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Leacha Clark

University of the Pacific, l_clark11@u.pacific.edu

Lindsay Gietzen

University of the Pacific, lgietzen@u.pacific.edu

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Hypertension in Black Adult Women: Interdisciplinary Perspectives

Abstract

According to the National Heart, Lung, and Blood Institute, each year, more African American women die from heart disease than breast cancer, lung cancer, and strokes. According to research, hypertension extends from lack of exercise, smoking, poor diet, and obesity. Moreover, many other contributing factors elevate blood pressure, such as stress, anxiety, trauma, environmental surroundings, and genetics. Stress influences blood pressure, which onsets through maladaptive coping, such as smoking, high alcohol consumption, poor diet, and poor lifestyle choices. How does stress affect Black women experiencing multidimensional stress, racial discrimination, and social disadvantage from daily irritants, which may continue to be a risk for high blood pressure?

Keywords

Black Women; Hypertension; Perceived bias; Healthcare, Cultural Sensitivity

African American women, particularly those marginalized in society, face significant challenges in their daily lives as they strive to support their households [1]. These challenges often create a complex and difficult living environment, impacting their access to healthcare due to their socioeconomic status [2]. The discrimination they encounter affects their mental and physical health [1]. The focus of this study is to gain perspectives from interdisciplinary members of the healthcare team to explore risk factors associated with high blood pressure in Black women, influenced by social determinants of health. These factors, including stress, anxiety, and the consequences of racial discrimination, are known contributors to poor health outcomes and a reduced quality of life [1]. The "Superwoman Schema" highlights the idea that African American women may feel the need to display unwavering strength, suppress emotions and vulnerability, and prioritize the well-being of others over their own, despite the awareness of adverse effects on their health [3].

Research Focus

The primary objective of this data collection was to investigate the main contributing risk factors for high blood pressure in Black women, with a specific emphasis on non-medical factors that impact health outcomes - social determinants of health [2]. This research sought to understand the challenges Black patients experience, including economic stability, education access and quality, access to healthcare, neighborhood and environment, social and community context. These social determinants of health, which can adversely impact their health outcomes, encompassing emotional, financial, and mental well-being [2].

Methods

The researcher obtained IRB approval from the University of the Pacific (IRB2023-86) and informed consent was obtained. This study involved distributing a questionnaire about

demographics and conducting 15-minute key informant interviews with 7 healthcare providers via Zoom. These healthcare providers were selected by the researcher due to their experience and availability to share information about their experiences and included a psychiatrist, two medical doctors, an orthopedic surgeon, a cardiologist, a nurse practitioner, and a medical clinical social worker. A 12-question questionnaire was sent to key informants two days before the interviews and consisted of questions focused on lifestyle changes, discrimination, biases, and stereotypes.

Interviews were conducted via Zoom and recorded for transcription and coding purposes.

Table 1: Interview Questions
How does the researcher consider the social determinants of health when working with Black women with high blood pressure?
What type of cultural sensitivity training has the provider had within their organization?
How do they apply cultural sensitivity within their practice?

Data Collection and Analysis

In order to analyze the data at the end of the interview, the researcher used Microsoft Word software to transcribe the interview. To prepare the text to be used for qualitative data analysis, the researcher used data reduction techniques, coding, interpretation, and reporting. Qualitative data based on language, images, interpretations, themes, and patterns were analyzed. Themes such as racism, discrimination, economic status, education, family, social support, neighborhood and environment, and healthcare access and quality were identified. Each participant's answers were classified in a graph to highlight common themes.

Key Themes

The data collection centered on various themes collected from the interviews and questionnaires related to social determinants of health. These themes were identified and classified in a graphical format to capture the responses of the key informants:

Theme	Description	Key Findings
Racism and Discrimination	This theme explored the impact of racial discrimination and prejudices on Black women's health.	“Black women are treated different than White Women”
Economic Status	Key informants discussed the role of economic factors, including income disparities, in the health outcomes of Black patients	“Black women are treated according to their socioeconomic status”
Education	The influence of educational access and quality on the health of Black women was examined	<ul style="list-style-type: none"> • “Black women have lower literacy and do not understand medical terminology or the treatment plan” • “most Black patients do not take their Blood medication consistently, eat poorly, and do not understand the concept of their disease, due to lack of resources and access to care.”
Family and Social Support	The importance of family dynamics and social support systems in managing high blood pressure was explored.	“Black patients' lack of support impacts the patient's ability to seek treatment, putting other responsibilities before their health”.
Neighborhood and Environment	Key informants discussed the effects of the physical and social environment on health outcomes.	“Black patients live in underserved communities, a barrier to access healthcare, living too far from hospitals and clinics”.
Healthcare Access and Quality	This theme focused on barriers related to access to quality healthcare services	“Black patients have challenges with transportation, technology difficulties, cannot afford internet services for telehealth”.

