B1-27: Improving Adherence in African American Women with Primary Hypertension

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Abstract:
Introduction: The purpose of this RCT pilot study was to determine the efficacy of a 6-week culturally-competent educational intervention that focused on adherence to high blood pressure (HBP) therapy in AA women with primary HTN and to determine appropriate effect sizes for future larger studies with this population. AA women have a very high prevalence of HTN (46.6%) (Rosamond et al., 2007) and high cardiovascular mortality at all ages (Thom et al., 2006.) Age-adjusted mortality rate for heart disease was 65% higher for AA females than for White females (U. S. Department of Health & Human Services, [USDHHS], 2000). Specific Aims: Increase adherence to HBP therapy among AA women with primary HTN as measured by the Hill-Bone Compliance to High Blood Pressure Therapy scale (Kim, Hill, Bone, & Levine, 2000); increase knowledge of HBP prevention and treatment as measured by the HBP IQ Prevention Quiz (NBLHI, 1994); and to reduce resting BP among AA women with primary HTN.
Method(s): A RCT pilot study was conducted to determine the effectiveness of a 6-week culturally-competent education program for AA women with primary HTN. Ten AA women, 28 to 71 (M=56± 12.3) years were recruited from two rural locations and randomized to intervention ([IG] n=5) and control groups ([CG] n=5). Culturally-competent educational classes were provided once a week for 6 weeks. The CG received BP monitoring and usual care while the IG received 90-minute culturally-competent educational program. Data were analyzed using SPSS ver. 14 for X2, independent samples t-test and one-way ANOVA.

Results: There was a significant main effect (time) for SBP, F(1,8) = 8.24, p=.02. SBP decreased in the intervention group 20 mmHg from baseline to 6 weeks. No other significant differences were found. Cohen’s d values ranged from -1.14 to 1.54 for outcome variables.

Discussion & Conclusions: The hypothesized behavioral outcome: increased adherence needs further investigation with a larger sample size. Both groups were knowledgeable at baseline and 6 weeks, however the IG had a slightly greater increase in the number of correct responses than the CG. This pilot study found AA churches can serve as an ideal setting to reach this target population to address health disparities in minority populations.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

Financial Disclosure:
Yes, I (or a member of my immediate family) have received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation. Speros Martel Foundation, Research or institutional support, other activities (specify)

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I will not be describing any pharmaceutical and/or medical device.

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