

Community-Based Health Education and its Effects on African Americans

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April 1, 2022

COMMUNITY-BASED HEALTH IN AFRICAN AMERICANS

Acknowledgements

We gratefully thank the leaders and members of Greater Palm Bay Church of God for their support and involvement throughout the implementation of our scholarly project. Most importantly, we thank Pastor John Lewinson and his wife Leanora Lewinson for contributing to the advancement of our research. We also thank our project committee, Dr. Martin Rivera, Dr. Roy Lukman, and Dr. Chimene Mathurin for their many contributions to the development of our research project.

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Abstract

The African American (AA) community has a high prevalence of uncontrolled chronic hypertension (HTN). In this community, a lack of health knowledge contributes to inadequate health maintenance of chronic conditions. Unmanaged HTN strongly correlates with life-threatening complications in patients receiving anesthesia. A review of the literature suggests that African Americans (AAs) have increased receptibility and improved knowledge with community-based education models. Additionally, throughout the literature, preoperative anesthetic education has been shown to improve patient knowledge before undergoing surgery. Implementation of health education within areas of familiarity has shown to increase the responsiveness to health modification. Our scholarly project utilized community-based preoperative anesthetic education on HTN. This educational project evaluated the knowledge base and retention of blood pressure maintenance and the risks of perioperative HTN complications within our selected population.

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Introduction

According to the Centers for Disease Control and Prevention (CDC), African Americans (AAs) between 35-64 years of age are at a 50% higher risk of having high blood pressure (BP) as compared to Caucasian Americans (CDC, 2017). Additionally, diseases such as hypertension (HTN), stroke, and diabetes mellitus (DM) are occurring at younger ages in AAs when compared to their Caucasian counterparts (Swelitzer, 2019). This data suggests that omnipresent morbidities in AAs continue to grow (Pullen, Perry & Oser, 2014; Swelitzer, 2019).

Uncontrolled HTN can lead to acute and chronic illnesses; HTN also increases the risk of perioperative complications during surgery (Hartle et al., 2016; Wax, Porter, Lin, Hossain, & Reich, 2010). Research shows that AAs have a strong rapport within their community, suggesting a needed extension of healthcare education beyond medical institutions to facilitate health maintenance (Farmer & Young-Clark, 2016). Implementing community-based health education has shown to positively impact health, further emphasizing its necessity (Wilson et al., 2008; Victor et al., 2018). Further research is required to assess the effect of preoperative anesthetic education on HTN within the AA community.

Significance and Background of Clinical Problem

Patients undergoing surgery should have a detailed pre-anesthetic evaluation to evaluate medical illnesses and perioperative risk (Armstrong, 2014). Increased incidence of high BP and DM in AAs necessitate the need for thorough screening throughout the pre-anesthetic evaluation (AANA 2017; Swelitzer, 2019). Patients with a history of uncontrolled high BP have increased risk for perioperative hypertensive incidents and fluctuation in hemodynamics (Bisognano & Fong, 2008). Mortality caused by HTN in the AA population is 40-50% greater than in non-

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African Americans, owing to a variety of comorbidities (Nesbitt, 2009). To prevent the detrimental results of organ damage and early death, anesthesia providers must isolate and rapidly respond to unmanaged HTN (Howell, 2018). Therefore, there are significant clinical implications that warrant investigation of the effects of community-based preoperative anesthetic HTN education within the AA community.

PICOT Evidence Review Questions

Two focal PICOT questions were framed to drive the literature review, as well as address innovations neglected in our selected population. The first PICOT question states the clinical problem: In AA adults (P), what is the effect of community-based health education (I) on preventative health management (O) in a three-month period (T)? The second PICOT question states the innovation: In AA adults, who attend Greater Palm Bay Church of God (P), how does community-based preoperative anesthetic education on HTN (I) impact the knowledge base and retention of BP maintenance and risks of perioperative HTN complications (O) upon completion of the educational seminar within three months (T)?

The intervention consisted of preoperative anesthetic HTN education, including PowerPoint presentation and handouts. The population selected was comprised of AA individuals between the ages of 18 and 89 who participated in community-based organizations. The chosen organization was the Greater Palm Bay Church of God (GPBCG) located in Palm Bay, Florida.

Search Strategies

The search strategy for this project broadly focused on community-based health interventions aimed at the AA community, perioperative HTN education, as well as knowledgebase and retention. Databases utilized were PubMed, Medline, Google Scholar, and

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OneSearch. Key search terms used to research were *Healthcare AND African Americans AND church; church-based health interventions; Community based interventions AND African Americans AND health education; Preoperative anesthesia education and African Americans; Education programs AND hypertension AND knowledge; Hypertension clinical practice guideline; American Society of Anesthesiologists*. MESH terms included *Health behavior, religion, African Americans, health promotion, cultural characteristics, preoperative, education*. The search limits included human subjects, English language, and research articles published within five years. Inclusion criteria included health education. The exclusion criteria comprised sample sizes of less than 15 as well as literature reviews. Out of 472 articles recovered, twelve met the criteria and were included.

GRADE Criteria

Community health education and its impact on AA health guided the evaluation of our selected literature. Retrieved studies were appraised utilizing the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) criteria. The GRADE criteria is a tool used to rate the level of evidence and to provide credibility to recommendations. Predominate studies were of qualitative, epidemiological, and cross-sectional methods. However, studies regarding this population were insufficient in long term follow-up. Noted methodological flaws included financial incentives, indirectness related to intervention variability, and absence of blinding in random control trials (RCTs). The evidence was graded down due to Imprecision (-1 or not graded up). The overall GRADE criteria for the identified literature was rated two (low), thus signifying the need for future studies containing rigor (Farmer & Young-Clark, 2016). It is recommended that future research within this subject and population include longitudinal cohort studies to assess long-term outcomes.

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Literature Review and Synthesis of Evidence

Overview

Educational programs in the medical setting have shown to impact and improve knowledge, thus directly affecting patient safety and adherence to medical advice. (Nahm, Stevens, Scott, & Gorman, 2012; Roca et al., 2003). Healthcare clinicians can empower clients through thorough preoperative or preventative health education, resulting in improved long-term healthcare maintenance (Nahm et al., 2012; Roca et al., 2003). The preoperative evaluation is a critical opportunity for anesthesia providers to distinguish the presence of HTN and its complications (Fleisher, 2002). Although the American Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthetists (AANA) do not specify guidelines on the management of preoperative HTN, the American College of Cardiology/American Heart Association Taskforce (ACC/AHA) make suggestions and provide guidelines to assist clinicians in the management of hypertension before surgery.

Definition: For this scholarly project, the definition of community-based preoperative anesthetic education is community-based preprocedural education that incorporates anesthesia and HTN implications. Teaching was focused on the preoperative anesthesia evaluation period.

Theoretical Framework

The PRECEDE (Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation) model guided this scholarly project. Research studies, in addition to organizations such as the CDC, have identified the PRECEDE framework as a public health planning model that aids in identifying, implementing and evaluating public health interventions (Butterfoss & Dunnet, 2005; Calano et al., 2019; Hering et al., 2005). PRECEDE is used as a holistic method for health promotion and disease prevention and comprises a thorough structure

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that utilizes four phases for developing, executing and assessing health promotion (Crosby & Noar, 2011).

Hypertension Management

Clinical guidelines for the management of HTN before surgery include specific BP parameters, follow-up intervals, pharmacological, and nonpharmacological interventions. According to ACC/AHA (2017), the diagnosis of HTN is a BP measurement greater than 130/80 mmHg. Hypertensive patients with or without cardiovascular disease are recommended to maintain a BP of less than 130/80 mmHg regardless of age (Whelton et. al., 2017).

