



American Heart Association®

Target: BP™

JULY 2026

American Heart Association® Community-Based Blood Pressure (BP) Screening Guidance



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Background

This comprehensive document provides guidance to community-based organizations (CBO) for BP screening programs and events. This document addresses BP procurement and maintenance, CBO screener training and proper BP measurement and technique. It also provides recommendations for CBO screeners to address BP measurements obtained during BP screenings.

Purpose

To provide guidance for planning, training, and implementation of BP measurement during community-based BP screening events.

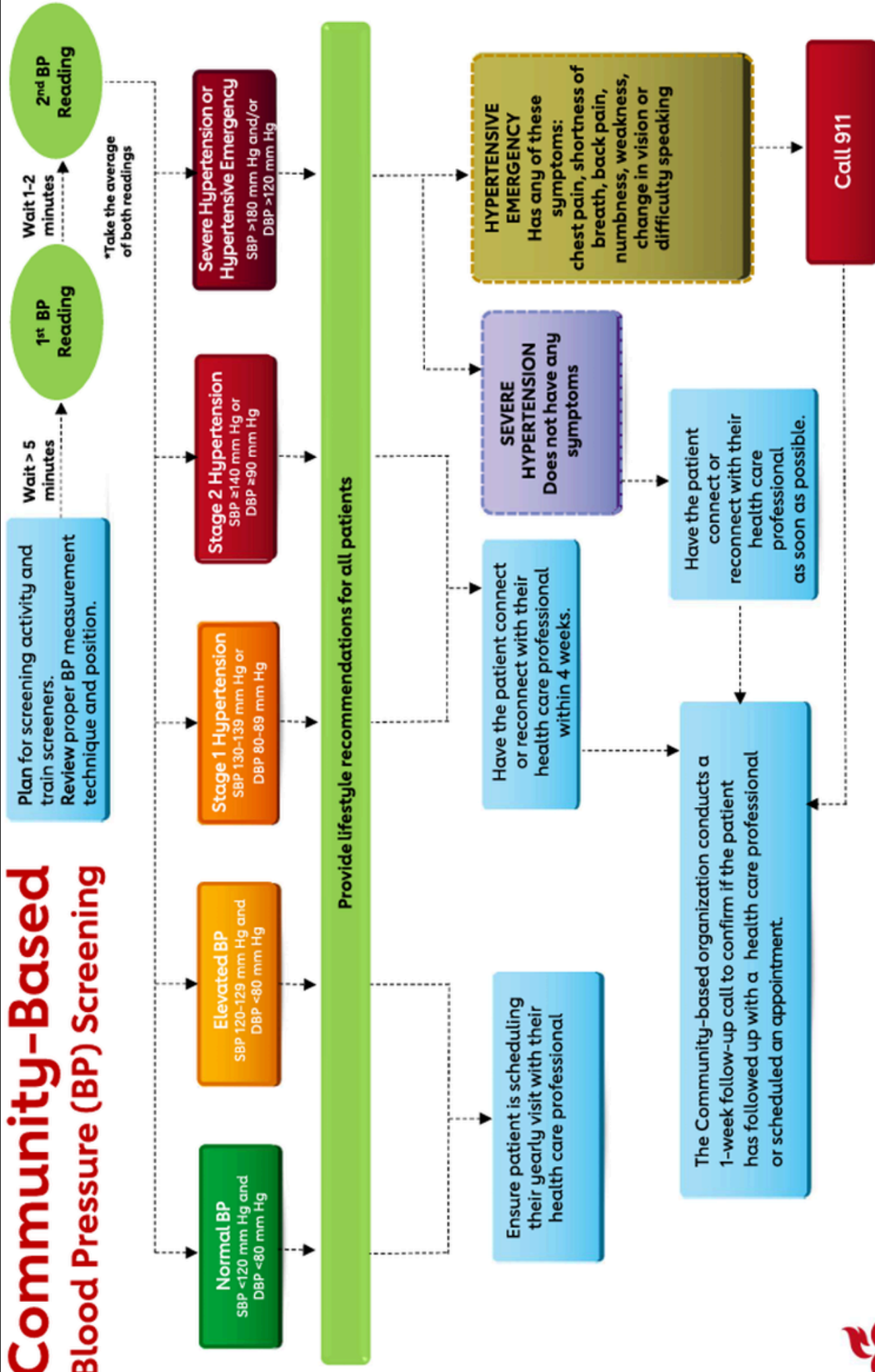
Scope

This guidance applies to BP screening programs or events conducted by CBOs.

