

Developing an Intervention to Address High Blood Pressure among African American Faith Communities

Background: Hypertension (high blood pressure) is a key risk factor for heart disease and stroke – a leading cause of death and health disparities on the west side of Chicago and nationally¹.

- West Side Alive is a group of seven African American churches and academic partners in Chicago working to address hypertension and chronic disease.
- The purpose of this poster is to describe barriers and facilitators to high blood pressure medication adherence among a sample of African American adults with hypertension who are members of a West Side Alive church.
- This data will inform the development of a Community Health Worker intervention to reduce blood pressure among church members with uncontrolled blood pressure.

Method: We are conducting semi-structured qualitative interviews to examine barriers and facilitators to blood pressure medication adherence. Two items from the interview guide ask:

Can you walk me through the most recent day you can remember, where you:

- Took your blood pressure medication as prescribed.
- Did not take your blood pressure medication as prescribed.

We have completed 11 of 30 anticipated interviews. Participants were:

1. Members of a West Side Alive church or participants in a WSA screening
2. African American or Black
3. Eighteen years old or older (Average age 64.8, Range = 52.0 – 73.4)
4. Prescribed one or more medication(s) for high blood pressure
5. Not taking their blood pressure medication(s) as prescribed

We conducted an initial content analysis of barriers and facilitators that emerged from these interviews to inform the development of the Community Health Worker intervention.

Results: Participants described medication adherence barriers and facilitators related to: Daily Routine, Environmental Arrangement, and Stress.

Further, participants described barriers related to Physical Ailments and facilitators related to Personal Consequences (Table).



Results (continued):

Table. Medication Adherence Barriers and Facilitators

Factor	Barrier	Facilitator
Daily Routine	Interruption in schedule: <ul style="list-style-type: none"> • Getting up earlier than usual • Getting up later than usual • Having church in the morning • Having an unexpected task/emergency 	Association with daily task: <ul style="list-style-type: none"> • Pill after breakfast • Pill after feeding the pets • Take along with them (to take later)
Environmental Arrangement	Forgetfulness: <ul style="list-style-type: none"> • Not putting pills in specific place • Forgetting if you took it • Having “something else” on your mind 	Cues and reminders: <ul style="list-style-type: none"> • Placing pills in visible spot • Having someone remind you
Stress	Emotions and Emergencies: <ul style="list-style-type: none"> • Forgetting due to stress and emotions • Forgetting due to emergencies 	Avoiding stressful people: <p>“You try not to have a lot of stress in your life... Certain people that you don’t have to deal with, you just don’t [deal with them]” (Participant 7)</p>
Physical Ailments	Discomfort that inhibits medication adherence: <ul style="list-style-type: none"> • Fatigue • Pain • Headaches • Illness 	
Personal Consequences		Avoiding doctor disapproval: <p>“If my doctor hurts my feelings, I’ll try to take it [high blood pressure medication] so that she doesn’t do that again. I mean she’s a very nice person. She was really teed off” (Participant 2)</p>

Implications for the Community Health Worker (CHW) Intervention:

- The variation in barriers/facilitators across participants suggests the importance of one-on-one intervention approaches in partnership with CHWs
- CHWs should help participants establish home-based cues and reminders to promote medication adherence
- CHWs should help participants establish individual routines that ensure medication adherence

Conclusions and Next Steps: Promoting medication adherence among African Americans with hypertension involves addressing several types of barriers and facilitators in home and community settings (e.g., in church).

- West Side Alive will use this data to guide the development and implementation of a community health worker intervention that promotes medication adherence and healthy diet. The intervention will also address social determinants of health (e.g., mental health, food insecurity).