



Community Defined Issues That Impact Blood Pressure Control in African American Patients.

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Purpose

- To identify community defined issues associated with hypertension among African American patients with hypertension.

Methods

- African American patients with hypertension were recruited from the Primary Care Practice Based Research Network of the Ohio State University.
- Focus groups were conducted by a trained African American moderator, lasted from 60-90 minutes, and each participant received a \$25 grocery gift card for their time.
- All focus groups' discourse was audio recorded and transcribed verbatim.
- The data was displayed in a matrix, and analyzed within each section for emerging themes.

Results

- Three focus groups were conducted with 26 participants who self-identified as African American.
- The mean age was 38 years at time of diagnosis.
- 20 participants were female.
- All were high school graduates and 7 were college graduates.

Results

Themes that emerged were:

- 1) Need for culturally specific interventions.
- 2) Fatalism.
- 3) Chronic stress as a cause of hypertension.
- 4) Lack of trust in the health system.
- 5) Diet.
- 6) Community identified recommendations to improve blood pressure control.

Comments-Focus on African Americans

- *“Could the medical community be more focused on African Americans as far as teaching? I mean when somebody comes to the office like we talked about blood pressure and taking medications, could they be a little more focused on us and our needs?”*
- *“You know, you can call me to remind me that my appointment is in 2 days, but you can’t call me and ask me you know ‘You started this new medicine, is there something going on from it?’”*
- *“For African Americans, if they want to have a niche in this you have got to be proactive people would appreciate getting a phone call asking you know how you are doing.”*

Comments-Fatalism

- *“...I have heard all my life that it (hypertension) runs higher in the Black community than other populations, and I think it can be a self fulfilling prophecy in some ways. Because if you hear it long enough from the time you were little that a certain percentage of Black people were going to get it you think, ‘of well I cant do anything about it; it’s going to happen. Why watch what I eat? Why exercise? It’s going to happen’.”*
- *“Well my grandmother had and my mother had it. It is a generation thing so oh well.”*

Comments-Stress

- *“Stress comes at all levels but if you live in a neighborhood that has a higher level of violence, then you worry about your kids coming home from their after school program. If its winter time and its get dark at 5:00 and they’re do home at 6:30 you watch the clock at 6:30 and you listen for noises; especially in a neighborhood where there is frequent gun fire. You hear something. Is it a car? Is it a gunshot? Where’s my son? You know that type of thing.”*
- *“...I think it is more stress in the Black community. Okay. Let’s say being a Black man that my stress on the job, in the home, in the community is real high. You understand? We Black men, we always got problems.”*

Comments-Stress

- “I live in the near East side and in my neighborhood if you do not have a car there is not a grocery store within walking distance that you can walk to and get fresh vegetables and fresh fruit. So in many communities, especially the poor communities, neighborhood communities, there is not a grocery store within walking distance that you can go to and get the right foods”.

Comments: Trust

- *“ I can say one of the things that I’ve definitely seen is these doctors are going into contract with pharmaceutical companies, and they want to push one drug over the next drug. And they keep pushing to their clients and patients, and isn’t necessarily something that the patient needs, so the trust factor is destroyed. Is completely destroyed, just like they might push this drug, because the doctors might get a cut of this, but it doesn’t necessarily mean that it’s good for this patient.”*
- *“...you have to demand it. If you don’t then they won’t do anything. You have to demand it.”*

Comments-Trust

- *“.....as everybody knows when you go to a doctor’s office you see the pens or the note pads.....”*
- *“Do you trust what they are telling you the meds are for? They use them for so many different things, and they are start taking them off the market and raising prices.”*
- *“I don’t wait for my doctor to do anything because if I did I would be dead.*

Comments-Diet

- *“That [salt] is just like cigarettes. The government says they are bad, but they haven’t stopped them from making them...same with salt. As a matter of fact, now you don’t even have the Morton iodize or whatever salt it is. You have the rock salt on the market now. You are buying salt now that are the big thick chunky crystals. It is the sea salt that they show you on Emeril. They are telling you now to just take a handful. You should be real fine. If it is so bad for us then why do they continue to push it at us?”*

Comments-Diet

- “We eat what our parents fed us like most Black people. Excuse me, they eat chittlins, they eat pig feet, they eat greens, they eat all that!”.
- *“I was raised like granddaddy. Started breakfast with a bowl of cereal and after that we had a slab of ham and eggs and biscuits”.*
- **Q. HOW DO MOST PEOPLE IN YOUR FAMILY OR FRIENDS SEASON THEIR FOOD?**
A. Most participants say “Salt and pepper”.

Recommendations

- Provide information about the causes of hypertension.
- Address the importance of a healthy diet and physical activity prior to illness.
- Focus on the children.
- Provide examples for a well balanced meal.
- Define what is “too much” salt.
- Explain importance of medication and not self-adjusting the dose.
- Patient-provider communication, be proactive.
- Use examples that people understand (teaspoon versus mgs.).
- Conduct programs in the community.
- Be repetitive.

