Hypertension Education and the Burlington Housing Authority

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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

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

Objective

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

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 characteristics</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>Sex</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>32 (6)</td>
</tr>
<tr>
<td>F</td>
<td>0 (0)</td>
</tr>
<tr>
<td>First language</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>85 (16)</td>
</tr>
<tr>
<td>Diagnosed with diabetes mellitus</td>
<td>32 (6)</td>
</tr>
<tr>
<td>Diagnosed with high cholesterol</td>
<td>58 (11)</td>
</tr>
<tr>
<td>Positive family history for hypertension</td>
<td>16 (3)</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)

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