

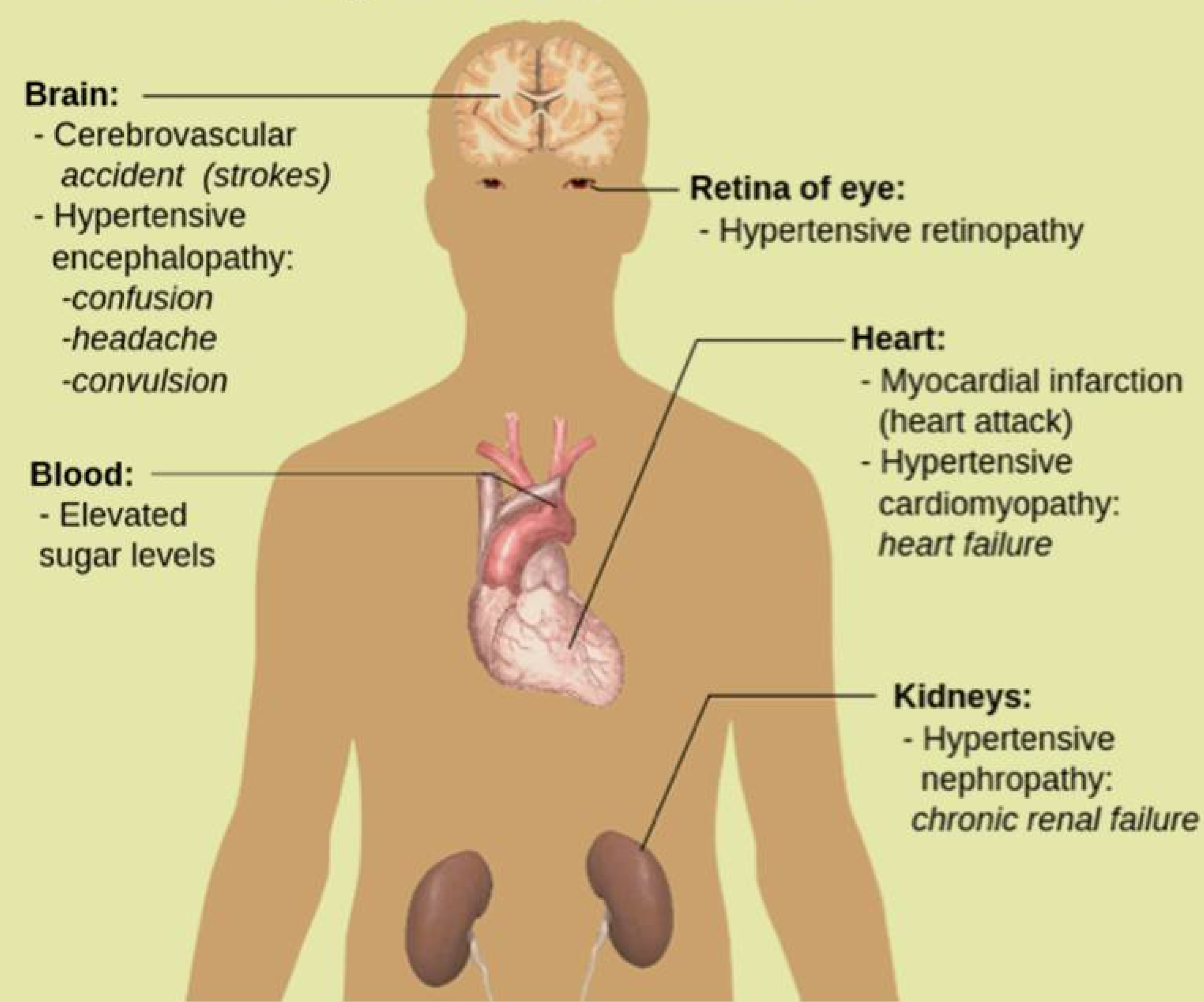
Identifying Barriers to Accessing Care for Hypertension in the African American Population

Anna J. Skorupa, BSN, RN; April C. Thomas, BSN, RN; Felicia C. Thorson, BSN, RN; Nancy D. Bredenkamp MS, APRN-FNP (faculty advisor)
Creighton University School of Nursing; Omaha, NE

Introduction

- One in three Americans has hypertension (HTN)
- HTN is a significant and modifiable risk factor for heart disease, stroke, peripheral vascular disease, and end-stage renal disease
- In 2009, the combined direct and indirect cost of HTN was estimated to be \$73.4 billion
- African Americans are disproportionately affected by high blood pressure
- Prior research shows that barriers to health care can be assigned to the following categories: availability, accessibility, accommodation, affordability, and acceptability, however this has not been studied locally
- Purpose: Identify barriers that African Americans in North Omaha face in seeking treatment for HTN with a secondary aim of determining the prevalence of those previously diagnosed with HTN who screen positive for HTN

