

Development and Pilot-Test of a Culturally Tailored Hypertension Management Intervention for Older Chinese Immigrants in the US

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BACKGROUND

- ◉ 1/3 older Chinese have hypertension (HTN).
- ◉ Uncontrolled HTN → complications (e.g., stroke).
- ◉ Only 50% had HTN control.
- ◉ Chinese elders incorporate culturally health practices to manage their HTN.
- ◉ Development of a culturally appropriate intervention is important to achieve optimal HTN control.

STUDY AIM

- To develop and test the feasibility of a culturally tailored hypertension (HTN) management intervention protocol, Chinese Medicine as Longevity Modality (CALM), in older Chinese immigrants.



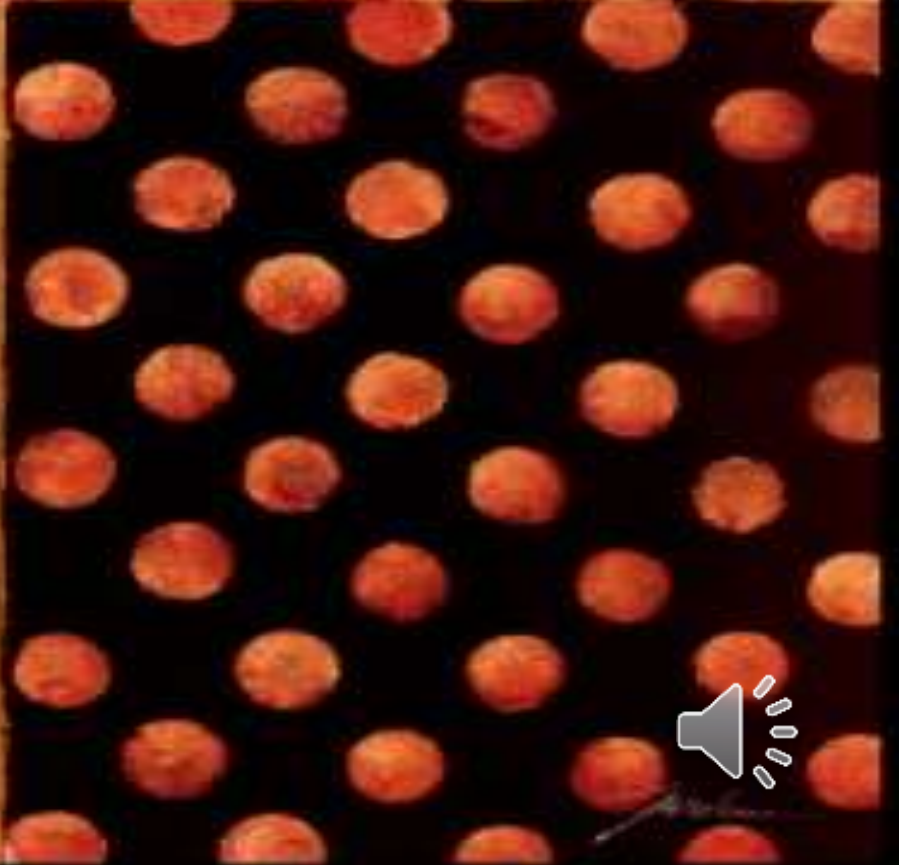
METHOD (I)

- A feasibility study was conducted
 - 20 Chinese immigrants
 - Eligibility: ≥ 65 years old & on once daily HTN medications.
- Cultural beliefs, blood pressure, and medication adherence were assessed at baseline, 3- and 6-months.
- Qualitative interviews provided feedback on the intervention content/protocol.

METHOD (II)

- The intervention, CALM, was conducted one month after baseline
 - consisted of viewing an educational video in Chinese
 - followed by a nurse-led counseling session & four follow-up phone calls.
- The video content incorporated Chinese's cultural practices (e.g., use of Chinese herbs).
 - PPT presentation
 - Chinese narrative and pictures (e.g., Chinese herbs)
 - Chinese music
- The CALM protocol was assessed for its feasibility using content analysis.

VIDEO CONTENT



限鈉飲食建議

- ◎ 低鈉調味品的利用 — 可使用含鈉量較低的低鈉醬油或食鹽來代替調味。



限鈉飲食建議

- ◎ 因為攝取的食物中有大量纖維質且沒有肉類，研究顯示，素食者有較少的機會有高血壓。
- ◎ 值得注意的是，東方素食料理容易為了仿製肉類的味道而加入過多的鹽和調味料，導致食物裡含有過多的鈉。因此更該多注意食物標示的鈉含量。



DEMOGRAPHICS

- ◉ Age: 69-76 (Mean 71, SD 5.1)
- ◉ Female (55%)
- ◉ Married (80%)
- ◉ Only spoke/read Chinese (100%)
- ◉ Annual household income <\$19,999 (USD)(79%)

RESULTS (I)

- Video content on HTN self-management
 - *Cultural and linguistic appropriateness*
 - *Content aligned with messages from providers*
 - *Enhancement of self-management of HTN*
 - *Easy access to the video material*
 - *Emphasis of adverse consequences of poor HTN management*
 - *Reinforcement of incorporation of individual, cultural lifestyle*



RESULTS (II)

- **Nurse-led counseling(visit)**
 - *Reinforcement of the video material*
 - *Individualized questions on HTN management answered during counseling*
 - *Generation of individualized, self-management of HTN*
- **Nurse-led counseling(calls)**
 - *Reinforcement of the vide and patient-nurse counseling*
- **Both visit and calls**
 - *Helpfulness in enhancing patient provider relationship*

RESULTS (III)

◉ **Weakness of CALM**

- *Side effects of antihypertensive medication was unclear*

◉ **Patients' Challenges in Executing CALM**

- *Physical limitation*
- *Poor memory*
- *No BP monitor device*



CONCLUSIONS

- ◉ Response was positive and welcoming
- ◉ The video material was linguistically appropriate and culturally sensitive
- ◉ The nurse-led discussion/phone calls were individualized and reinforced the content
- ◉ The interactive audio and visual features of the video make the HTN content appealing
- ◉ The varied methods met the need of patients with different learning styles.

CONCLUSIONS

- Suggestions by participants
 - Info added regarding side-effects of medications
 - increase the nurse-led discussion times
 - providing instructions for daily monitoring of BP in the video.
- This newly developed intervention (CALM) warrants further testing of its effectiveness in improving HTN management.