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The UNIVERSITY of VERMONT
COLLEGE OF MEDICINE
In alliance with Fletcher Allen Health Care

Hypertension Education and the Burlington Housing Authority

Evans, Rebecca; Greene, Matt; Iberri, David; Johnson, Casey; Kunz, Benjamin
Mason, Annice; Tatsumi, Kanayo; Walton, Kelsey; Russell, Sarah; Rubin, Alan; Carney, Jan

BURLINGTON HOUSING AUTHORITY
affordable housing for all

Background

- 2/3 seniors are hypertensive (>140/90 mm Hg) (1)
- Hypertension is the most common risk factor for premature heart disease and stroke
- Non-modifiable risk factors: race, age, sex, diabetes mellitus, and hypercholesterolemia (2)
- Modifiable risk factors: smoking, obesity, and excessive alcohol (3)
- Clinical trials show that lifestyle modification and medications can reduce the incidence of adverse outcomes associated with hypertension (1)
- Patient education is a high priority

Objective

Are seniors informed of the risk factors, consequences and therapies for hypertension?

Methods

Hypertension clinics

- Designed by students to educate residents of the Burlington Housing Authority's South Square Apartments
- Included survey and educational pamphlet distribution, educational lecture, and blood pressure measurement

Survey design

- 18 questions querying demographics, knowledge of hypertension, and current health status
- Observational analysis performed

Results

- Nineteen hypertension clinic participants completed surveys. (Table 1) All participants (19/19) saw a physician within the last year.

Demographic characteristic	% (n)
Total surveyed	100 (19)
Age (years)	
<20	11 (2)
21-30	0 (0)
31-40	5 (1)
41-50	5 (1)
51-60	5 (1)
≥ 61	74 (14)
Race	
White	100 (19)
Sex	
M	32 (6)
First language	
English	85 (16)
Diagnosed with diabetes mellitus	32 (6)
Diagnosed with high cholesterol	58 (11)
Positive family history for hypertension	16 (3)

Table 1. Survey and hypertension clinic participant demographics

- Over half of the participants were previously identified by a health care worker as hypertensive (10/19) and were taking hypertension medications (9/10).
- Few were able to identify their medication (6/8) or correctly identify a blood pressure of >140/90 mm Hg as hypertensive (0/10).
- Hypertensive participants practiced better dietary and lifestyle habits than non-hypertensive participants. (Figure 1)

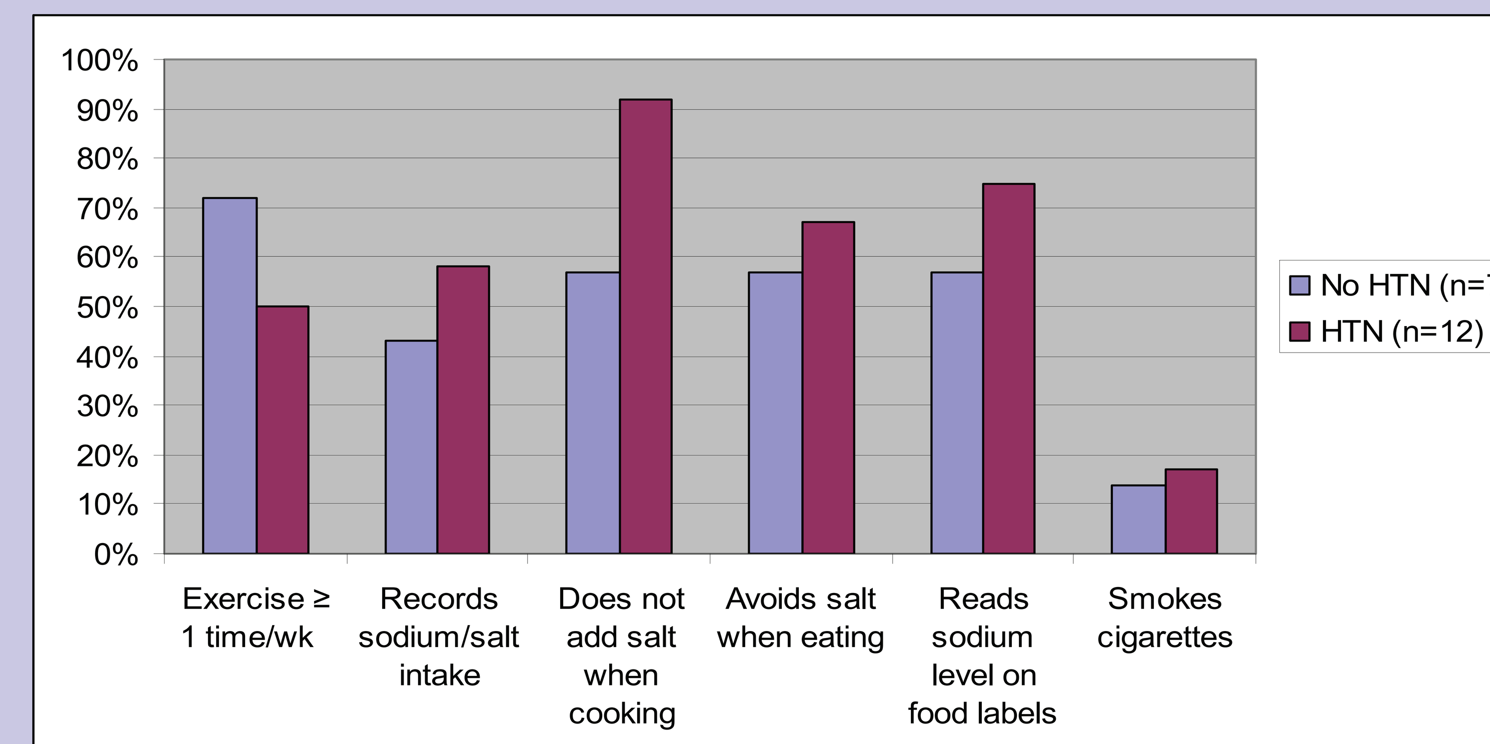

Figure 1. Comparison of behavioral risk factors in participants presenting with or without hypertension via student measurement at the hypertension clinic.

- Upon screening, 12/19 participants were hypertensive
- Most of the hypertensive participants were previously identified as hypertensive by a health care worker (9/12) and of these, most were taking antihypertensive medication (8/9).

Conclusions

- Participants had adequate access to healthcare.
- Regular physician visits did not ensure adequate understanding of hypertension in our patient population.
- Hypertension was challenging to control despite adherence to a medicinal regimen.
- Behavioral risk factors were not associated with hypertension in this patient population.

Lessons Learned

- Older individuals may adhere to myths about how to achieve cardiovascular health despite being knowledgeable about the benefits of blood pressure control and the negative effects of uncontrolled hypertension.
- While public health projects endeavor to satisfy a specific, well-documented need, sometimes the greatest benefits in working with an elderly population are achieved by bringing company and conversation.
- Said one BHA resident, "[Most helpful was] the opportunity to be with so many professionals that know how to be so nice and make people happy."

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