

# Social factors affecting Latino's management of hypertension: Focus group findings from rural communities in the US-Mexico border region

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## BACKGROUND

CVD (hypertension) leading cause of death for Latinos  
 • Between 1976 and 2008 hypertension rates in adults of Mexican origin increased from 13.8% in women to 28.9% and among men from 22.9% to 27.8%

Low rates of awareness, treatment, and control of high blood pressure (BP) among Latinos

Latinos also face substantial socioeconomic adversity, have the highest rates of uninsurance, and experience inadequate access to health care

Research demonstrates affect of social networks and social support including neighborhood, family, occupation play in determining cardiovascular disease

Less is known on the social determinants of hypertension among diverse Latino communities.

## PURPOSE

To assess the perceived barriers and facilitators to preventing and managing hypertension for Latinos (and their families) living in frontier/rural border communities.

## PARTNERS



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## SETTING

New Mexico population, 2.1 million persons 46% who are Latino

Latino residents living in New Mexico counties bordering Mexico is four times U.S. average (64% compared to 16%)

Study site- 3 communities (2 counties), rural/frontier area in southern New Mexico bordering Mexico

Unemployment in the region ranges from 8.3% to 20%

Of 2,000–3,400 residents, majority are Latino (48.3% and 56.6%, respectively), and have a median household income of \$21,036.



## METHODS

### Data Collection

- Part of a larger multi-level trial (Corazon por la Vida) involving multiple data collection strategies in order to compare the effectiveness of primary care/promotora intervention to primary care only
- Focus group questions examined attitudes and opinions towards cardiovascular disease, expressed needs for information, health care, and resources for potential lifestyle changes

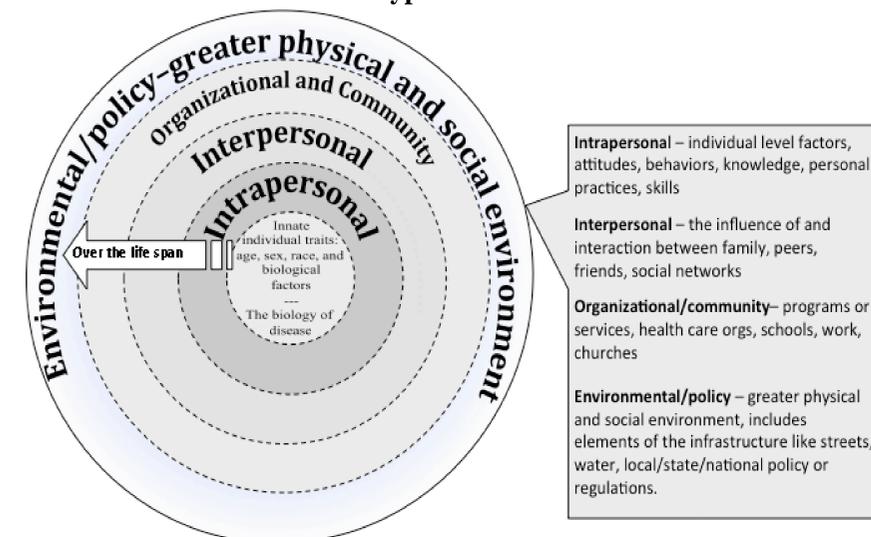
### Sample

- 8 focus groups (3 family, 5 patient); 4 pre-intervention & 4 post-intervention stages
- Of the 51 focus group participants, 71% were female (n=36) and 29% were male (n=15), 35 were Spanish-only speakers (n=18)
- Participants' ages ranged between 56 and 65 years and 56% reported annual incomes below \$30,000

### Analysis

- Audio recordings from focus groups were translated, transcribed and entered into Nvivo9
- Using a deductive coding approach (preliminary of major themes & focused using socio-ecological lens), team members analyzed the data for emerging themes, patterns & outliers
- Systematic review & cross-check across coders

## Socio-Ecological Framework for Understanding Risks and Prevalence of Hypertension



## FINDINGS

Following are selected themes and quotes from each of the socio-ecological levels:

### Intra-personal

Intra-personal barriers and facilitators to hypertension management included: emotional burdens (feeling depressed, sad or scared), food practices, coping mechanisms & spirituality.

### Emotional/Depression

Several participants and family members expressed a link between depression and hypertension. One shared:

*"You know, being stressed out, I know because I've been there. My grandma just passed away in January and we-me and my mom-took care of her 24-7, and that's where mine came from. And, I went to the doctor because I have headaches, headaches, and more headaches. And it was [going] on and on and finally he's like you are "stressed out."*

### Inter-personal

Relationships including family, friends, support groups and neighbors either functioned as social supports and/or stressors to patients' ability to better manage their health. For instance, women commonly described caregiving demands as a stressor. The relationship between food and family was presented as both a challenge and strength.

### Food & Family

*"I think the hard part is the traditional, you know, what our families have shown us and stuff cuz, I mean it's hard for me because my boyfriend he works in the mine and like I have to make him like finger foods because he drives the haul trucks. And so, like he has to eat finger foods and so I'll make burritos. And you know I use hamburger meat and I try to drain the grease and everything out it but I mean I still have to put the salt in it. I don't put a lot but it's just hard... the tacos, the flautas, or tostadas. I mean I think it's harder to try something different because I'm so used to the traditional stuff we have in our families."*

### Organizational-Community

Two salient issues emerged: trust/mistrust of the provider and the quality of the communication, and the impact of these two factors on their ability to manage their medication.

### Trust/Mistrust

A family member expressed her concern for her mother and her mother's reaction to her doctor:

*"I was reading in a book that there are so many people sick that it is like if the doctors were experimenting with us because not long ago she was bad and she started taking her medicine and then she began to vomit and tremble and she talked to the doctor. But what should I do? She had to go there so they could give her the medicine that they had given her before. She doesn't want anything else to do with doctors. She says, "no, what are they going to do for me."*

### Environmental/Policy

Barriers to exercising, managing weight, eating healthy and complying with medications included the built environment, food security, cuts to public benefits and scarcity of jobs.

### Built environment

*"We don't have a place to walk here, you know. Most communities have a park where people gather and they can walk, we don't"*

### Price of Food

*"Not only that, but the prices have doubled in the last year, the olive oil. The reason I buy the vegetable oil is because I buy the big one and then it's like \$5.98 and olive oil is e a couple dollars more and I'm like, 'oh no, well this one's cheaper.' The fruits and vegetables have gone up in price too. Because I buy the girls vegetables through sale. The strawberries were like a \$1.98 the other day at Wal-Mart and then I came here and they were like \$2 something each, for the little container"*

## DISCUSSION

- The notion of *self-management* may limit understanding of how Latinos manage their hypertension.
- Social factors including communication with providers and family relationships play a critical role in "how" patients manage their high blood pressure and overall health.
- Interventions must move beyond the personal behavior change modalities to include multiple interventions, especially at the family, community, organizational and environmental policy levels.
- Latinos living in rural/urban areas of the nation face unique challenges such as lack of access to transportation, affordable/bulk foods and medications.



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