LETTERS TO THE EDITOR

URBAN HIGH SCHOOL STUDENTS CAN SUCCESSFULLY SCREEN FOR HIGH BLOOD PRESSURE IN THEIR COMMUNITY

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To the Editor:

Targeting Hispanics for blood pressure screening is crucial since they are significantly less likely to be aware of their condition, to be on medication, or to have their hypertension under control compared to their non-Hispanic White counterparts. Indeed, the American Heart Association Minority Health Summit recommends using community members as health educators to raise hypertension awareness in their communities. ²

In a pilot study, we observed that it was feasible to train Los Angeles high school students to screen members of their communities for elevated blood pressure (BP).³ The American Heart Association (AHA) and District Nursing Services at the Los Angeles Unified School District (LAUSD) partnered again in 2008 to conduct a larger confirmatory study. Using generally similar methodology,³ we recruited and trained 714 students from health education, biology and economics classes at nine high schools in predominantly Hispanic communities within the LAUSD for a community outreach program aimed at screening BP. Individuals found with a practically obtained standardized single measurement to have elevated BP (ie, systolic BP \geq 140 mm Hg or diastolic BP \geq 90 mm Hg) were provided with educational materials and physician referral was recommended or initiated. Each student on average completed seven screenings, the overwhelming numbers of which were performed on a family member or friend. Of 6525 adults screened, age ranged from 18-106 years (median 33 years), 73% were Hispanic, 56% female, 23% spoke Spanish only, 18% had known hypertension, 12% were on a BP lowering

agent. Twenty percent of the screened cohort had elevated BP, of whom 62% had never been previously diagnosed with hypertension. Among other vascular risk factors, 24% were obese (body mass index \geq 30 mg/m²), 26% were sedentary (no exercise longer than 30 minutes duration on any day of the week). Per actual student verification, 49% of those with elevated BP during the screenings pursued follow-up care with a health professional.

This study confirms that urban high school students can be used to implement a large-scale BP screening and education intervention in their communities. The merits of engaging students as community outreach workers have previously been noted and include linguistic/cultural appropriateness, access, cost-effectiveness, and increased awareness of self risk.³ As such, we believe the involvement of minority high school students to conduct BP screenings in their communities is a worthwhile intervention strategy, and may also be applicable to other highly prevalent, under-recognized, and undertreated conditions in these populations.

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