Literature suggests treatment of BP above 180/110 prior to elective surgery, up to and including delaying surgery in order to optimize BP regardless of race (Eagle et al., 2002; Howell, 2018; Whelton et al., 2017). Although there is a minimal association between elevated BP and postoperative outcomes, hypertensive patients are vulnerable to perioperative myocardial ischemia, arrhythmias, BP variability, stroke and increased bleeding (Fleisher, 2002; Wax et al., 2010).

Patients undergoing surgery should follow medical recommendations to manage anti-hypertensive medications. Standard drug classifications include Beta-blockers (BB), Alpha-2-Agonist (A2A), Angiotensin-converting-enzyme inhibitors (ACE inhibitors), and Angiotensin II receptor blockers (ARBs). BB and A2A are recommended to be continued in patients undergoing major surgery (Whelton et al., 2017; Wijeyesundera et al., 2014). Abrupt preoperative cessation of specific BB or A2A such as clonidine can lead to a rebound hypertensive crisis (Yancey, 2018). However, consideration to hold ACE inhibitors and ARBs the day of surgery should be taken to avoid perioperative hypotension (Whelton et al., 2017; Wijeyesundera et al., 2014).

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Patients with high BP can practice nonpharmacologic interventions to assist in reducing HTN including weight loss and adhering to a heart-healthy diet (Whelton et al., 2017). Increasing fruits, grains, and vegetables have the potential to decrease systolic BP by 11 mmHg (Whelton et al., 2017). Also, the consumption of alcohol should be limited to two drinks per day for men and one per day for women (Whelton et al., 2017). Further recommendations include adults newly diagnosed with HTN visit their general practitioner to reevaluate their BP within one to six months based on cardiovascular risk and management (Whelton et al., 2017).

The Pre-Anesthetic Evaluation Period and Education

The anesthesia provider is responsible for educating patients regarding their anesthesia care. The majority of education takes place during the pre-anesthetic evaluation period that precedes surgical or non-surgical procedures. Although the literature does not state a clear definition of the preanesthetic evaluation, the ASA and AANA acknowledge this period as essential for patient education, organization of resources, and formulation of a detailed perioperative anesthesia plan (AANA, 2019; ASA, 2012). However, the pre-anesthetic evaluation period can be limited by time constraints and patient anxiety, thus decreasing time for a thorough education on chronic conditions (Hering et al., 2005; Nahm et al., 2012).

While studies are limited, research shows that preoperative education before the day of surgery enhances patient knowledge of anesthesia and satisfaction (Hering et al., 2005; Nahm et al., 2012). Barriers within the AA community that may affect the utilization of healthcare services such as preoperative education includes poor health behaviors, medical costs, lack of medical insurance, and limited social support (Pullen, Perry, & Oser, 2014; Sanders, Talley, Caito, & Kreuter, 2009). Community-based health education can overcome these barriers by enhancing healthcare knowledge, intentions, and outcomes (Halbert et al., 2017; Hall, Guidry, &

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Jones, 2017; Howard et al., 2018; Wells et al., 2013; Wilson et al., 2008; Victor et al., 2018).

Benefits of unconventional health education and screenings within the AA community include decreased BP, enhanced physical activity, and a lower rate of hospitalizations (Halbert et al., 2017; Wells et al., 2013; Victor et al., 2018). These achievements prove that education provided in influential environments increases adherence to healthy lifestyle practices (Hall, Guidry, & Jones, 2017; Victor et al., 2018).

Community-Based Health

Non-traditional and trusted establishments such as hair salons, barbershops, and churches are successful in reaching community members (Howard et al., 2018; Wilson et al., 2008; Victor et al., 2018). Church-led health education in the AA community implemented by research studies has shown to improve health maintenance (Aaron et al., 2003; Howard et al., 2018; Farmer & Young, 2016). According to Aaron et al., (2003) and Steffen, Hinderliter, Blumenthal, & Sherwood (2001), participation in faith-based organizations was associated with an increased likelihood of adjustments in health behaviors. Churches have a strong influence within the AA community, and therefore are an ideal location for healthcare education (Aaron et al., 2003; Howard et al., 2018).

Applicability to Practice

The review of the literature supports the role community health education has on preventive health. Management of HTN in the perioperative period is focused on prevention and reduction of organ damage and mortality (Howell, 2018). However, gaps in the literature suggest a need for community-based research that incorporates preoperative anesthetic health education.

This scholarly project has contributed to the awareness of the proposed problem by utilization of a public platform to educate individuals on preoperative BP management and the

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risks of perioperative HTN complications. Our findings will be presented to our peers and faculty to increase awareness of the clinical issue. The project has determined the practicality of utilizing a community-based environment within the AA population, with the desire to expand learning within the community. The innovation offered evidence-based recommendations to the practice of anesthesia by identifying a receptive learning environment to reduce perioperative risks associated with uncontrolled HTN.

Project Aims

The scholarly project sought to advance research on the effects of community-based anesthetic education. The primary aim of our scholarly project was to determine the effectiveness of community-based preoperative anesthetic educational seminars on HTN and to evaluate the knowledgebase and retention of AA church-goers at GPBCG. The secondary aim offered evidence-based recommendations based on relevant results.

The objectives of the scholarly project were to:

1. Measure the difference in knowledgebase and knowledge retention within the AA community at GPBCG on BP management as well as perioperative anesthetic hypertensive complications utilizing pre- and post-test scores at the completion of the educational seminar as well as at one- and three-months post-intervention.
2. Make evidence-based recommendations for implementation of community based anesthetic education to the AHU faculty, peers, stakeholders and subjects based on data analysis

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Methodology

The implementation of this project was performed using a quantitative method utilizing a quasi-experimental design as the chosen methodology. The quantitative method permits the assessment of numerical data by using statistical analysis to measure intervention outcomes (Melnyk & Fineout-Overholt, 2019). The quasi-experimental design evaluates the impact of the intervention of the AA population without requiring a control group or randomized sample (Melnyk & Fineout-Overholt, 2019). The chosen method allowed for the manipulation of the independent variable and signified the impact that the independent variable had on the dependent variable (Melnyk & Fineout-Overholt, 2019).

The study was conducted within Brevard County in the city of Palm Bay, Florida. The population size of Palm Bay is 115,552, with 18.7% being AA or of black descent (U.S Census, 2019). The study was conducted at a predominantly AA church, GPBCG. GPBCG has 150 church members. The scholarly project had minimum convenience sample size of 21 subjects. The sample size was determined using XLSTAT 2020 power analysis tool. Parameters include conventional values for power at 0.9, alpha at 0.05, and the effect size at 0.3. The project accounted for attrition by increasing the sample size by 30%, bringing the total sample size of at least 27 subjects. Multiple sources were used to structure and develop the educational content for the PowerPoint presentations and handouts.

The selected delivery method included a face-to-face PowerPoint presentation. The seminar consisted of one 60-minute educational session on preoperative anesthetic hypertension education. Co-investigators strictly followed the PowerPoint presentation and handbook narrative. The session was held on the morning of the seminar date. Attendees were allowed to attend one educational session. All who attend the educational seminar were consented and

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received pre- and post-tests. The attendees received an agreement to participate form; it was reviewed with the attendees and all questions were answered. Subjects created a de-identification code. The code was used to link the subject's email and pre- and post-tests. The unique identifier was generated by using the first letter of the subject's first and last name as well as the subject's mother's date of birth (MMDDYYYY). Before the educational seminar began, each attendee was asked to complete the provided pre-test. Upon completion of the pre-test, the co-investigators collected all pre-tests and provided educational handouts immediately before the commencement of the educational session. Time allocated for the educational session was 30-45-minutes; subjects were allowed to ask questions for approximately 10-15 minutes at the end of each session. One session was conducted by reason of achieving the appropriate minimum sample size. Pre- and post-tests were used to assess the effectiveness of the educational seminars.

