shared some startling statistics about hypertension on NBC's *Today* on September 23, 2004—the day the tour was launched in New York City. More than 65 million Americans have high blood pressure, she pointed out, and about 70% of them either don't know it or don't have it under control.

Not only did the *Today* broadcast and other media attention throughout the bus tour spotlight the problem of hypertension, but they also showcased the knowledge nurses have and their commitment to the public's health.

"This bus tour really helped portray nurses as knowledge brokers, community activists, and caring persons," says Lynn Wieck, PhD, RN, president of the Texas Nurses Association (TNA).

THE CAMPAIGN, THE GUIDELINES

In spring 2004 Novartis Pharmaceuticals kicked off its Take Action for Healthy Blood Pressure campaign with the ANA as a strategic partner in this groundbreaking health education initiative. The ANA's first action was to conduct an educational session at its summer 2004 convention to inform RNs about the depth of the problem and the updated guidelines.

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) was released by the NHLBI in May 2003. The updated guidelines are more stringent than previous measures and define normal blood pressure for most adults as less than 120/80 mmHg. Adults who have a systolic pressure between 120 and 139 mmHg or a diastolic pressure between 80 and 89 are now considered prehypertensive and require lifestyle modifications to prevent cardiovascular disease.

Furthermore, the guidelines now say that prescription medication, along with lifestyle changes, may be recommended for those

whose blood pressure equals or is greater than 140/90 mmHg.

A study published in the October 25, 2004, issue of *Archives of Internal Medicine* provided even more reason to promote the JNC 7 guidelines. According to the Agency for Healthcare Research and Quality, for every 10,000 adults between the ages of 25 and 74 years, prehypertension and residual—or inadequately controlled—hypertension together account for almost 14% of deaths, nearly 10% of nursing home admissions, and 4.7% of hospital admissions.

So to further address this health problem, the ANA took on another major campaign role—the national bus tour—and used its natural resources—nurses—to educate consumers one on one. From the start, the ANA's participation in the Take Action for Healthy Blood Pressure campaign was solely educational, with no endorsement of any specific medication, equipment, or company. Novartis sponsored the tour and provided logistical support.

"The ANA and some of our constituent member associations also believed it was important for their members to have an avenue for member participation that was clinically focused," says Mary Jean Schumann, MSN, MBA, RN, CPNP, the ANA's director of nursing practice and a screening volunteer.

Massachusetts Association of Registered Nurses (MARN) president Susan Krupnick, MSN, APRN, BC, agrees. "This activity shows that nurses are here for patients—wherever they are. I believe any association should be centered on helping patients through clinical avenues."

Susan Trossman is the senior reporter for the American Nurse, published by the ANA.

ROAD TRIP

After its kickoff in New York City, the tour made its way to Philadelphia, Boston, Minneapolis, Seattle, Los Angeles, Phoenix, Houston, and Tampa, Florida, and ended in Atlanta on November 19 and 20. The screenings drew between roughly 300 and 750 people in every city.

And at every four-hour screening, nurse volunteers talked with consumers about their blood pressure numbers, stressed the dangers of letting elevated levels go unchecked, and supplied information about lifestyle modifications, such as following the Dietary Approaches to Stop Hypertension (DASH) eating plan and exercising routinely.

Additionally, nurses encouraged consumers to work with their health care professional to set a healthy blood pressure goal. Nurses referred the homeless or uninsured to local free or low-cost clinics.

One member who was present at every tour stop was Florida Nurses Association member Joanna Sikkema, RN, ANP, who helped coordinate the screenings—and participated in many of them. “The ANA called me, and I thought, ‘What an opportunity to meet other nurses from other state associations and talk with people about prevention and risk reduction,’” says Sikkema, an adult nurse practitioner. “It was a perfect fit.”

Throughout the 10-week tour, Sikkema saw patients at her Florida clinic during the week and then flew to each city to meet with nurse volunteers to review the *JNC 7* guidelines prior to the weekend screenings.

“Every venue was different in some way,” Sikkema says. “But one thing we learned is that our numbers matched the national statistics in terms of people with prehypertension and hypertension. And we saw—and edu-

cated—a lot of young people with high blood pressure.”

In Boston, more than 20 RNs, along with student nurses, screened nearly 600 consumers, according to Krupnick.

“We saw people from the Boston area—firefighters, park rangers, construction workers, and office staff,” Krupnick says. “And we saw people visiting from Scotland, Ireland, Japan, and Korea. Everybody saw the big bus and wanted to get evaluated.

“People were so happy that nurses were performing the screenings. One patient told me that she learned more in 10 minutes talking with a nurse than she had ever known about hypertension—and she’d had it for years.”

Fortunately, volunteer and MARN board member Jack McSweeney, APRN, knew sign language and was able to provide two deaf people with information. In another instance, a man in his 30s was worried

about his blood pressure. He didn't think he could be screened because he had his hands full with a little boy and a big dog. Krupnick watched the child and dog nearby while the man was screened—his blood pressure was normal.

In Houston, the response from nurses who wanted to volunteer was so great that the TNA had to turn down some members. In all, there were about 70 nurse volunteers and student nurses who saw close to 700 persons during the Texas screenings.

Houston was selected as one of the tour stops because, "We have sizable Hispanic and African American populations, and ethnic minorities have a predisposition for hypertension," Wieck says. "Also, Houston had the dubious distinction of being the 'fattest' city in America in a national poll last year, and we're still No. 2."

At the Houston screening, Wieck reports that nurses saw people with dangerously high blood pressure—some of whom had to be referred to the ED—and many people who fell into the prehypertension category. Overall, Wieck describes the entire event as "totally positive."

"We had great media support," she says. "Patients appreciated us, and nurses felt like they made a real contribution."

In Los Angeles, a number of nurse experts from Cedars-Sinai Medical Center, participated in the screenings. Among them was ANA/California member Shirley Pate, MEd, RN.

"I always see people who are hypertensive. Many times it's because they are not taking their medications," Pate says. "Sometimes they don't even know the difference between their medications for blood pressure and diabetes, so

patient teaching is an important part of these screenings."

Marlene Oberfoell, RN, a staff nurse in Cedars' cardiac ICU, volunteers as a way of giving to the community. "In the ICU, I see a lot of people who are going through heart failure or who've had a heart attack or stroke because they have uncontrolled blood pressure," Oberfoell says. "It's better to find the problems first, and most people who come to screenings are receptive to getting information."

As Cedars nursing education program coordinator Gail Milan, RN, says, "Nursing isn't just about treating sick people, it's about encouraging health."

The ANA is currently considering additional blood pressure initiatives this year. For more information on the campaign, go to the ANA Web site (www.nursingworld.org) and click on the banner to the right, or visit www.healthybloodpressure.org. ▼