Rationale

- Almost half of the people in the U.S. have high BP, and many are unaware they have it. In fact, fewer than half of the people in the U.S. with high BP have it controlled — a trend that's worsening.
- Screenings are important because high BP usually has no symptoms and can't be detected without being measured. High BP greatly increases your risk of heart disease and stroke.
- Local partnerships and community services can strengthen healthcare. One way to improve BP control outside of the clinical setting is to partner with CBOs. This approach supports communities by considering unique characteristics, such as cultural practices, languages, and settings (urban or rural).
- Community-based BP screenings can encourage people to seek regular healthcare maintenance, identify people with raised BP and guide them to seek medical care regarding their BP.

Community-Based Blood Pressure (BP) Screening



This guide helps people check blood pressure safely in the community and know when to send someone for care, including emergencies or if a patient feels unwell. While the American Heart Association does not have official rules for community screenings, this guide gives simple tips to help connect people to care.

*** For all adults:** Per the 2025 American Heart Association High Blood Pressure Guideline: Encourage annual blood pressure measurement as part of routine clinical care, with more frequent reassessment for individuals with elevated or high readings.

Section 1:

Information for CBO to Organize a BP Screening Event

Planning for a Screening Activity

- ☐ Obtain a BP device that has been validated for clinical accuracy. Recommend using a validated, oscillometric (digital) BP device.
 - ☐ See [ValidateBP.org](https://www.validatebp.org) for validated home, in-office or kiosk devices.
 - ☐ Use appropriate cuff sizes that have been validated with the BP devices for participants, including small adult, adult, large adult, extra-large adult and pediatric, as indicated.
 - ☐ Oscillometric or semi/fully automated digital devices are recommended over manual (auscultatory) devices. Compared with aneroid devices, oscillometric blood pressure monitors generally require less frequent calibration and maintenance to maintain measurement accuracy.
 - Aneroid/manual devices require a stethoscope, auscultation and psycho-motor skills to inflate or deflate a manual cuff. The complexity of aneroid/manual devices may contribute to additional measurement errors.
 - It is important to maintain the equipment, calibrating it based upon the manufacture's guidelines. Calibration for oscillometric digital (automatic) devices is typically every 1-2 years per manufacturer's instruction.
 - Using non-validated or uncalibrated devices can lead to inaccurate readings that significantly over- or underestimate actual BP, both of which can be dangerous.
- ☐ Create a physical environment conducive to screening.
 - ☐ Establish a quiet environment to measure BP, such as a private room or secluded area.
 - ☐ Secure a chair with a supportive back.
 - ☐ Ensure participants have a place to rest their arm so the upper arm cuff will be aligned at heart level.
 - ☐ Have a foot support available on which a participant can rest their feet if their feet cannot reach the floor when seated.
 - ☐ Display a visual reminder of proper measurement technique to remind the screener and the participant of proper positioning ([see Exhibit A](#)).
 - ☐ Locate a nearby restroom so participants can easily empty their bladder prior to screening.