Due to the Coronavirus (SARS-CoV-2) pandemic, alternative options for the innovation included seminars held in the outdoor area of the facility to expand social distancing without significantly limiting attendance. If building capacity size decreased, seminars were to be scheduled in time-block sessions on the day of the event. Subjects would have the opportunity to sign up to attend prior to the event. Block sessions would have been added as needed. Inclusion criteria included the diagnosis of HTN, English literacy, and people of African or black descent. Exclusion criteria included subjects under the age of 18 or above 89 years old.

The co-investigators, Samantha Gibson and Katelynn Malivert, recruited subjects at GPBCG during the announcement period of church services. Church-goers had the opportunity to sign-up for the seminar after church service. Recruitment was conducted every Sunday for approximately four weeks, beginning Spring 2021. Flyers advertising the educational seminar was placed in the church bulletin and passed out to church-goers weekly during the recruitment

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period (See Appendix C). Referral sampling was also used. Potential discomforts of participants included disclosure of medical history of HTN. The Agreement to Participate form included a privacy clause as well as a statement limiting subject attendance to only one session. Agreement to participate was obtained before the educational seminar commenced. Each subject was gifted a “Blood Pressure Recorder Pocket Pal”. “Blood Pressure Recorder Pocket Pal” carries a monetary value of 0.49 cents each.

Pre- and post-test data was collected by the co-investigators. Subjects had a total of four surveys to complete. One pre- and post-test was given on the day of the educational seminar, then consecutive post-tests was distributed by email utilizing SurveyMonkey in one and three months. If subjects did not have email addresses, post-tests were mailed to their homes. The pre-test demographic information included age, email address or physical address, whether the subject can read English, and the diagnosis of HTN. Pre- and post-tests were developed by the co-investigators using evidence-based guidelines to create multiple choice questions to evaluate learning (see Appendix D). Face validation was completed to authenticate the pre- and post-test questionnaire. Pre- and post-tests achieved a Flesch-Kincaid readability score of 7.5. The pre-test survey included questions regarding HTN, management of HTN prior to anesthesia, and anesthesia-related complications due to HTN. Each post-test included the same questions arranged in varying order. To test for reliability, researchers conducted a test-retest analysis of the developed instrument (Garrard, 2017).

Data analysis was conducted utilizing the Analysis of Variance for Repeated Measurements (RM-ANOVA) method. RM-ANOVA can be used in studies that aim to investigate changes in mean scores of at least three months. Additionally, it allows collected data to be analyzed from the same group of subjects multiple times. Our pre-and post-test data was

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collected after each of the four assessments and analyzed at three months. Statistical Package for the Social Sciences version 22 (SPSS v22) was used for analysis of data to calculate group mean scores. To maintain privacy and confidentiality, surveys were scanned and stored in a password protected SharePoint folder. Original copies were destroyed once secured on a SharePoint file. All copies of surveys will be destroyed after five years. The study upheld rigor by reporting barriers and maintaining transparency.

The PRECEDE framework guided our scholarly project's methodology. The initial phase incorporated a social assessment; HTN was identified as the social problem within the AA community. The second phase included an epidemiological evaluation; the literature revealed various barriers to healthcare maintenance in AAs. Thirdly, an ecological assessment was performed, and community-based education was identified as a method to promote health education and maintenance. Phase four was assessed during the key player interview, which identified organizational and policy factors. The final stage included implementation of the interventions which incorporated our educational seminar.

Planning and Procedures

Planning

Major stakeholders of the project innovation were John Lewinson (Pastor of GPBCG) and Leanora Lewinson (Educational Director of GPBCG). Health maintenance within the church community can sustain church membership, thus allowing the buy-in of stakeholders. Due to the nature of our project a needs assessment or grant support is unwarranted. All resources used to facilitate this project will be privately funded.

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Implementation

The educational seminar served as our intervention. Upon commencement of the seminar, a pre-test was provided to assess baseline knowledge of HTN concerning anesthesia. Post-tests were provided immediately after the seminar and then re-distributed via email at one and three months. Collected scores were analyzed after three months to assess the change in knowledge base and retention.

Barriers and Facilitators

Social barriers included restrictions to the allowable gathering size due to COVID-19 social distancing regulations and the ability to conduct face-to-face communication. Although not implemented, solutions to anticipated barriers included: alternative outdoor seminar location and/or scheduling multiple seminars to accommodate social distancing regulations. Facilitating factors that the project site provided included the expertise of key players, administrative support, and technological assistance.

Procedures to Sustain

Sustainability was addressed by providing each participant with a “Blood Pressure Recorder Pocket Pal” gift. Additionally, the project committee assisted in maintaining consistency by periodic re-evaluation of the proposed project.

Timeline

In April 2020, the scholarly project proposal was approved by the AHU Doctor of Nurse Anesthesia Practice Department. Following approval, stakeholders were interviewed in June 2020. The interviewees included: John Lewison (Senior Pastor of GPBCG), Leanora Lewison (Educational Director), and Lurline Grant (end-user). In June 2020, a PowerPoint of the proposed methods was presented for faculty review for project viability and to Dr. Roy Lukman

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to confirm the statistical data analysis method. In December 2020, a comprehensive portfolio including a summary of educational objectives was submitted for approval to the Institutional Review Board (IRB) and Scientific Review Committee (SRC). This project was deemed not research by the AdventHealth Orlando IRB and was converted to a quality improvement project in January 2021. Between the time period of March -June 2021, the project was disseminated. Data collection included pre-test and post-test scores that were analyzed by SPSS v22 software after three months. In the Spring of 2022, a poster and PowerPoint presentation will display study recommendations collected from the findings.

Results/Findings

Qualitative and Quantitative

The educational seminar included a final sample of 32 participants. The response rate of participants were as follows: baseline knowledge pre-test consisted of 32 participant responses, baseline knowledge post-test consisted of 30 participant responses (immediately after), knowledge post-test one-month consisted of 11 participant responses and knowledge post-test three-months consisted of nine participant responses. All project participants met required inclusion criteria which included an ethnic background of AA or black descent, between 18-89 years of age, English literate and previously diagnosed with HTN. The study excluded five church-goers who did not meet inclusion criteria of having a medical diagnosis of HTN.

Quantitative

The participant responses to initial pretest questions were heterogeneous as the knowledgebase of HTN and surgery varied immensely. The responses from the 10-question pre-test assessment (Know Pre) consisted of a mean value of 6.69 (n = 32). At the conclusion of the educational seminar, the responses from the post-test (Know Post) assessment consisted of a

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mean value of 8.47 (n = 30). Additional post-tests were performed to all participants one and three months after the educational seminar, the one-month post-test (Know 1Post) consisted of a mean value of 7.91 (n = 11) and the three-month post-test (Know 3Post) consisted of a mean value of 7.56 (n = 9). Post-tests scores increased in mean value when compared to pre-test mean value scores (see Figure A).

