Clinical Question: "What is the impact of a culturally tailored intervention on BP control and self-efficacy in Russian-speaking older immigrants with hypertension?"

- HTN is the most common diagnosis seen in the clinical setting.
- HTN contributes to premature death.
- Accounts for 13% of all deaths globally.
- HTN is a condition that necessitates self-management skills and behaviors.

Background/Significance
- Healthcare costs account for $131 billion.
- Major contributor to CV mortality and morbidity.
- HTN is the most common diagnosis seen in the clinical setting.
- Clinical Question: period.
- Drug adherence: Who cares.
- Inclusion Criteria - 65+, dx w/ HTN, speaks and understands Russian, on at least 1 anti-HTN med, cognitively intact, access to BP machine.
- Exclusion Criteria: 90+, 65 or younger, no access to BP machine.
- Recruitment process included handing out of flyers by facility’s director.

Study Population & Recruitment
- 10 participants recruited using convenience sampling method.
- Inclusion Criteria - 65+, dx w/ HTN, speaks and understands Russian, on at least 1 anti-HTN med, cognitively intact, access to BP machine.
- Exclusion Criteria: 90+, 65 or younger, no access to BP machine.
- Recruitment process included handing out of flyers by facility’s director.

Study Intervention
- 3 individual home sessions with each participant appx 1 hr in duration.
- 1st session - demographics, self-efficacy survey, initial BP obtained, education of accurate BP measurement.
- 2nd session - exercise, diet, & with PDM/ Cardiology.
- 3rd session - BP logs reviewed, post self-efficacy survey, final BP measurement, individual feedback on lifestyle modifications.

Methods
- Quasi-experiment
- Conducted to evaluate the effectiveness of educational interventions on BP control and self-efficacy among Russian-speaking older adults with HTN.
- No control group.

Results

<table>
<thead>
<tr>
<th>Demographics of Participants</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Age Group</td>
<td>65-70</td>
<td>65-70</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Duration of HTN</td>
<td>&lt;1 yr</td>
<td>1-5 yrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;5 yrs</td>
</tr>
<tr>
<td>Provider Managing HTN</td>
<td>Cardiologist</td>
<td>Primary Care Physicians</td>
</tr>
<tr>
<td>Number of HTN meds taken</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Table 1**

<table>
<thead>
<tr>
<th>Self-Efficacy Score Pre and Post Intervention</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
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<td></td>
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</table>

**Table 2**

**Table 3**

Discussion/Implications
- Statistically significant improvements in SBP control.
- Statistically significant improvement in self-efficacy.
- Due to homogeneity of the sample, the results may not be generalized to more diverse populations.
- A short-term follow-up period makes it impossible to evaluate the lasting effect of the intervention.
- Not possible to evaluate the effects it may have had on decreasing the participants’ risks of having HTN-related complications.

Implications for Clinical Practice
- Clinicians, all members of the Adult Day Healthcare facility should focus on serving sodium-restricted foods, daily blood pressure checks, and engage their clients in age-appropriate physical activities daily.
- Educational interventions focused on encouraging HBPM and discussing different ways to self-manage their BPs.
- Educational materials and discussions focused on the patient’s cultural practices, traditions, and individual lifestyles.

Implications for Policy
- Blood pressure machines are not financially covered by Medicare for patients with a diagnosis of HTN, unless receiving HD.
- The positive outcomes may reduce HTN-related mortality, and ultimately decrease healthcare expenses.
- A minimal investment can save billions of dollars annually, improve quality of life, and decrease any risk of mortality at any age.

Implications for Future Research
- Conduct future studies with large sample sizes and a longer follow-up period. By doing a longer follow-up period, there is a better chance at evaluating long-lasting effects of educational interventions focusing on self-efficacy and BP control.
- More studies are required to establish the effects of patient education on BP control and improved self-management skills in decreasing HTN-related complications.
- A study should be conducted focusing on cost-effectiveness of educational interventions.
- It is also important to delineate whether group sessions will be as effective as the individual sessions.

Sustainability
- Continue logging in their BPs in their logs.
- The in-house RN will be encouraged to take clients BPs when they attend the facility and review their BP logs.
- Management discouraged from offering high sodium foods to their clients.
- Pharmacy Outreach Services will be educated on importance of correlating BP meds and patient’s BP logs to see if changes need to be made.
- Social Services encouraged to ensure patients are all following up with their PDMs and/or cardiologists.