# Introduction

Hypertension is a growing public health problem in the United States known as the silent killer.

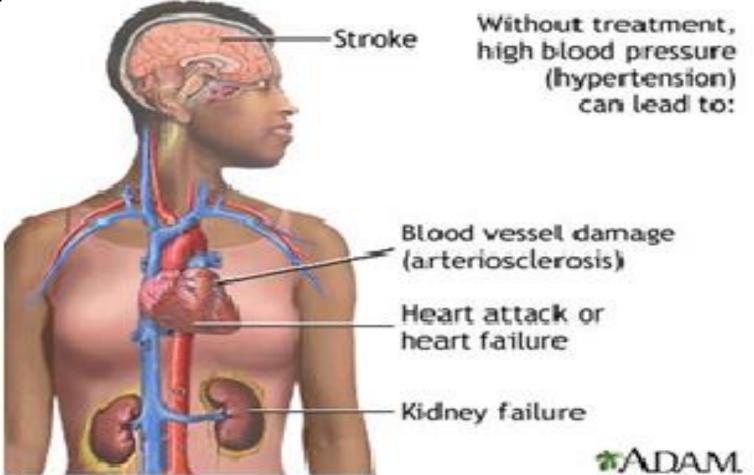
- One in three adults or roughly 75 million of the United States population has high blood pressure.
- □ 33% of the US population.
- □ 77% are on medication, only 54% have BP controlled.
- Cost the US health care system about 46 billion dollars a year.
- Of 360,000 deaths that occurred in the United States last year, elevated BP contributing factor or a primary cause (CDC, 2018).

AFRICAN AMERICANS	43.0 % Men	
	45.7 % Women	ALL MEN
WHITES	33.9 % Men	34.1%
	31.3 % Women	ALL WOMEN
MEXICAN AMERICANS	27.8 % Men	32.7%
	28.9 % Women	

# **Background and Significance**

CDC: African American has highest prevalence of hypertension than any other ethnic group.

- African Americans develop HPB often and at younger ages (Lackland, 2014).
- □ African American women have a higher prevalence than men.
- □ HTN is the leading cause of coronary artery disease and stroke - prevalent in the African American community) Gross, Anderson, Busby, Frith & Panco, 2013).
- □ African Americans have higher mortality rates.
- □ African Americans respond differently to HPB medications, tend to be more sensitive to salt,
- □ HPB earlier in life.
- □ The literature has indicated that multiple Community Education programs have been successful at faith based organizations to improve and promote the health of its community through engagement and education



# A Faith-Based Educational Program to Increase Hypertension Knowledge amongst African Americans

By Josephine Ugochi Azuaru BSN, RN

# Methodology

A faith organization will be provided with an Hypertension Knowledge Test (HKT) educational sessions on hypertension and its other The outcome measures of this project is to focus health effects.. on evidence of increased Knowledge based on Project Design : Quality improvement using hypertension education provided to Church quantitative design evaluating change in community members.

- behavior practices
- Setting : St Marks Anglican Episcopal Church
- Inclusion criteria
  - 1. Self-reported as not being pregnant
  - 2. Over the age of 18 and above
  - 3. Male or female of African American descent
  - 4. English speaker
  - 5. Willing to participate in the education sessions

# **Participant Recruitment**

- □ 2-week period
- Announcements before church services on Sunday and during church announcements
- □ Flyers posted and distributed

# □ Sample Size

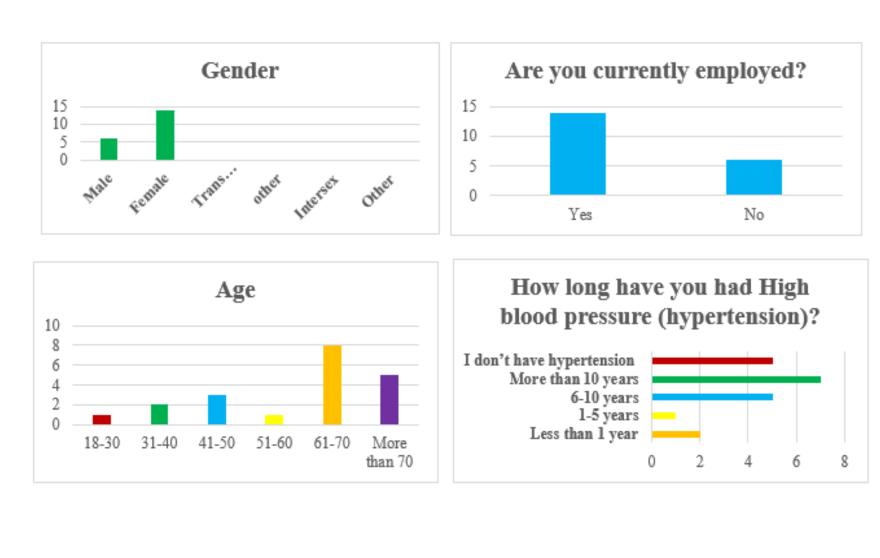
- □ 27 participants met inclusion criteria and signed consent
- □ 20 participants completed study
- **Approach**: PowerPoint presentation and discussion, hands-on demonstration, teach back uses of blood pressure machines and readings.