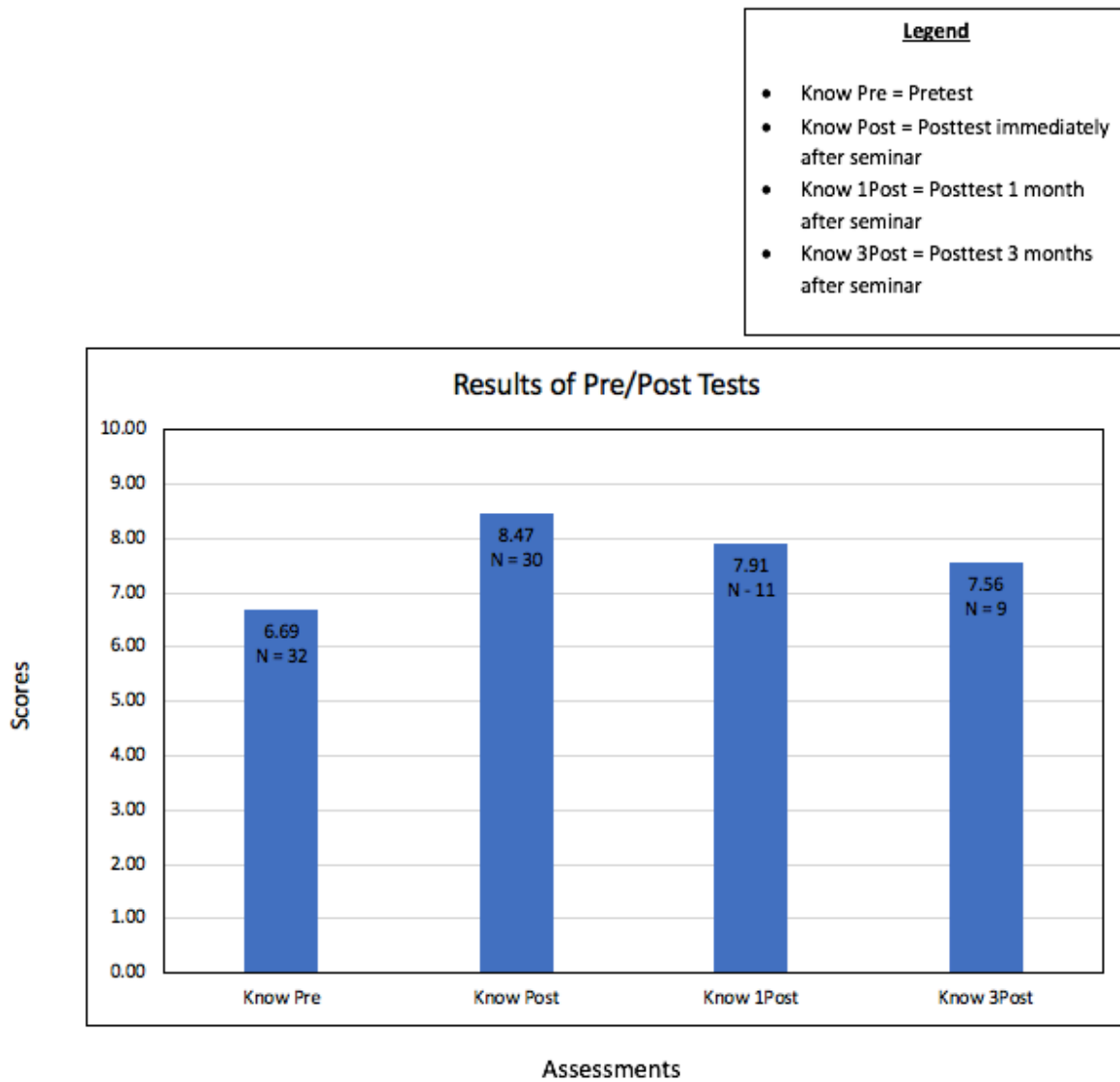


Figure A.

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Statistical Package for the Social Sciences (SPSS) was utilized to analyze project data. Findings post-implementation exhibited a group mortality of approximately 63% on the one-month post-test (Know 1Post). The paired sample statistics chart below analyzes the change in mean scores between initial baseline knowledge pre and post-test (Know Pre & Know Post). The obtained t-value achieved statistical significance ($t = -3.672$, $p = .001$).

Paired Samples Statistics

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 VAR00001	6.8667	30	1.71672	.31343
VAR00002	8.4667	30	1.73669	.31707

Table 1.

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 VAR00001 - VAR00002	-1.60000	2.38675	.43576	-2.49123	-.70877	-3.672	29	.001

Table 2.

Discussion, Applicability to Practice, and Contribution to Professional Growth

African Americans have an increased incidence of HTN when compared to their non-AA counterparts. Inadvertently, this places AAs at an increased risk for morbidity and mortality due to perioperative hypertensive incidents and fluctuations in hemodynamics. The review of literature supports the effectiveness of community health education in the AA population. The purpose of our scholarly project was to determine the effectiveness of a community-based

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preoperative anesthetic educational seminar on HTN and to evaluate the knowledge base and retention of AA church-goers at GPBCG. A secondary purpose was to provide evidence-based recommendations.

The findings of the scholarly project provided various contributions to both healthcare and future studies. The project's pre and post-test data (see Appendix A) showed significant increase in the knowledgebase of participants on completion of the educational seminar ($t = -3.672$, $p = .001$). It can be presumed that community education, specifically in the AA population, increases the knowledge of perioperative anesthesia on HTN. The project revealed that community education is a receptive platform for preventative healthcare teaching in the AA community. Anesthesia providers have the opportunity to greatly impact their local AA population through community-based education. Although uncommon, community education on anesthesia and its implications have the potential to significantly reduce the risk of anesthetic complications caused by poorly managed comorbidities.

The sample population possessed various characteristics that created barriers to data collection. Common barriers included comprehending key survey instructions such as how to create personal identification codes. Multiple participants reported loss of personal identification codes as well as issues in accessing and operating personal emails and surveys. Lastly, a number of surveys were partially completed contributing to unusable data.

In summary, the study's findings revealed community-based health education in the AA population improves the knowledgebase of participants. Benefits of community-based education were exhibited when comparing pretest (Know Pre) to posttest (Know Post) data which attained a statistical significance of $p = .001$ ($t = -3.672$). Meaningful analysis of data could not be

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obtained due to a large attrition of participants (63%) in posttest one month (Know 1Post).

Therefore, knowledge retention could not be measured.

The innovation PICOT, project aim and objectives targeting knowledge base of participants was statistical significance ($p = .001$, $t = -3.672$). However, the knowledge retention portion of the innovation PICOT, aims and objectives could not be measured. The PRECEDE framework model steered the scholarly project and aided in health promotion. The ecological assessment of the PRECEDE framework suggested the benefits of community-based education in health promotion. The results of the scholarly project confirmed the value of community-based education in the AA population as evidenced by achieving statistical significance in knowledge-base improvement.

The project's data provided limited but useful insight on the validity of community-based education on improving knowledgebase in the AA population. Increase in knowledgebase at the completion of the educational seminar suggests the participants' ability to gain and apply new knowledge in a social setting. However, data on knowledge retention must be reevaluated with emphasis on long-term group retention before data suggestions can be made. An unanticipated outcome of the scholarly project included a large attrition rate within the first three months of data collection.

Implementation of the scholarly project revealed necessary changes to assist future application of community-based healthcare education. The study provides the following recommendations: the use of community healthcare education in the AA community should be encouraged as this population is readily receptive to new information. Suggestions for sustainability of future community-based projects include advanced planning and recruitment, incentivizing participants with small gifts was paramount in seminar attendance. Practice

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changes should include additional educational seminars (i.e. bi-annually, quarterly etc.) to enhance retention of knowledge. Plans that address challenges during implementation could include creation of retention plans. Retaining participants should include utilization of convenient methods of dissemination of surveys (such as face to face follow-up). If most participants are technologically naive, consider using handwritten surveys with mail-in options for long-term assessments. However, additional research studies are necessary to determine the strength of applicability to anesthesia practice exclusively.

Our project contributed to the awareness of the identified problem by utilizing a public podium to inform the AA population on preoperative BP management and the risks of perioperative HTN complications. Thus, affording a potential resolution to aid in decreasing the knowledge gap in AA and the importance of healthcare management. The scholarly project showed a direct impact on the knowledgebase in the study's population. Community education increased knowledge thus providing statistical significance within the knowledgebase assessment. The scholarly project cannot make direct statements on the impact to the anesthesia profession; however, the proposed impact on anesthesia and surgical healthcare may provide improvement in managing patient comorbidities such as HTN. Teaching an at-risk population the importance of proper management of HTN before undergoing anesthesia may decrease perioperative hypertensive events and or complications.