Preparing the Screener

- ☐ Ensure that all screeners have been trained in BP measurement prior to screening participants, regardless of whether they have experience measuring BP or whether they work as a healthcare professional.
 - Screeners should be trained at a minimum every 6-12 months. If the screener performs the task infrequently (such as less than monthly), then a refresher training should be considered.
- ☐ At a minimum, educate the person on how to operate the specific BP measurement device, including:
 - ☐ A review of all the functions of the device and cuff options.
 - ☐ Access to the product manual to support troubleshooting (alerts, battery replacement, etc.)
- ☐ Provide instructions on how to measure BP, including the participant preparation and positioning.
 - ☐ Consider having the screener watch a 4-minute training video on self-measured BP technique (available in [English](#) and [Spanish](#)). Review positioning graphics ([see attached Exhibit A](#)).
- ☐ Request a return demonstration of proper technique from the screener.
 - Improper BP measurement and technique can significantly underestimate or overestimate actual BP, both of which can be dangerous.
- ☐ Define the process for participant screening.
 - How will the participants flow through the activity/event?
 - How should screeners communicate information with participants, such as providing instructions for scheduling follow-up or referrals with a primary care physician (PCP)?
 - We recommend providing written recommendations to participants for follow-up.
- ☐ Advise screeners to keep participant information **confidential**, ideally aligned with HIPAA guidance.

Section 2:

Information for BP Screener During BP Screening Event

Definitions

- **Systolic BP (SBP)**, or the top number, indicates how much pressure blood exerts against artery walls when the heart beats, measured in millimeters of mercury (mm Hg).
- **Diastolic BP (DBP)**, or the bottom number, indicates how much pressure blood exerts against artery walls while the heart relaxes between beats, measured in mm Hg.

Participant Preparation Prior to BP Screening

- ☐ Advise participants not to smoke, drink caffeinated beverages or exercise 30 minutes before BP screening.
- ☐ Ask participants if they are already on BP medication, when they regularly take their BP medication and whether they have taken BP medication today.
- ☐ Ensure that participants have emptied their bladder.
- ☐ Both the participant and the screener should refrain from talking or moving around for at least 5-minutes of rest to and during measurement.

BP Screening Position

- ☐ Choose a location that is quiet and temperature controlled.
- ☐ Use an upper-arm cuff BP measurement device that has been validated for clinical accuracy (see [ValidateBP.org](https://www.validatebp.org)).
- ☐ Ask the participant to sit in a chair with feet flat on the floor and back supported against a wall or chair back.
- ☐ Provide a foot rest if the participant's feet don't reach and rest on the floor.
- ☐ If comfortable, ask the participant to remove clothing on the upper arm where the cuff will be placed. Ensure a rolled-up sleeve does not create a tight tourniquet on the upper arm. Additional privacy may be needed.
- ☐ Select a cuff appropriate to the participant's arm size.
 - ☐ BP cuff bladder length should be 75%-100% of the patient's measured arm circumference.
 - ☐ BP cuff bladder width should be at 37%-50% of the patient's arm circumference (a length-to-width ratio of 2:1).

- ☐ Position the BP cuff on the middle of the participant's upper arm at heart level.
- ☐ Apply the BP cuff tightly enough so the screener can put one finger at the top and bottom of the cuff easily or two fingers snugly.
- ☐ Provide support for the participant's arm so the cuff is at heart level (e.g., resting on a desk or table) so it's relaxed.

IMPORTANT NOTE:

Using a cuff that's too large will falsely lower BP readings while a cuff that's too small will falsely elevate BP readings.

BP Screening**

- ☐ Rest at least 5 minutes, once in position. The screener and the participant should refrain from talking or moving around. The participant should not be distracted by a phone or other activity.
- ☐ Obtain the BP reading. Wait at least one 1 minute and re-check the reading. Average the readings. See [Exhibit B](#) for more information.
 - **Normal:** SBP < 120 mm Hg and DBP < 80 mm Hg
 - **Elevated BP:** SBP 120-129 mm Hg and DBP < 80 mm Hg
 - **Hypertension (High BP):** SBP ≥ 130 mm Hg or DBP ≥ 80 mm Hg
 - **Severe Hypertension/ Hypertensive Emergency:** SBP > 180 mm Hg and/or DBP > 120 mm Hg
 - **Hypertension Stage 2:** SBP ≥ 140 mm Hg or DBP ≥ 90 mm Hg
 - **Hypertension Stage 1:** SBP 130-139 mm Hg or DBP 80-89 mm Hg
 - **Hypotension (Low BP):** SBP < 90 mm Hg and/or DBP < 60 mm Hg
- ☐ Refer to appropriate BP category after BP check.
- ☐ Provide the participant with their BP readings. A diagnosis of high BP must be made by a medical professional.
- ☐ If not already receiving routine care from a primary care physician (PCP), recommend that the participant have an annual in-office BP screening with their PCP even if the measurement is normal. If the participant does not have a PCP, encourage or facilitate access to routine care.
 - ☐ Recommend annual in-office screening by PCP for adults ≥ 40 years old and in adults at increased risk for hypertension (i.e. people who are Black, people with high-normal BP or people who have overweight or obesity).*
 - ☐ Recommend screening every 3-5 years for adults 18-39 years old not at increased risk for hypertension and with a prior normal BP reading.*

