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Title

Development of a family-based primary care intervention for hypertension in African Americans

Priority 1 (Research Category)

Community based participatory research

Presenters

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Abstract

Context: Hypertension accounts for the greatest portion of racial disparities in mortality between African Americans and Whites. In response, research has emphasized behavioral interventions to promote patient self-management though intervention gains remain small. Self-management interventions rarely address the impact of patients' closest relationships despite evidence for family support as a self-management facilitator for African Americans. Objective: Using community-based participatory research principles, we conducted two rounds of dyadic focus groups with African Americans with hypertension and their family members with the aim of (1) exploring perspectives on self-management strategies, family influences, and ideal intervention strategies, and (2) soliciting feedback to adapt a family-based self-management intervention developed from the initial focus groups. Study Design/Analysis: We conducted nine dyadic (patient-family member) focus groups (90-120 minutes); each with 3 to 6 dyads. Dyadic interviews allow for in-depth descriptions of individual- and family-level phenomena and facilitate participants mutually constructing shared experiences. Setting: Participants were recruited for the first four focus groups from African American-serving Christian churches in Dallas using purposive sampling. Patient participants and their family members were recruited for the second five intervention design focus groups via a community-based family medicine clinic. Population Studied: Patients identified as African American, ages 18 to 75, with a hypertension diagnosis. Family members (18-75) were involved with the patient participant's daily life and disease management. Instrument: Semi-structured interviews were used to elicit dyads' perspectives and intervention feedback. Outcome Measures: Grounded theory and an iterative coding process were used to identify first-level and second-level (axial) codes. Results: Themes included societal risk factors, African American cultural influences, family-level influences on health, patient-level self-management, and recommendations that interventions be accessible, provide health education, and use family-level approaches. Intervention design focus groups recommended specific intervention adaptations to enhance acceptability. Conclusions: Involving African American patients' family members in intervention

design may leverage the powerful impact these relationships have for promoting positive hypertension outcomes.