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Limitations

Some limitations that were foreseen include a projected convenience sample of at least 21 subjects. Small sample size affected the reliability of the data. Limitations in recruitment included church bulletins and flyers being overlooked by church-goers, as well as inconsistent church attendance leading to a decreased sample size. The sample population was confined to AAs with pre-existing HTN consequently restricting the number of subjects. The study contained probable recall.

Conclusion

Health care professionals will require innovative initiatives to assist AAs in overcoming healthcare barriers. Research demonstrates increase in healthcare knowledge and outcomes with community-based healthcare interventions; unfortunately, there is limited research that incorporates anesthesia education within the community setting. Therefore, this scholarly project sought out to investigate the impact that community-based preoperative anesthetic education has on the AA population. The results of this scholarly project revealed that educational seminars on BP management as well as perioperative anesthetic hypertensive complications within the AA community does increase the knowledge base of this population ($p = .001$, $t = -3.672$). Future studies that incorporate recurrent community-based education seminars on the topic of anesthesia are necessary to determine the impact on knowledge retention.

Dissemination

In Spring 2022, at AHU in Orlando, Florida, dissemination of our findings will be publicly presented to AHU faculty, students, GPBCG stakeholders and church-goers. A poster and PowerPoint presentation will be used to address evidence-based recommendations based on the pertinent findings.

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Appendix A

Matrix Tables

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<p>Pullen, E., Perry, B. and Oser, C. (2014). African American <u>women's</u> preventative care usage: the role of social support and racial experiences and attitudes. <i>Social Health Illn</i>, 36: 1037-1053. doi:10.1111/1467-9566.12141</p> <p>Sanders Thompson, V. L., Talley, M., Caito, N., & Kreuter, M. (2009). African American <u>Men's</u> Perceptions of Factors Influencing Health-Information Seeking. <i>American Journal of Men's Health</i>, 6–15. https://doi.org/10.1177/1557988307304630</p>					
Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
<p>Study One To identify health concerns and the health seeking behavior among African American males.</p> <p>Study Two To explore the elements that determine African American <u>women's</u> usage of preventative care services</p>	<p>Study One Primary Outcome: Identification of health needs</p> <p>Secondary Outcome Economic and community tradition effect on health practices</p> <p>Study Two Primary Outcome: Attending an annual physical exam</p>	<p>Study One Subjects: Total of 43 African American males participated in one of twelve focus groups.</p> <p>Settings: Discussions were held in a public library, church, city hall center, university, and community research van.</p> <p>Study Two: Subjects: 205 low income, African American women, at least 18 years of age.</p> <p>Settings: Meeting areas in public libraries and study offices.</p>	<p>Study One Demographic questionnaire, Two standardized focus group scripts, Sessions were audiotaped and transcribed.</p> <p>Study Two Personal computer assisted interviews, binary logic regression, <u>Stata's</u> logit command, <u>Andersen's</u> health behavior model, Natural Element Method (NEM), post hoc analysis, and correlation matrix.</p>	<p>Study One Data suggested multiple issues influence health seeking behavior.</p> <p>Study Two 67% reported attended a physical exam the previous year. 29% identified lack of insurance as barrier to healthcare.</p>	<p>Study One Methodological flaws: Qualitative study, non blinded, monetary incentive, unvalidated outcome</p> <p>Inconsistency: None</p> <p>Indirectness: None</p> <p>Imprecision Small sample size. Focus group size varied</p> <p>Publication bias Sponsored by National Cancer Institute</p>
Design	<p>Secondary Outcome: Cultural mistrust, Racial discrimination, Access to healthcare, preventative care use, religious impact, source of health information, social demographic, and social support</p>			Implications	<p>Study Two Methodological flaws: Lack of diverse sample, monetary incentive, unvalidated outcome</p> <p>Inconsistency: None</p> <p>Indirectness: None</p> <p>Imprecision:</p>
<p>Study One Focus group interviews, qualitative study, communication focused study</p> <p>Study Two Descriptive, Epidemiology study</p>				<p>Study One Six out of 43 volunteers had an annual income of >\$40k. At least 50% of participants had a high school degree or less.</p> <p>Study Two</p>	

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				Sample does not represent general public, large amount of drug users	None Publication bias: None
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<p>Aaron, K. F., Levine, D., & Burstin, H. R. (2003). African American church participation and health care practices. <i>Journal of General Internal Medicine</i>, 18(11), 908-13. doi:http://dx.doi.org.resource.ahu.edu/10.1046/j.1525-1497.2003.20936.x</p> <p>Victor, R. G., Lynch, K., Li, N., Blyler, C., Muhammad, E., Handler, J., Elashoff, R. M. (2018). A cluster randomized trial of blood-pressure reduction in black barbershops. <i>The New England Journal of Medicine</i>, 378(14), 1291-1301. doi:http://dx.doi.org.resource.ahu.edu/10.1056/NEJMoa1717250</p>					
Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
<p>Study One To test hypertensive management in black men through blood pressure control programs in barbershops</p> <p>Study Two Explored the relationship between church participation and healthcare practices among low-income African American communities</p>	<p>Study One Primary Outcome: Systolic blood pressure</p> <p>Secondary outcome: diastolic pressure, the rate of meeting blood pressure goals, number of <u>anti-hypertensive</u> drugs, adverse drug reactions, self-rated health, and participant engagement.</p> <p>Study One: Primary Outcome: Frequency of church attendance</p>	<p>Study One: Subjects: 319 African American males, 35-79 years old with systolic blood pressure of ≥ 140 mmHg on two screening days. Participants were regular clients (≥ 1 haircut every 6 weeks for ≥ 6 months).</p> <p>Setting: 52 black-owned Barbershops</p> <p>Study Two: Subjects: 2,196 African American adults (≥ 18 years old)</p> <p>Settings: Homes of Low-income predominantly African</p>	<p>Study One: Computer-based questionnaires, oscillometric blood pressure monitor, iSTAT</p> <p>Study Two: Bivariate analysis, multivariate logistic regression, stratified sampling survey, general health interview</p>	<p>Study One: At 6 months the mean reduction in systolic blood pressure in the intervention was 21.6 mmHg greater than in the control group 95% [14.7, 28.4]</p> <p>Study Two: Attending church regularly increased likelihood of dental visits 95% [1.3 to 1.9] and blood pressure monitoring 95% [1.2 to 2.1]</p>	<p>Study One: Methodological flaws: Non blinded, Inconsistency: none Indirectness: none Imprecision: Higher number of participants in control group than intervention. Publication bias: None</p> <p>Study Two: Methodological Flaws: Unvalidated outcome, observational study Inconsistency: None Indirectness: None Imprecision: None Publication bias: None</p>
Design				Implications	
<p>Study One Cluster randomized trial, pharmacist led intervention or active control approach</p> <p>Study Two</p>	<p>Secondary Outcome: Pap smear within 2 years, mammogram within 2 years, dental visit within 2 years, blood pressure measurement within a</p>			<p>Study One: Intention to treat analysis used, 7 lost to follow up. Study Two: Focus on organizational religion not subjective</p>	

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Cross-sectional analysis using survey data	year, routine source of care and no delay of health care	American neighborhoods		religion or spirituality. Unable to determine causality of results.	
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References

Howard, A., Morgan, Phyllis., Fogel, J., Gandhi, N., Klein, J. B., Coleman, S. D., . . . Withers, D. (2018). A Community/Faith-based education program to increase knowledge and shared decision making behavior for prostate cancer screening among black men. *ABNF Journal*, 29(3), 61-68. Retrieved from <https://resource.ahu.edu/login?url=https://search-proquest-com.resource.ahu.edu/docview/2190964752?accountid=35793>

Wilson, T.E., Fraser-White, M., Browne, R., Feldman, J., Price, M., Homel, P., ... Davis-King, D. (2008). Hair Salon Stylists as Breast Cancer Prevention Lay Health Advisors for African American and Afro-Caribbean Women. *Journal of Health Care for the Poor and Underserved* 19(1), 216-226. doi:10.1353/hpu.2008.0017.

Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
<p>Study One: To assess the effectiveness of breast health education by salon stylist and its effects on screening practices in African American women.</p> <p>Study Two: To assess outcome of culturally targeted community/faith based(CFB) prostate cancer (PC) education for black men.</p>	<p>*Study One: Primary Outcome: Assess impact of participation in experimental versus control salons</p> <p>Secondary Outcome: Whether women in control or experimental groups (EG) were exposed to breast health education regardless of study</p>	<p>Study One: Subjects: 1,185 African American or Afro-Caribbean women >45 years old, salon clients</p> <p>Setting: 5 neighborhoods in Brooklyn, NY, 40 salons</p> <p>Study Two: Subjects: 438 Black men, >=40 years, English speaking, Resident of 2 specific counties in Virginia</p> <p>Setting: 12 Black churches in Prince William County, Virginia</p>	<p>Study One: <u>Chronbach's</u> alpha scale Follow up anonymous self-report evaluation General estimating equations logistic regression models (GEE) Random number generator</p> <p>Study Two: Pretest Questionnaire, educational session with urologist physician, testimony of prostate survivor, 3-month post follow up to determine if patient had prostate screening check. multivariate logistic regression analysis.</p>	<p>Study One: Intends to have clinical breast exam in next year 95% CI 1.87 (1.11-3.13) Intentions to have mammogram in next year 95% CI 1.34(.88-2.04)</p> <p>Study Two: <u>Post-test</u> values were all above 90% with knowledge increased by 48% and intentions 17.8%</p>	<p>Study One Methodological flaws: Non-blinded, mishandling of missing information, Inconsistency: none Indirectness: 1/3 of stylists at experimental salons received training. Imprecision: <40% of clients in EG received breast health education Publication bias: none</p> <p>Study Two: Methodological flaws: No recruitment randomization Inconsistency: none Indirectness: none Imprecision: No Confidence interval provided for primary outcome</p>
Design	Study Two:			Implications	
<p>Study One: Two anonymous cross-sectional assessments Randomized design</p> <p>Study Two: Pre-test/<u>post-test</u> survey design</p>	<p>Primary Outcome: Increased knowledge, increased intentions, shared decision making (SDM) conversation with a physician on prostate cancer screening.</p>			<p>Study One: Decreased desire of stylists to educate on breast health post training Study Two: CFB can be successful in educating & improving PC</p>	

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				screening behavior among Black men.	Publication bias: none
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References

Halbert, C. H., Bellamy, S., Briggs, V., Delmoo, E., Purnell, J., Rogers, R., . . . Johnson, J. C. (2017). A comparative effectiveness education trial for lifestyle health behavior change in african americans. *Health Education Research, 32*(3), 207-218.

Hall, M. B., Guidry, J. J., & Jones, L. A. (2017). Mobile mammography unit utilization: Perceptions and interests among african american women. *American Journal of Health Research, 5*(6), 193-197

Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
<p>Study One Gain insight on perceptions of mobile mammography unit (MMU) utilization among African American (A.A) women.</p> <p>Study Two To compare the effects of alternate behavioral interventions on changes in obesity-related behaviors in African American (A.A).</p>	<p>Study One Primary Outcome: Breast cancer screening adherence.</p> <p>Secondary Outcome: Empowerment to engage in health promoting behaviors.</p> <p>Study Two Primary outcome variables: physical activity (PA) and fruit and vegetable intake.</p> <p>Secondary outcomes: Follow up and health behavior modification education effect.</p>	<p>Study One Setting: local grocery stores, community centers, churches, shopping centers and hair salons to act as recruitment sites.</p> <p>Subjects: 61 A.A women (six focus groups), with Age 35 and 65, Harris County, Texas resident, no cancer history(hx).</p> <p>Study Two Setting: College University, Philadelphia, PA Subjects: 530 (2 groups) A.A, ages 18-75, no cancer hx, no cardiovascular event, eating disorders, individuals in weight loss programs.</p>	<p>Study One Demographic questionnaire, Interview guide with use of Digital recorder, Inductive-deductive content analysis method via NVivo qualitative analysis computer software</p> <p>Study Two Telephone interview and lifestyle behavior intervention sessions, Health Information National Trends (HINT) Survey used to evaluate outcomes. McNemar Test for data analysis.</p>	<p>Study One Participants perceived the MMUs as an effective strategy to increase adherence.</p> <p>Study Two 47.4% met Physical activity guidelines at baseline, and 52.4% at follow-up (McNemar= 8.05, P= 0.005).</p> <p>Implications Study One Offering screenings during non-traditional hours and in highly accessible locations can increase compliance Study Two</p>	<p>Methodological flaws: Qualitative study monetary incentives. Inconsistency: none Indirectness: none Imprecision Small sample size No Confidence interval provided Publication bias none</p> <p>Study Two Methodological flaws: None Inconsistency: None Indirectness: Different interventions Imprecision: No Confidence interval provided for specific result. Publication bias</p>

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				Education strategies for health behavior change may be useful for decreasing obesity among AA	none
References					
Wells, K. B., Jones, L., Chung, B., Dixon, E. L., Tang, L., Gilmore, J., ... & Ramos, E. (2013). Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression disparities. <i>Journal of general internal medicine</i> , 28(10), 1268-1278.					
Farmer, M. S., & Young-Clark, I. (2016). Blood pressure control for African American parents and children: Feasibility and initial outcomes of a faith-based intervention pilot study. <i>Journal of Health Disparities Research and Practice</i> , 9(2), 3.					
Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
<p>Study One To compare Community Engagement (CE) and Resources for Services (RS) to implement depression quality improvements (QI).</p> <p>Study Two Determine the feasibility and initial outcomes of a faith-based intervention to improve blood pressure (BP) control in African Americans (A.A)</p>	<p>Study One Primary outcomes: Self-reported mental health-related quality of life (HRQL) and probable depression</p> <p>Secondary outcomes: physical activity, employment, homelessness risk factors and services use, hospital stays</p> <p>Study Two Primary outcomes: attendance and completion rates</p> <p>Secondary outcomes: Health behaviors (fruits/vegetables (F/V) physical activity) and</p>	<p>Study One Setting: Hollywood-Metro and South Los Angeles.</p> <p>Subjects: 1,018 depressed patients 87% latino and or African American</p> <p>Study Two Setting: 3 churches in North Florida</p> <p>Subjects: 17 A.A (parents and children)</p>	<p>Study One 8-item Patient Health Questionnaire (PHQ-8), Client self-report at 6-month telephone follow-up. SUDAAN Version 10 was used for analysis.</p> <p>Study Two Questionnaire descriptive statistics, paired t-tests, and correlations</p>	<p>Study One CE is more effective than RS at improving outcomes (each p<0.05, 8.98 -12.27).</p> <p>Study Two F/V intake increased in adults (p=.02) and some significance in children (p=.07). Positive trends at <u>post-test</u> were noted in PA, BMI, SBP and DBP in both groups.</p>	<p>Study One Methodological flaws: Non-blinded, no standardized recruitment Inconsistency: none Indirectness: none Imprecision: none Publication bias: Funded by National Institute of Mental Health</p> <p>Study Two Methodological flaws: No control group, Pastor selected participants Inconsistency: none Indirectness:</p>
Design				Implications	
<p>Study One Cluster Randomized trial</p> <p>Study Two Pilot study</p>				<p>Study One The percentage of clients hospitalized for</p>	

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	physical health (BMI, systolic BP and diastolic SB).			behavioral health was lower in CE intervention Study Two Findings show feasibility and opportunity for future study with more rigor	Significant population age difference Imprecision: Small sample size Publication bias: Pilot study
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References

Nahm, E., Stevens, L., Scott, P.S., & Gorman, K. (2012). Effects of a web-based preoperative education program for patients undergoing ambulatory surgery: a preliminary study.

