Self-Reported Cardiovascular Disease Risk Factors and Associated Hopelessness in African American Participants of a Church-Placed Health Screening Program

Objective: This study evaluates patient inertia (PtInert) factors including hopelessness in African Americans participating in church cardiovascular screening programs in low-income areas in Forsyth County, North Carolina. Patient inertia is defined as an inability to assume adequate hypertension self-management behaviors, leading to poorly controlled hypertension. Previous findings revealed hopelessness related to blood pressure (BP) control as a key PtInert factor in acute medical environment participants.

Design: Questionnaires were administered by facilitated interview. Clinical components of the cardiometabolic syndrome were obtained.

Setting: The study was conducted within six Forsyth County churches that were participating in cardiovascular screening programs sponsored by the Consortium for Southeastern Hypertension Control.

Participants: 67 African Americans (72% female; 49% personal history of hypertension) with an average age of 55 years served as study participants.

Results: Participants without a history of hypertension were overweight, pre-hypertensive, and normcholesterolemic while those with a history of high BP receiving antihypertensive treatment were normcholesterolemic, obese, and on average had a BP of 143/75 mm Hg. Hopelessness related to BP control was found in 18% of those with a personal history of high BP. A significant relationship was found between hopelessness and family history of high BP, perceived ability to control high BP, and frustration with BP treatment.

Conclusions: Our findings suggest that hopelessness, while exhibited less often in church participants as compared to previous findings in the acute medical environment, is associated with participant thoughts, feelings, and histories but is not associated with clinical components of the metabolic syndrome. (Ethn Dis. 2014;24[1]:60–66)

Key Words: Hypertension, Inertia, Hopelessness, Behavior, Church

INTRODUCTION

Within the Black church setting, hypertension prevention and control are viewed as major barriers to sustainable congregational health and community participation. This problem cannot be overstated as hypertension is a major risk factor for cardiovascular disease morbidity and mortality, affecting ≥65 million American adults. Faith placed initiatives have shown promise for promoting health behaviors and reducing hypertension and diabetes risk in African American communities. For example, a National Institutes of Health (NIH) supported initiative designed to reduce diabetes rates through targeting weight loss and lifestyle modification in a Georgia Baptist church showed a ≥5% weight reduction in 48% of participants after church and individual level interventions by church health advisors.

As factors influencing African American lay person perspectives regarding their hypertension health quality of life have not been well elucidated, psycho-social stress such as hopelessness would be anticipated to have an untoward effect on patient’s hypertension self-care behavior, including lifestyle practices.

From the Consortium for Southeastern Hypertension Control (COSEHC) (JJ, DS, CMF); and Wake Forest University School of Medicine Emergency Department (DMC); and Department of General Surgery and Departments of Internal Medicine-Nephrology and Physiology-Pharmacology (CMF); and Department of Internal Medicine and Maya Angelou Center for Health Equity (DLM).

JaNae Joyner, PhD; David M. Cline, MD; Debra R. Simmons, MS, RN; Carlos M. Ferrario, MD; David L. Mount, PsyD

Previous research has recognized the validity and reliability of assessing maladaptive function of hopelessness and adaptive function of acceptance in achieving long-term physical and psychological benefits for chronic disease patients. Related research suggested that there was a significant correlation between high levels of hopelessness towards hypertension and worse patient BP control. Positive attitudes toward the benefits of a treatment are increased as hopelessness is decreased and psychological wellbeing is improved. If identified, feelings of hopelessness can be modified by decision making support, energy management, sleep enhancement, spiritual growth facilitation, support groups, and biochemical alterations including the hypothalamic-pituitary-adrenal (HPA) axis function. In our previous publication, we found self-reported hopelessness related to BP control as a key patient inertia (PtInert) factor in 61% of a Forsyth County, North Carolina emergency department patient sample. PtInert is defined as the inability to assume adequate hypertension self-management behaviors, leading to poorly controlled hypertension.

The health belief model (HBM) conceptual framework postulates that health seeking behavior is influenced by a person’s perception of a threat and that changing risk perception attitudes and behaviors in patients who are at risk with chronic disease requires individual awareness, perception, and knowledge. As informed via the HBM, for our study, we characterize three key PtInert factors thought to influence beliefs about action-taking: BP control practices, lifestyle, and hypertension-associated hopelessness in African Americans participating