

# Cardiovascular Disease Prevention and Control: Interventions Engaging Community Health Workers

## Summary Evidence Table - Medication Adherence Outcomes

Author (s) (Suitability of Design)*	Outcome Name	Baseline:	End of Intervention:	Change in medication adherence outcome (Diff. in diff of means OR absolute pct pt change)
Cooper et al. 2011 (Greatest)	Medication adherence (hypertension)	Intervention (n=269): NR	Intervention (n=199): NR	No improvements in medication adherence
Hovell et al. 1984 (Least)†	Change in medication adherence rate (pill counts x 100)	Intervention (n=10): 69% Comparison (n=10): NR	<b>Follow-up NR</b> Intervention (n=10): 84.0% Comparison (n=10): NR	15.0 pct pts (p<0.01) Favorable direction
Jones et al. 2008 (Least)†	Proportion of participants with Medication Adherence (hypertension)	NR	NR	Improved: 8% No Change: 68%
Jones et al. 2008 (Least)†	Proportion of participants with improved diet and exercise recommendation adherence	NR	NR	47% (49 of 105) with improvements (NS)
Shlay et al 2011 (Least)†	Medication adherence (cholesterol)	Intervention (n=486): 70.1% Comparison (n=480): 73.9 %	<b>12 mo.</b> Intervention (n=343): 78.5% Comparison (n=340): 75.9 %	6.4 (NS) Favorable direction
Shlay et al. 2011 (Least)†	Medication adherence (hypertension)	Intervention (n=486): 69.1% Comparison (n=480): 78.8 %	<b>12 mo.</b> Intervention (n=343): 75.8% Comparison (n=340): 82.1%	3.4 (NS) Favorable direction

\* Included studies were stratified based on suitability of study designs. Study designs of greatest/moderate suitability include: individual or group randomized controlled trial, non-randomized trial, prospective cohort, case-control, and other designs that have a concurrent comparison group. Study designs least suitable include before-after studies without a comparison group.

† overall study has greatest suitability of design, but health behavior outcomes not reported for comparison group

### Abbreviations:

pct pts, percentage points

NR, not reported

NS, not significant