*Guidance per the United States Preventive Services Taskforce.

**DISCLAIMER: This guidance is informed by the current science on BP measurement and the classification of BP levels. It is provided to support community-based efforts to conduct BP screening and to improve safety through referrals to clinical care (with particular attention to urgent or emergent situations) as indicated based upon BP levels. Community-based screening has not been addressed in existing American Heart Association science advisories or guidelines.

BP Reading

1) If reading is equivalent to Severe Hypertension / hypertensive emergency: SBP > 180 mm Hg and/or DBP > 120 mm Hg

- ☐ **Ask:** Any chest pain, shortness of breath, back pain, numbness/tingling, dizziness, change in vision, headache, arm weakness, facial droop, slurred speech or difficulty speaking?
 - ☐ **Yes:** Hypertensive Emergency with signs or symptoms
 - Call 911. For more information, see [When To Call 911 About High Blood Pressure](#).
 - With participant's consent, if able, call participant's PCP to provide a medical update.
 - One-week follow-up call by CBO:
 - Did you follow up with your PCP or do you have a follow-up appointment scheduled?
 - Would you like assistance re/connecting with a PCP?
 - Encourage the participant to follow-up with their PCP.
 - ☐ **No:** Severe Hypertension without signs or symptoms
 - Have participant connect or reconnect with a medical care professional or their PCP as soon as possible.
 - One-week follow-up call by CBO:
 - Did you follow up with your PCP or do you have a follow-up appointment scheduled?
 - Would you like assistance re/connecting with a PCP?
 - Encourage the participant to follow-up with their PCP.

2) If reading is equivalent to stage 2 hypertension: SBP ≥ 140 mm Hg or DBP ≥ 90 mm Hg

- ☐ Provide information on the role of lifestyle modification in lowering BP.
 - ☐ Counsel participant on [Life's Essential 8](#).
 - ☐ Increase physical activity.
 - ☐ Eliminate or limit alcohol to ≤ 1 drink/day for women and ≤ 2 drinks/day for men. Maintain a healthy weight.
 - ☐ Adopt a heart healthy diet such as a DASH diet.
 - ☐ Limit sodium intake.
 - ☐ Manage stress.
 - ☐ Quit smoking.
 - ☐ Take medications as directed.



- ☐ Have participant connect or reconnect with their PCP within 4 weeks. This is especially important with BPs equivalent to stage 2 hypertension.
- ☐ One-week follow-up call by CBO:
 - Did you follow up with your PCP or do you have a follow-up appointment scheduled?
 - Would you like assistance re/connecting with a PCP?
 - Encourage the participant to follow-up with their PCP.

3) If reading is equivalent to stage 1 hypertension: SBP 130-139 mm Hg or DBP 80-89 mm Hg

- ☐ Provide information on the role of lifestyle modification in lowering BP.
 - ☐ Counsel participant on [Life's Essential 8](#).
 - ☐ Increase physical activity.
 - ☐ Eliminate or limit alcohol to ≤ 1 drink/day for women and ≤ 2 drinks/day for men. Maintain a healthy weight.
 - ☐ Adopt a heart healthy diet such as a DASH diet.
 - ☐ Limit sodium intake.
 - ☐ Manage stress.
 - ☐ Quit smoking.
 - ☐ Take medications as directed.
- ☐ Have participant connect or reconnect with their PCP within 4 weeks.
- ☐ One-week follow-up call by CBO:
 - Did you follow up with your PCP or do you have a follow-up appointment scheduled?
 - Would you like assistance re/connecting with a PCP?
 - Encourage the participant to follow-up with their PCP.