Roca, B., Nadal, E., Rovira, R. E., Valls, S., Lapuebla, C., & Lloría, N. (2003). Usefulness of a hypertension education program. *Southern Medical Journal*, 96(11), 1133-1137. doi:10.1097/01.SMJ.0000053454.67173.48

Purpose	Variables	Setting/Subjects	Measurement and Instruments	Results	Evidence Quality
<p>Study One To assess and compare the preliminary effects of supplemental web-based (WB) preoperative education program with usual preoperative education.</p> <p>Study Two To assess knowledge about hypertension (HTN) and its consequences and to evaluate the usefulness of a simple education program to improve such knowledge.</p>	<p>Study One Primary outcomes: Web-based group (WBG) education on anesthesia knowledge, satisfaction with teaching, and anxiety</p> <p>Secondary outcomes: Sufficient & timely preoperative education, patient convenience</p> <p>Study Two Primary outcomes: HTN knowledge base & usefulness of education program to improve knowledge</p> <p>Secondary outcomes: Adherence to medication regimen</p>	<p>Study One Setting: University of Maryland Medical Center (UMMC) in Baltimore, MD</p> <p>Subjects: 69 Participants were recruited from the Preoperative Evaluation and Preparation Center at UMMC. 66% African American, 68% female.</p> <p>Study Two Setting: General Hospital of Castellon, Spain, a tertiary care center</p> <p>Subjects: 102 Participants were recruited as follows:</p>	<p>Study One Paired t-tests, 20-item Standard Anesthesia Learning Test (mSALT) Questionnaire, 20-item Preoperative Intrusive Thoughts Inventory (PITI), 8-item Pre-admission Test Center Satisfaction Questionnaire (PATCSQ), 12-item Perceived Health Website Usability Questionnaire (PHWSUQ), ANOVA analysis</p> <p>Study Two Initial: Questionnaire to determine HTN knowledge, 15-minute</p>	<p>Study One The WBG (EmmiPlus) achieved significantly higher scores for anesthesia knowledge (t= 2.15, p=.04) & > satisfaction with teaching experience (t=2.13, p=.04)</p> <p>Study Two Baseline knowledge about HTN was improved 4 months after education program by 12% n=98. (P<0.005)</p> <p>Implications Study One WB preop educational programs are beneficial, larger & future study needs diverse sample</p>	<p>Study One Methodological flaws: Not randomized, non-blinded Inconsistency: none Indirectness: none Imprecision Small convenience sample, 1 participant lost to attrition Publication bias: none</p> <p>Study Two Methodological flaws: Not randomized, non-blinded. No standardized recruitment. Inconsistency: none Indirectness:</p>

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<p>The design was not clearly stated but it appears to be a 4 month follow up of a Quantitative study with Multivariate analysis</p>		<p>241 patient medical charts were reviewed by six physicians. Participants were picked based on HTN criteria.</p>	<p>explanation session & brochure. Follow-up: Telephone call, logistic regression, linear regression model, McNemar test, Wilcoxon signed rank test, Fishers exact test.</p>	<p>Study Two To reduce cardiovascular morbidity & mortality education programs designed to improve knowledge about HTN are needed and useful in practice.</p>	<p>none Imprecision 7 participant lost to attrition at follow up Publication bias: none</p>
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COMMUNITY-BASED HEALTH IN AFRICAN AMERICANS

Appendix B

Acronyms and Abbreviations

AA	African American
AAs	African Americans
A2A	Alpha-2-Agonist
ACC	American College of Cardiology
ACE	Angiotensin-converting-enzyme inhibitors
AHA	American Heart Association Taskforce
AHU	Advent Health University
ARB	Angiotensin II receptor blockers
ASA	American Society of Anesthesiologists
BB	Beta-blockers
BP	Blood Pressure
CDC	Center for Disease Control and Prevention
DM	Diabetes
GRADE	Grading of Recommendations, Assessment, Development and Evaluation
GPBCG	Greater Palm Bay Church of God
HTN	Hypertension
JNC	Joint National Committee
PRECEDE	Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation

Appendix C

Seminar Flyer

The flyer features a central graphic of a red heart with a silver stethoscope resting on it. The background is divided into red, orange, and white sections. Text is arranged in various shapes and colors to provide information about the seminar.

GIFTS FOR ALL!

ALL ARE WELCOME!

Got High Blood Pressure?

Come Join Us for a Health Seminar About...

BLOOD PRESSURE MANAGEMENT
(DIET, NORMAL VALUES & MORE)

PREPARING FOR THE UNEXPECTED
(SURGERY & ANESTHESIA)

WHERE:
GREATER PALM BAY CHURCH
OF GOD
2270 JUPITER BLVD SW,
PALM BAY, FL 32908

NURSE ANESTHESIA STUDENTS
SAMANTHA GIBSON, SRNA
KATELYNN MALIVERT, SRNA

DATE: TBA
TIME: TBA

Made with PosterMyWall.com

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Appendix D

Pre/Post-Test Questionnaire

Community Based Health in African Americans
Pre and Post Test Questionnaire

Objective #1: Identify the blood pressure measurement that corresponds with the diagnosis of high blood pressure.

1. **Which blood pressure meets the American Heart Association definition of high blood pressure?**
 - A. Greater than 100/60
 - B. Greater than 120/80
 - C. Greater than 130/80

Correct Answer: C

Rationale: According to ACC/AHA, the diagnosis of HTN is BP greater than 130/80 (Whelton et al., 2017)

Distractors: According to AHA, a blood pressure of greater than 120/80 is considered an elevated blood pressure; however, this is not a diagnosis of high blood pressure which begins at a blood pressure greater than 130/80. A blood pressure of 100/60 is a normal blood pressure. (AHA, 2020)

Objective #2: Differentiate the appropriate blood pressure readings for all individuals diagnosed with high blood pressure?

2. **Which blood pressure reading meets the American Heart Association recommendation for individuals with a history of high blood pressure?**
 - A. Less than 140/90
 - B. Less than 130/80
 - C. Less than 150/90

Correct Answer: B

Rationale: For adults with confirmed hypertension and known Cardiovascular disease (CVD) or 10-year Atherosclerotic Cardiovascular Disease (ASCVD) event risk of 10% or higher a BP target of less than 130/80 mm is recommended. For adults with confirmed hypertension, without additional markers of increased CVD risk, a BP target of less than 130/80 mm Hg may be reasonable (Whelton et al., 2017).

COMMUNITY-BASED HEALTH IN AFRICAN AMERICANS

Distractors: Maintaining a blood pressure of 140/90 and is recommended for people who have diabetes or chronic kidney disease regardless of age is an older JNC 8 recommendation. A blood pressure of 150/90 is the blood pressure for adults who do not have diabetes or chronic kidney disease is an older JNC 8 recommendation. These values are close to the correct answer which allows the reader to give the question more thought.

Objective #3: Identify the appropriate foods that aid in lowering blood pressure.

3. **Select the correct list of foods that can decrease blood pressure .**
- A. Canned green beans, Vegetables, Fruits
 - B. Grains, Fruits, Fresh vegetables
 - C. Fruits, Grains, Canned meats

Correct Answer: B

Rationale: According to the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, increasing fruits, grains and vegetables has the potential to decrease systolic BP by 11mmHg (Whelton et al., 2017) .