Barriers and Challenges in Treating Black Patients	Key informants' views on the challenges they encounter when providing healthcare to Black patients were explored, including the consideration of social determinants of health	<ul style="list-style-type: none"> • “Black women are angry, they wait until it's too late and expect a miracle”. Racism and discrimination has created a wedge between provider and patient trust”. • “Black women deal with a lot of stress, anxiety, and depression because they are continuously trying to make it through life”. • “They live day to day, which enables them to make it to the next day. Black women neglect their health, while caring for everyone else.
Lifestyle Recommendations	This theme delved into the lifestyle changes and recommendations provided to Black patients to prevent or manage high blood pressure and reduce the risk of heart disease	<ul style="list-style-type: none"> • “Black patients lack physical activity due to living in unsafe neighborhoods. “Stress, anxiety, and depression trigger comorbid diseases.” • “Black patients are at higher risk for hypertension due to being overweight and bad eating habits. Diet, exercise, stress and Psychoeducation can decrease risk for high blood pressure.”
Provider and Patient Trust	The level of trust between healthcare providers and Black patients was examined, along with factors influencing this trust	<ul style="list-style-type: none"> • “They have a hard time with allowing providers to give them care without acknowledging, they are trying to help them”. • “They fear embarrassment and shame because of their risky behaviors”. • “They get very angry and defensive when they are called out for not taking care of their health”.
Risky Behaviors	Key informants discussed risky behaviors that Black patients may engage in, including smoking, substance abuse, lack of exercise, and unhealthy eating habits, and their impact on health outcomes	“When providers are culturally competent in their health care interactions, this could effectively reduce the experience of shame and embarrassment associated with negative experiences in health care”.

Interdisciplinary Key Informant Takeaways

Several key informants participated in the data collection, providing diverse perspectives on healthcare and social determinants of health:

Race	Gender	Role in Healthcare	Department	Perspectives
White, Non-Hispanic	Woman	Psychologist	Chemical Dependency Department	This informant emphasized that many Black patients tend to delay seeking treatment until their condition is severe. Early intervention was seen as crucial for better disease management.
White/Asian	Woman	Nurse Practitioner	Family Medicine	This informant did not perceive Black patients as having more barriers than other patients. The belief was that stress, anxiety, and depression are universal experiences, regardless of one's race.
White, Non-Hispanic	Female	Psychologist	Women's health	Raised in a Black family, this informant acknowledged the high levels of stress, anxiety, and depression experienced by Black women, often due to their daily struggles. Trust issues with healthcare providers, discrimination, and perceived biases were highlighted as significant challenges.
White, Non-Hispanic	Male	Psychiatrist	Addiction Medicine	This informant perceived Black patients as indulging in risky bx such as unhealthy substance use, mixing drugs and alcohol on top of having a health issue, while taking medications and not monitoring their health conditions.
White, Non-Hispanic	Male	Physician	Orthopedic Surgery	This informant did not feel comfortable with addressing issues Black patients with high blood pressure based on race. This provider deemed most patients as non-compliant with tx plan and medications.

White, Non-Hispanic	Female	Physician	Cardiology	Working in a facility that treats marginalized patients this provider acknowledged how transportation, education, and support has a role in Black women's tx plan. Many black women do not have the support they need to gain proper access to care, deeming them as non-compliant, thus they don't get proper follow up. No phones or ways to get ahold of the patient.
Asian	Female	Medical Social Worker	Emergency Medicine	This provider feels that Black women are angry, do not trust the healthcare system and wait until it's too late. Going for months without treatment or follow up and expecting a miracle to happen. Leaning towards their faith and religion to heal their health issues.

Results

The data collected from key informants revealed significant barriers faced by Black women with high blood pressure in accessing necessary care. These barriers included a lack of provider trust, limited resources, perceived bias, discrimination, stereotypes, and inadequate access to care. A common theme was the lack of cultural competency training for effectively providing care to Black patients. Informants often described Black patients as difficult, uncooperative, or intrusive, and perceived them as non-compliant. Additionally, they acknowledged the unique challenges Black patients face due to their history of racism.

Inequities outside the healthcare system, such as poverty, food insecurity, and family wealth disparities, were also found to negatively affect the health of Black patients. Key informants highlighted the importance of effective communication, cultural sensitivity, and empathy in building patient-provider trust. However, they felt that they were not receiving adequate training to provide effective care to Black patients, despite recognizing that Black

patients are disproportionately affected by high blood pressure, leading to higher rates of stroke and heart disease.

Comparison with Prior Studies

The study's results align with previous research indicating that Black patients face significant disparities in healthcare access and quality. Prior studies have also identified lack of provider trust, cultural incompetence, and systemic inequities as major barriers to effective healthcare for Black patients. However, this study further emphasizes the role of perceived bias and discrimination in exacerbating these disparities. While some studies have highlighted the importance of social determinants of health, this study provides a more detailed account of how these factors specifically impact Black women with high blood pressure.

Weaknesses and Limitations

The current study has several limitations. The reliance on key informant interviews may introduce bias, as the perspectives shared may not fully represent the experiences of all Black women with high blood pressure. Additionally, the study's qualitative nature limits the ability to generalize findings to broader populations. The lack of longitudinal data also prevents an assessment of changes over time or the long-term impact of interventions.

Future research should address these limitations by incorporating larger, more diverse samples and employing mixed method approaches to combine qualitative insights with quantitative data. Longitudinal studies could provide a deeper understanding of how interventions influence health outcomes over time. Furthermore, research should explore the effectiveness of specific cultural competency training programs and interventions designed to reduce perceived bias and discrimination in healthcare settings.

Conclusion

This research highlights the significant disparities in healthcare experienced by Black patients, particularly Black women with high blood pressure. It highlights the urgent need for healthcare providers to be culturally competent and sensitive when treating Black patients. Hypertension is a significant health concern within the Black community, leading to heart disease, strokes, and heart attacks. The study emphasizes the necessity of developing a teaching module for healthcare providers to address the unique challenges Black patients face due to social determinants of health. Such a guide should focus on the barriers Black patients encounter in their daily living environments, including socioeconomic status, perceived bias, and discrimination. Addressing these disparities is crucial to ensure that Black patients receive the same quality of healthcare as their White counterparts. Implementing a teaching module, coupled with training for healthcare organizations, can be a valuable tool to assist providers in delivering better care to Black women with hypertension.

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