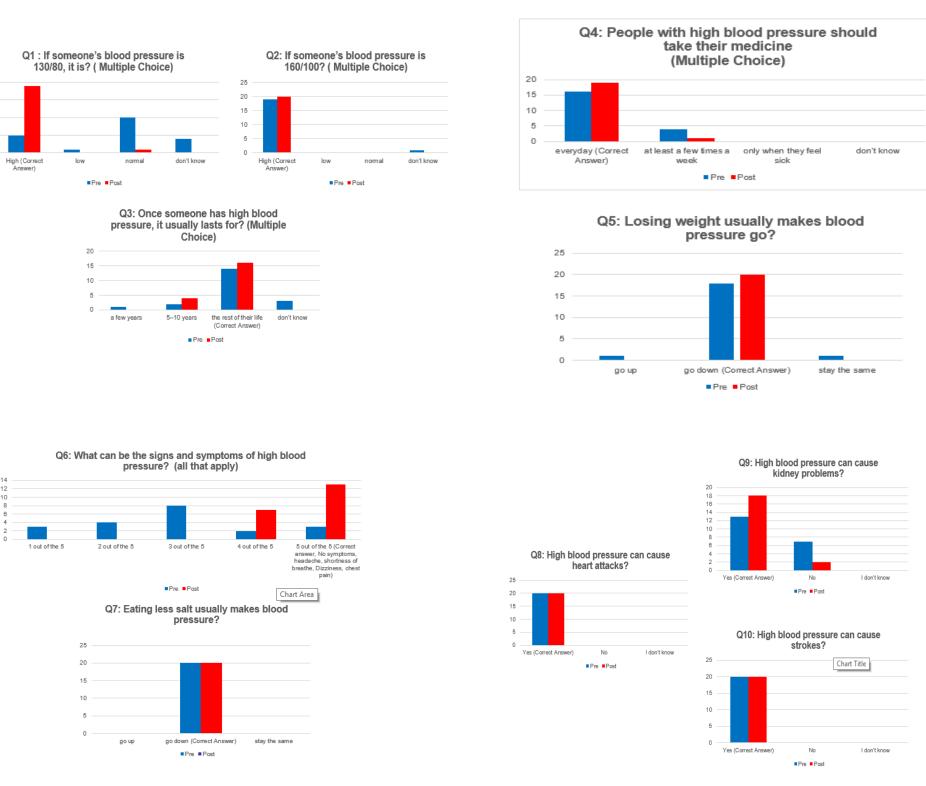
**Project Design**: This project will utilize a quality improvement design to evaluate change in behavior practices. This project is based on the presumption that preventive education on hypertension and timely interventions will result in a increased rate of understanding hypertension and it preventions measures outcomes

**Setting** :The setting for this project is a small church community in New York City. Educational sessions will take place on Saturdays and Sundays after service in one of the small meeting rooms. There are no current records of previous educational sessions regarding hypertension at this faith organization.

### **Outcome Measures**:

### Data Analysis Graphs





## Results

- □ The results demonstrate that educational interventions can be effectively implemented in the faith-based setting and can lead to:
  - □ Significant improvement in hypertension knowledge.
  - □ Significant improvement in use and understanding of blood pressure machine usage.
  - Post test scores indicate that there is an increased understanding and awareness about hypertension, ways to prevent it,, a way to reduce it and complications of it.

American Heart Association (2014). *Heart disease and stroke statistics – at-a*glance. Retrieved from <u>https://www.heart.org/idc/groups/ahamahpu</u> blic/@wcm/@sop/@smd/documents/downloadab le/ucm\_470704.pdf Centers for Disease Control and Prevention (2017). *High blood pressure* facts. Retrieved from https://www.cdc.gov/bloo dpressure/facts.htm Dehaven, M. J., Hunter, I. B., Wilder, L., Walton, J. W., & Berry, J. (2004). Health programs in faith-based organizations: are they effective? American Journal of Public *Health*, 94(6), 1030-1036. doi:10.2105/ajph.94.6.103 Gross, B; Anderson, E.; Busby, S., ; Frith, K., Panco, C. E. (2013). Using culturally sensitive education to improve adherence with anti-hypertension regimen. Journal of Cultural *Diversity*, 20(2), 75-79. 5 Lackland, D. T. (2014). Racial differences in hypertension: implications for high blood pressure management. The American Journal of *the Medical Sciences*, *348*(2), 135-138. doi:10.1097/maj.00000000000003080 **Contact Information:** jua2@sn.rutgers.edu

#### **Discussion/Implications**

- □ Findings were similar to previous studies.
- Use of a quasi-experimental design to
  - determine the effectiveness of a health education intervention.
- □ Increasingly adopted to evaluate population health interventions by health experts.
- □ Limitations: setting, time frame, sample size,
  - non standardized instrument, and answers bias

The African American church is viewed as a place of refuge and Trust. And it's because of this that faith-based organizations play such a significant role in improving the health of its members and it also is a place of support which can be helpful in providing for health maintenance behaviors.

#### References