Distractors: High sodium foods such as canned foods and bacon can cause high blood pressure (University of California San Francisco, 2020).

Objective #4: Recognize the correct lifestyle modifications that can assist in lowering blood pressure.

4. Which risk factor below can an individual change to decrease high blood pressure?
- A. Age
 - B. Gender
 - C. Ethnicity
 - D. Reduce alcohol consumption

Correct Answer: D

Rationale: In the United States, alcohol may account for close to 10% of the population burden of hypertension (higher in men than in women).(Whelton et al., 2017).

Distractors include gender, ethnicity, and age. According to AHA, non-modifiable risk factors include gender, ethnicity, and age (AHA, 2020).

5. What can be done to lower blood pressure (Choose 2)?
- A. Lose weight
 - B. Eat a “Heart Healthy” diet
 - C. Reduce physical activity
 - D. Increase stress

Correct Answer: A & B

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Rationale: According to ACC/AHA, patients with high blood pressure can practice nonpharmacologic interventions to assist in reducing hypertension including weight loss and adhering to a heart healthy diet (Whelton et al., 2017).

Distractors include lack of physical activity and stress. According to the ACC/AHA, a lack of physical activity and increased stress are modifiable risk factors that increase the risk of hypertension. (Whelton et al., 2017).

Objective #5: Select at least 50% of the complications caused by uncontrolled high blood pressure when undergoing anesthesia for surgical procedures.

6. Uncontrolled high blood pressure can cause the following complications when undergoing anesthesia for a surgical procedure. (Choose three)
 - A. Heart Attack
 - B. Stroke
 - C. Decreased bleeding
 - D. Blood pressure swings

Correct Answer: A, B & D

Rationale: Hypertensive patients are vulnerable to perioperative myocardial ischemia (MI), arrhythmias, BP variability, stroke and increased bleeding (Fleisher, 2002; Wax et al., 2010; Hanada, Kawakami, Goto & Moto, 2006).

Distractors: Decreased bleeding is incorrect; patients with uncontrolled high blood pressure perioperatively will have increased risk of bleeding.

Objective #6: Identify the blood pressure reading that can result in possible cancellation or postponement of surgery.

7. **What blood pressure reading can result in delay or cancellation of a surgery?**
 - A. 160/90
 - B. 170/90
 - C. 180/110

Correct Answer: C

Rationale: Literature suggests treatment of BP above 180 /110 prior to elective surgery; this may include delaying surgery to optimize BP (Eagle et al., 2002; Whelton et al., 2017; Howell, 2018; Hanada, et. al., 2006)

Distractors: A blood pressure of 160/90 & 170/90 is close to the correct answer which allows the reader to give the question more thought.

Objective #7: Distinguish the classes of medications that are typically continued the day of surgery with those that are held the day of surgery.

COMMUNITY-BASED HEALTH IN AFRICAN AMERICANS

8. What blood pressure medications should be held the day of surgery?
- A. Beta Blocker (Drugs that end in - “lol”)
 - B. ACE Inhibitors (Drugs that end in - “pril”)
 - C. Alpha 2 Agonist (Clonidine)

Correct Answer: A & C

Rationale: Patients undergoing surgery should follow medical recommendations to manage antihypertensive medications. Common drug classifications include Beta-blockers (BB), Alpha-2-Agonist (A2A), Angiotensin-converting-enzyme inhibitors (ACE inhibitors), and Angiotensin II receptor blockers (ARBs). BB and A2A are recommended to be continued in patients undergoing major surgery (Whelton et al., 2017; Wijeyesundera et al., 2014). Additionally, consideration to hold ACE inhibitors and ARBs the day of surgery should be taken to avoid perioperative hypotension (low blood pressure) (Whelton et al., 2017; Wijeyesundera et al., 2014).

Distractor: Beta Blocker and Alpha 2 Blockers are recommended to be continued in patients undergoing major surgery; they should not be held (Whelton et al., 2017; Wijeyesundera et al., 2014).

9. Which blood pressure medications should be continued the day of surgery (Choose 2)?
- A. Beta Blocker (Drugs that end in - “lol”)
 - B. ACE Inhibitors (Drugs that end in - “pril”)
 - C. Alpha 2 Agonist (Clonidine)

Correct Answer: A & C

Rationale: Patients undergoing surgery should follow medical recommendations to manage antihypertensive medications. Common drug classifications include Beta-blockers (BB), Alpha-2-Agonist (A2A), Angiotensin-converting-enzyme inhibitors (ACE inhibitors), and Angiotensin II receptor blockers (ARBs). BB and A2A are recommended to be continued in patients undergoing major surgery (Whelton et al., 2017; Wijeyesundera et al., 2014).

Distractors: Consideration to hold ACE inhibitors and ARBs the day of surgery should be taken to avoid perioperative hypotension (Whelton et al., 2017; Wijeyesundera et al., 2014).

Objective #8: Recognize the importance of informing your anesthesia provider of any history of hypertension.

10. Which statement is correct?
- A. It is okay to continue taking all blood pressure medications prior to surgery.
 - B. A history of high blood pressure should be reported to the anesthesia provider.
 - C. Smoking does not affect blood pressure.

Correct Answer: B

COMMUNITY-BASED HEALTH IN AFRICAN AMERICANS

Rationale: The preoperative evaluation is a critical opportunity for anesthesia providers to distinguish the presence of HTN and its complications (Fleisher, 2002).

Distractors: “It is okay to not stop taking **all** blood pressure medications prior to surgery.”

Common drug classifications include Beta-blockers (BB), Alpha-2-Agonist (A2A), Angiotensin-converting-enzyme inhibitors (ACE inhibitors), and Angiotensin II receptor blockers (ARBs). BB and A2A are recommended to be continued in patients undergoing major surgery (Whelton et al., 2017; Wijesundera et al., 2014). Additionally, consideration to hold ACE inhibitors and ARBs the day of surgery should be taken to avoid perioperative hypotension (low blood pressure) (Whelton et al., 2017; Wijesundera et al., 2014). “Smoking does not affect my blood pressure” modifiable risk factors among adults with hypertension include cigarette smoking and/or tobacco smoke exposure (Whelton et al., 2017)

Appendix E

Education Handouts

**RISK OF PERI-OPERATIVE
HIGH BLOOD PRESSURE
COMPLICATIONS**

- HEART ATTACK (MI)
- ABNORMAL HEART RHYTHMS
- BLOOD PRESSURE SWINGS
- STROKE
- INCREASED BLEEDING

**DON'T FORGET!
ALWAYS TELL YOUR
ANESTHESIA
PROVIDER OF YOUR
HISTORY OF HIGH BLOOD
PRESSURE!**

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**HIGH BLOOD
PRESSURE AND
THE PRE-
SURGICAL
PATIENT**



Education provided by:
Samantha Gibson
& Katelynn Malivert

WHAT IS HIGH BLOOD PRESSURE?

- High Blood pressure or **Hypertension** is when the force of the blood pushing on the blood vessel walls is too high.
- This causes the heart to pump harder

THINGS TO HELP LOWER BLOOD PRESSURE

- Lose weight
- Physical activity
- Stop smoking
- Reduce sedentary lifestyle
- Reduce stress
- Eating heart healthy diet (low salt "DASH" diet)



THE DIAGNOSIS OF HIGH BLOOD PRESSURE IS A READING GREATER THAN 130/80



PATIENTS UNDERGOING MAJOR SURGERY

TAKE

Alpha-2-Agonist (A2A):
Clonidine
Beta Blockers (BB):
"lol"s drugs

STOP

Angiotensin-converting-enzyme inhibitors (ACE inhibitors)
"pril" drugs

Angiotensin II receptor blockers (ARBs)
"sartan" drugs



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Appendix F

Project Timeline