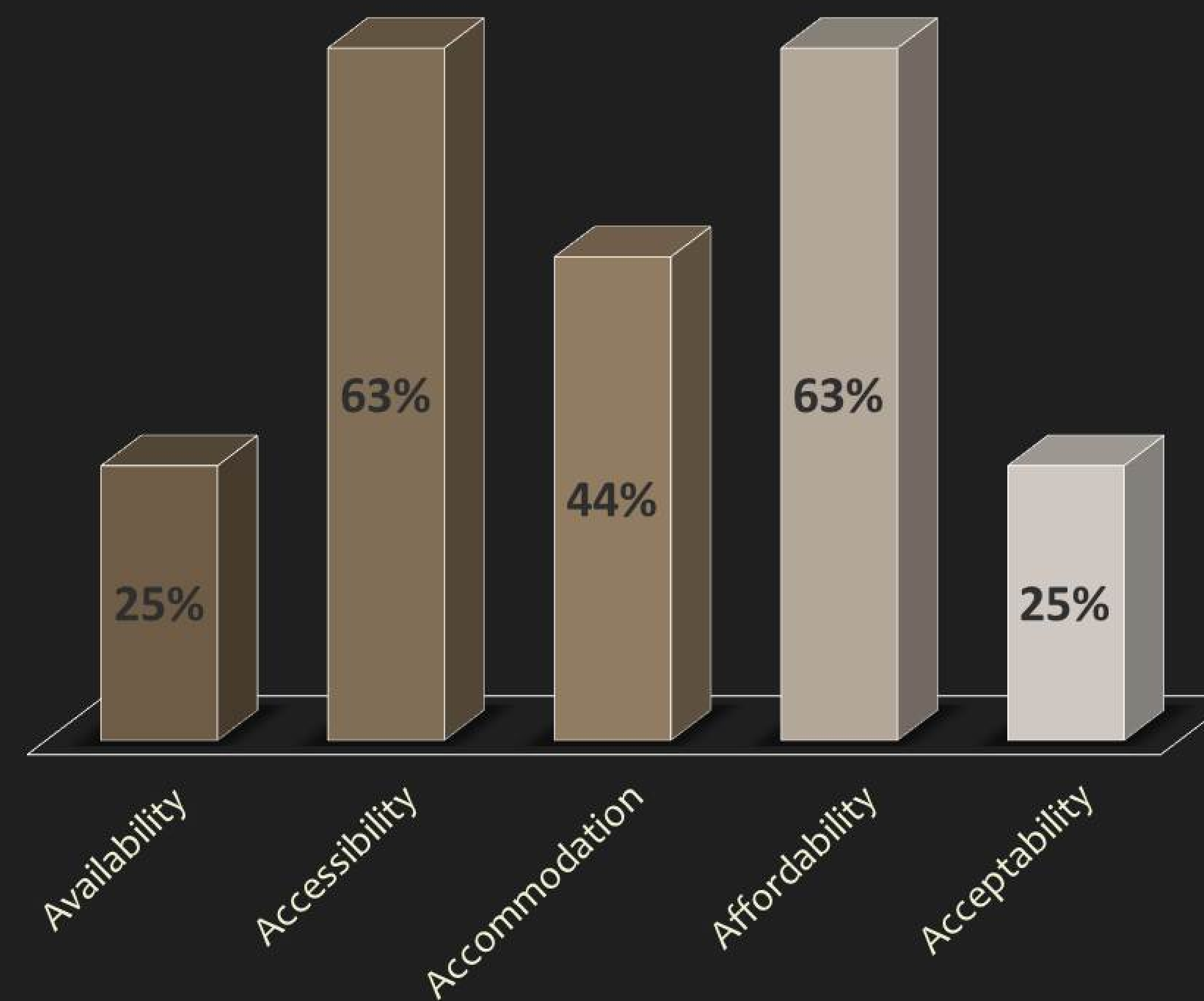
Main complications of persistent High blood pressure



Methods

- Non-experimental descriptive design
- Convenience sample from an African American community center
- Surveys consisted of yes or no, fill-in-the-blank, multiple choice, and Likert scale-type questions regarding perceived barriers to care for HTN
- Barriers were categorized into one of the following five groups: availability, accessibility, accommodation, affordability, and acceptability
- Blood pressure screening was offered to all participants
- Education about hypertension and options for affordable care were given to all participants
- Nominal and ordinal data analyzed using SPSS and Excel

Barriers to Receiving Health Care for Hypertension (N=16)



Barriers to Receiving Health Care for Hypertension Within Each Domain (N=16)

Barriers	Descriptors
Availability	Trouble getting appointment: 100% Do not know where to go: 75%
Accessibility	No HCP within 3 miles of residence/work: 70% No transportation: 50%
Accommodation	HCP hours not convenient: 57% Inconvenient appointment times: 71%
Affordability	No financial assistance: 80% Inability to pay: 40% Not worth it to see HCP: 30% Don't think need HC: 20%
Acceptability	Uncomfortable with HCP: 75% HCP doesn't understand patient: 75%

Notes: HCP= Health care provider; HC= Health care

Results

- Demographics
 - 16 people (N=16) fell into the targeted demographic
 - 6 males, 10 females; ages 27-82 years
- Barriers relating to accessibility (n=10; 63%) and affordability (n=10; 63%) were the most common
- Six out of the fourteen (34%) that participated in blood pressure screening were positive for HTN
- All participants (100%) reported that they would be willing to make at least one lifestyle modification to lower their blood pressure, including:
 - diet (n=7; 44%)
 - eating less salt (n=10; 63%)
 - exercising (n=11; 69%)
 - smoking cessation (n=7; 44%)
 - limiting alcohol use (n=2; 17%)

Conclusions

- Prior literature has shown that African Americans recognize accessibility barriers as a reason for not seeking care more often than white persons
- Accessibility (63%) and affordability (63%) barriers were most commonly identified by participants
- Results from this study were comparable to previous studies in other areas of the United States
- All barriers identified can be addressed by APRNs:
 - Availability: expand role to "full practice authority"
 - Accessibility: bring health care to "health professional shortages areas"
 - Accommodation: occasionally adjust office hours so they work with patient schedules
 - Affordability: know patient's financial standing; avoid unnecessary testing; emphasize screening and prevention
 - Acceptability: praise patients for successes; collaboration with other providers; partner with community networks

Implications for Future Research

- Increase number of participants to increase power and decrease Type II errors
- Studies focusing on each of the five domains separately
- Methods to overcome these barriers to treatment for HTN specific to each domain