Hypertension Education and the Burlington Housing Authority

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Hypertension Education and the Burlington Housing Authority

Evans, Rebecca; Greene, Matt; Iberri, David; Johnson, Casey; Kunz, Benjamin; Mason, Annice; Tatsumi, Kanayo; Walton, Kelsey; Russell, Sarah; Rubin, Alan; Carney, Jan

Background

- 2/3 seniors are hypertensive (>140/90 mm Hg) (1)
- Hypertension is the most common risk factor for premature heart disease and stroke
- Non-modifiable risk factors: race, age, sex, diabetes mellitus, and hypercholesterolemia (2)
- Modifiable risk factors: smoking, obesity, and excessive alcohol (3)
- Clinical trials show that lifestyle modification and medications can reduce the incidence of adverse outcomes associated with hypertension (1)
- Patient education is a high priority

Objective

Are seniors informed of the risk factors, consequences and therapies for hypertension?

Methods

Hypertension clinics
- Designed by students to educate residents of the Burlington Housing Authority’s South Square Apartments
- Included survey and educational pamphlet distribution, educational lecture, and blood pressure measurement

Survey design
- 18 questions querying demographics, knowledge of hypertension, and current health status
- Observational analysis performed

Results

- Nineteen hypertension clinic participants completed surveys. (Table 1) All participants (19/19) saw a physician within the last year.

<table>
<thead>
<tr>
<th>Demographic characteristic</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational level</td>
<td>100% (19)</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
</tr>
<tr>
<td>&lt;20</td>
<td>11 (2)</td>
</tr>
<tr>
<td>21-30</td>
<td>0 (0)</td>
</tr>
<tr>
<td>31-40</td>
<td>5 (1)</td>
</tr>
<tr>
<td>41-50</td>
<td>5 (1)</td>
</tr>
<tr>
<td>51-60</td>
<td>5 (1)</td>
</tr>
<tr>
<td>61+</td>
<td>74 (14)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>100 (19)</td>
</tr>
<tr>
<td>Black</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Other</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

- Over half of the participants were previously identified by a health care worker as hypertensive (10/19) and were taking hypertension medications (9/10).
- Few were able to identify their medication (6/8) or correctly identify a blood pressure of >140/90 mm Hg as hypertensive (0/10).
- Hypertensive participants practiced better dietary and lifestyle habits than non-hypertensive participants. (Figure 1)

<table>
<thead>
<tr>
<th>Exercise ≥ 1 time/wk</th>
<th>Records sodium intake</th>
<th>Does not add salt when cooking</th>
<th>Avoids salt when eating</th>
<th>Reads sodium level on food labels</th>
<th>Smokes cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>68% (12)</td>
<td>45% (8)</td>
<td>37% (7)</td>
<td>53% (9)</td>
<td>50% (9)</td>
<td>52% (10)</td>
</tr>
</tbody>
</table>

- Upon screening, 12/19 participants were hypertensive
- Most of the hypertensive participants were previously identified as hypertensive by a health care worker (9/12) and of these, most were taking antihypertensive medication (8/9).

Conclusions

- Participants had adequate access to healthcare.
- Regular physician visits did not ensure adequate understanding of hypertension in our patient population.
- Hypertension was challenging to control despite adherence to a medicinal regimen.
- Behavioral risk factors were not associated with hypertension in this patient population.

Lessons Learned

- Older individuals may adhere to myths about how to achieve cardiovascular health despite being knowledgeable about the benefits of blood pressure control and the negative effects of uncontrolled hypertension.
- While public health projects endeavor to satisfy a specific, well-documented need, sometimes the greatest benefits in working with an elderly population are achieved by bringing company and conversation.
- Said one BHA resident, “[Most helpful was] the opportunity to be with so many professionals that know how to be so nice and make people happy.”

References