4) If reading is equivalent to elevated BP: SBP 120-129 mm Hg and DBP < 80 mm Hg

- ☐ Provide information on the role of lifestyle modification in lowering BP.
 - ☐ Counsel participant on [Life's Essential 8](#).
 - ☐ Increase physical activity.
 - ☐ Eliminate or limit alcohol to ≤ 1 drink/day for women and ≤ 2 drinks/day for men. Maintain a healthy weight.
 - ☐ Adopt a heart healthy diet such as a DASH diet.
 - ☐ Limit sodium intake.
 - ☐ Manage stress.
 - ☐ Quit smoking.
 - ☐ Take medications as directed.



- ☐ Have participant connect or reconnect with their PCP for an update on health maintenance if they have not been evaluated within the last year or if health or symptoms have changed.
- ☐ If not already receiving routine care from a PCP, recommend the participant have an in-office BP screening with their PCP. If the participant doesn't have a PCP, encourage or facilitate access to routine care.
 - ☐ Recommend annual in-office BP screening by PCP for adults ≥ 40 years old and in adults at increased risk for hypertension (such as people who are Black, people who have high-normal BP or people who have overweight or obesity).*
 - ☐ Recommend screening every 3-5 years for adults 18-39 years old not at increased risk for hypertension and with a prior normal BP reading.*

5) If reading is equivalent to normal BP: SBP < 120 mm Hg and DBP < 80 mm Hg

- ☐ Provide lifestyle recommendations.
 - ☐ Counsel participant on [Life's Essential 8](#).
 - ☐ Increase physical activity.
 - ☐ Eliminate or limit alcohol to ≤ 1 drink/day for women and ≤ 2 drinks/day for men. Maintain a healthy weight.
 - ☐ Adopt a heart healthy diet such as a DASH diet.
 - ☐ Limit sodium intake.
 - ☐ Manage stress.
 - ☐ Quit smoking.
 - ☐ Take medications as directed.
- ☐ Have participant connect or reconnect with their PCP for update on health maintenance if they have not been evaluated within the last year or if health or symptoms have changed.
- ☐ If not already receiving routine care from a PCP, recommend the participant have an in-office BP screening with their PCP. If the participant doesn't have a PCP, encourage, or facilitate access to routine care.
 - ☐ Recommend annual in-office BP screening by PCP for adults ≥ 40 years old and in adults at increased risk for hypertension (such as people who are Black, people who have high-normal BP or people who have overweight or obesity).*
 - ☐ Recommend screening every 3-5 years for adults 18-39 years old not at increased risk for hypertension and with a prior normal BP reading.*



6) If reading is equivalent to hypotension: SBP < 90 mm Hg and/or DBP < 60 mm Hg

How low is too low for blood pressure? A low blood pressure reading is usually good.

Some people with very low blood pressure have a condition called hypotension. This occurs when blood pressure is less than 90/60 mm Hg. Low blood pressure is usually not harmful unless there are other symptoms that concern a healthcare professional.

Hypotension is not part of the Heart Association's blood pressure classification scheme. It is included for educational purposes based on commonly used clinical definitions from other sources.

