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Addressing Hypertension Health Literacy in Black Individuals who English is their Second Language

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Executive Summary

Introduction of the Problem

Hypertension is an important factor in the cause of CVD morbidity and mortality in black patients especially, low- and middle-income counties (CDC, 2015b). The high incidence of CVD can be attributed to the lack of education about the medication regimen, lack of information about health services available, and the need to follow up with provider post-diagnosis. The quality improvement project was carried out in a predominantly black church in Manchester, a city in St Louis County, in a predominantly black community. The goal was to increase the health literacy about hypertension its risk factors and its management. As the author found during the course of this project, providing education that is in a language in which the concepts can be easily understood had the potential to decrease the incidence of hypertension-related complications such as cardiovascular disease (CVD) and renal disease in this population. According to the CDC (2019), the consequences related to poor health literacy include decreased quality of life and increased hospitalization and healthcare cost. More than 360,000 American deaths in 2013 resulted from high blood pressure as a primary or contributing cause (CDC 2019).

Literature Review

This literature review aimed to examine the quality and quantity of research that supports the need for understanding black culture, the impact on medication adherence, and the prevention of morbidity and mortality in black patients with hypertension. The literature search was conducted using CINAHL, Google Scholar, PubMed, and Science Direct databases. Over a period of one month, several search terms were used within each database including hypertension, African Americans, minorities, cultural sensitivity, health barriers, and health literacy. Studies suggests that although general knowledge and

awareness of HTN is adequate, patients generally may not have a comprehensive understanding of this condition. This project served to provide individuals who are motivated, ways to learn about healthcare systems, and to collaborate with health-care providers to receive information necessary to improve their health. Ultimately, the goal was to enable them to maintain and promote their health along with the health of their family and others.

Black population in America has the highest prevalence of hypertension of any ethnic group in the United States, with approximately 33% of the black population affected (Peters, Aroian, & Flack, 2009). Black individuals generally experience higher mortality rates than Caucasians and other ethnic groups diagnosed with hypertension. The Black Church is the longstanding institutional backbone for many members of the African American community representing an important aspect of their lives (Brewer & Williams, 2019). Studies suggest that numerous community-based interventions involving the Black church have been successful in promoting positive health behaviors (Brewer & Williams, 2019). Researchers also agree that black churches have the potential to influence the health behaviors of congregants through increases in self-efficacy, changes in perceptions of disease risk, and cues to action (Harmon, Chock, Brantley, Wirth, & Hébert, 2016). Although economic conditions play an important role in health choices people make routinely, teaching is just as important in helping people make realistic goals in order to prevent and manage hypertension, regardless of their income. In some immigrant communities however, poor diet, stress, and no or less frequent access to healthcare may play a role in the development of hypertension (Buttaro et al., (2019). Therefore, improving these factors may show long term benefits for patients.

Project Methods

To implement this project, an exempt IRB approval was received for a quality improvement project. A collaboration agreement was made between the author and the church Pastor. A flyer was distributed one week prior to the proposed educational session on hypertension. The seminar took place in a church in St Louis Missouri. Educational materials written in three different languages (English, Spanish and French) from the Centers for Disease Control (CDC) was made available to participants during the session. Materials provided in these languages were used as a way to support the participants first language. Parishioners and their family and friends 18 years and older were invited along to the implementation of an educational session about hypertension prevention and self-management. There was a total of 28 participants. The session lasted one hour, starting with a pre-survey followed by a PowerPoint presentation and opportunity for question and answers provided. At the end of the session, participants were given a post-session survey which they returned to the author before exiting the session. Several risk factors such as obesity, family history of hypertension and diabetes type two where discussed as factors that may be associated with the development of hypertension. Many of which has been discussed extensively in various literature as well.

Evaluation

Data analysis began after data were collected on Sunday September 22, 2019, using a pre- and post-survey. The session was attended by 28 people of which 25 completed the pre- and post-survey. All the patients who attended, reported a collective increase in their knowledge base. Outcomes, as measured by patient self-report using a modified Likert scale, revealed that 20 participants had a better understanding of hypertension and were willing to modify their behavior (80%), 4 participants were

unsure about hypertension management, (15%) and 2 participants reported not wanting to modify their behavior (4%), the outcomes of 2 participants response was unknown.

All information about individual participants were kept safely in a password secured computer at the church. All participant responses were kept confidential. No individual identities were used in any reports or publications resulting from this project.

Impact on Practice

Nurse Practitioners are in position to lead and develop educational interventions to improve health.

Having an educational session in an environment where participants don't feel threatened helps communicate that provider and participant are equal partners. The methodology used in this project to promote health education can be incorporated into other common topics. Educational sessions on different topics can be applied in community-based settings, such as faith-based churches, ethnic conventions and civic organizations. There are potential benefits to transforming this process for explanation about other disease states like diabetes.

An opportunity for growth was provided based upon the feedback of the participants such as increasing the number of sessions. Because the community's positive response to the session, there is a potential for changes in participants self-management practices that may influence their health. For instance, the participants are more prepared to make changes that affect them and their families. Small changes like incorporating fruits and vegetables in every plate, changing their grocery shopping practices and cooking habits go a long way to decrease their risk factors for hypertension and related pathology. Future adaptations of the project might include, a session for women alone, and another for men alone, which may also increase participation among the genders.

Conclusion

In the United States, people of color, face disparities in access to health care, the quality of care received, and the health outcomes (Hall, Et, al. 2015). Unfortunately, about one in five black people from both migrant and nonimmigrant populations with high blood pressure do not know that they have hypertension (CDC 2015b). As blood pressure rises, coronary heart disease, stroke, congestive heart failure, various renal diseases, and peripheral vascular disease all become progressively worse, making the prevention and treatment of hypertension essential (Ashayo & Giles, 2003) Studies suggests that, although general knowledge and awareness of HTN is adequate, patients generally may not have a comprehensive understanding of this condition. An opportunity exists to focus on patient education programs and interventions on the cardiovascular risk associated with uncontrolled HTN, particularly elevated SBP levels (NIH, 2018). This opportunity was utilized in order to provide education and lifestyle modification techniques and teaching to this at- risk participants in this predominately black church in a north St. Louis community.

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