- ☐ **Ask:** Any of the following: confusion, dizziness, nausea, fainting, fatigue, neck or back pain, headache, blurred vision, heart palpitations (or feelings that your heart is skipping a beat, fluttering or beating too hard or too fast)?
 - ☐ **Yes:** with signs or symptoms
 - Call 911.
 - With participant's consent, if able, call participant's PCP to provide a medical update.
 - One-week follow-up call by CBO:
 - Did you follow up with your PCP or do you have a follow-up appointment scheduled?
 - Would you like assistance re/connecting with a PCP?
 - Encourage the participant to follow-up with their PCP.
 - ☐ **No:** feels normal and no complaints compared to usual baseline
 - Provide lifestyle recommendations.
 - ☐ Counsel participant on Life's Essential 8.
 - ☐ Increase physical activity.
 - ☐ Eliminate or limit alcohol to ≤ 1 drink/day for women and ≤ 2 drinks/day for men. Maintain a healthy weight.
 - ☐ Adopt a heart healthy diet such as a DASH diet.
 - ☐ Limit sodium intake.
- ☐ If not already receiving routine care from a PCP, recommend the participant have an in-office BP screening with their PCP. If the participant doesn't have a PCP, encourage, or facilitate access to routine care.



- ☐ Recommend annual in-office BP screening by PCP for adults ≥ 40 years old and in adults at increased risk for hypertension (such as people who are Black, people who have high-normal BP or people who have overweight or obesity).*
- ☐ Recommend screening every 3-5 years for adults 18-39 years old not at increased risk for hypertension and with a prior normal BP reading.*

*Guidance per the United States Preventive Services Taskforce.

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Appendix

Exhibit A: Home Blood Pressure Measurement Instructions



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HOME BLOOD PRESSURE MEASUREMENT INSTRUCTIONS

Before You Measure

- No smoking, caffeinated beverages, alcohol or exercise 30 minutes prior.
- Use a validated device with the correct cuff size. (Visit [Validate BP](#) to find a device you can trust.)
- Empty your bladder.
- Sit quietly for more than 5 minutes and do not talk.

Proper Positioning

- Sit upright with back supported, feet on floor and legs uncrossed.
- Rest your arm comfortably on a flat surface at heart level.
- Wrap the cuff on your bare skin above the bend of the elbow, not over clothing.



During Measurement

- Stay relaxed and do not talk.
- Take at least two readings, 1 minute apart.
- Record all results once measurement is completed and share them with your health care professional to help confirm your office blood pressure category.

BLOOD PRESSURE HIGHER THAN 180/120 MM HG

MAY BE A HYPERTENSIVE EMERGENCY*

- * Wait a few minutes and take blood pressure again.
- * If your blood pressure is still high and there are no other signs or symptoms, contact your health care professional.
- * If you are experiencing signs of possible organ damage, such as chest pain, shortness of breath, back pain, numbness, weakness, change in vision or difficulty speaking, call 911.

American Heart Association recommended office blood pressure categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (top/upper number)		DIASTOLIC mm Hg (bottom/lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
STAGE 1 HYPERTENSION (High Blood Pressure)	130-139	or	80-89
STAGE 2 HYPERTENSION (High Blood Pressure)	140 OR HIGHER	or	90 OR HIGHER
SEVERE HYPERTENSION (If you don't have symptoms*, call your health care professional.)	HIGHER THAN 180	and/or	HIGHER THAN 120
HYPERTENSIVE EMERGENCY (If you have any of these symptoms*, call 911.)	HIGHER THAN 180	and/or	HIGHER THAN 120

*Symptoms: chest pain, shortness of breath, back pain, numbness, weakness, change in vision or difficulty speaking

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Exhibit B: Blood Pressure Categories Chart

Blood Pressure Categories			
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (top/upper number)	and/or	DIASTOLIC mm Hg (bottom/lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
STAGE 1 HYPERTENSION (High Blood Pressure)	130 – 139	or	80 – 89
STAGE 2 HYPERTENSION (High Blood Pressure)	140 OR HIGHER	or	90 OR HIGHER
SEVERE HYPERTENSION (If you don't have symptoms*, call your health care professional.)	HIGHER THAN 180	and/or	HIGHER THAN 120
<u>HYPERTENSIVE EMERGENCY</u> (If you have any of these symptoms*, call 911.)	HIGHER THAN 180	and/or	HIGHER THAN 120
*symptoms: chest pain, shortness of breath, back pain, numbness, weakness, change in vision or difficulty speaking			

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