“TOO HIGH”: Hypertension in African American Males
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Introduction
Arthur Ashe, whom the institute was named after, was particularly concerned with the health of African-Americans. The Arthur Ashe Institute for Urban Health (AAUH) continues to engage minority groups in addressing health disparities. Many of the projects conducted by the AAUH are conducted in non-traditional settings. The Arthur Ashe Institute is partnering with the Center for Healthful Behavior Change at NYU School of Medicine on the Mister B project. The Mister B project is a randomized controlled trial to test two interventions to improve men’s health through encouraging men to adopt lifestyle changes that have been shown to reduce blood pressure and encouraging them to be screened for colorectal cancer.

High blood pressure (also known as hypertension) and colorectal cancer adversely affect black men at a disproportionate rate. Participants in the Mister B project are men of African descent who are 50 years of age or older. They have high blood pressure, and who have not been screened for colorectal cancer. The Mister B research staff conducts blood pressure screenings in the community to identify and recruit men who are eligible for the research study.

Hypertension is a major health concern to our society, especially for African-American men. According to Peter et al (2009), this particular group tends to have an increased probability of engaging in risky health behaviors such as alcohol and tobacco use, lack of physical activity and over consumption of salt. These behaviors tend to increase blood pressure levels which can lead to hypertension and cardiovascular disease. This research project will address African-American men who have been identified as hypertensive through blood pressure screenings and provide invaluable education on healthier lifestyle options.

Hypothesis
There is a high incidence of hypertension in African American men over the age of 50 in Brooklyn.

Methodology
Our research efforts were concentrated in Brownsville, Bushwick, East New York and Bedford Stuyvesant in Brooklyn. These areas have been identified by the Centers for Disease Control and Prevention (NYC Department of Health and Mental Hygiene) as areas with a high incidence of hypertension. The research team comprised of nine researchers, three interns and a recruitment team, whose responsibilities included establishing relationships with local churches, barbershops, for the purpose of conducting blood pressure screenings. This research used a multi-faceted approach as it included analyzing pre-existing data sets, conducting surveys and blood pressure screenings. A prior data set of two-hundred and seventy four participants was provided for our research comparison purposes. The research team attended one community health fair in Brownsville.

At this location, researchers recruited community residents by distributing flyers. These flyers informed the public of free blood pressure screenings. Interested individuals were given three blood pressure screenings. They were escorted to the blood pressure testing location to determine their habits regarding smoking, consumption of caffeinated beverages and physical activity by an administered surveys.

At the blood pressure site, participants were seated and prepared for the blood pressure test and the test administered. Three blood pressure readings were taken and averaged to establish consistency. All three measurements were noted in the participants’ blood pressure tracking card and the research screening log. If readings were average in the pre-hypertension/hypertension range (i.e. greater than 120/80 mm Hg), participants were educated as to the significance of the results, how to manage their blood pressure, follow up routines and their interest in becoming participants in future blood pressure programs.

Results
From the data in Figure 1, we noticed that First Baptist Church of Brownsville had a higher rate of normal blood pressure. We took more blood pressure screenings of participants at this location than any other in Brooklyn. At First Baptist Church of Brownsville we found more participants that had high blood pressure readings. On the other hand Power Up Faith Fellowship had zero participant screenings because these individuals had normal blood pressure. Figure 2 displays the ratio of people screened who were eligible and ineligible, based upon the eligibility criteria. It is imperative to review and interpret this data as eye-opening and profound. Furthermore, a more focused approach needs to be taken in order to evaluate the direct status of Hypertensive African-American men over 50 years of age.

Figure #1

<table>
<thead>
<tr>
<th>Normal Blood Pressure of African-American Men Over 50 years of age in Crown Heights, Bed-Stuy, and Brownsville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>Crown Heights</td>
</tr>
<tr>
<td>Bed-Stuy</td>
</tr>
<tr>
<td>Brownsville</td>
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</table>

Figure #2

<table>
<thead>
<tr>
<th>Hypertension African American Men The Age of 50 years at Seven Health Events in Brooklyn</th>
</tr>
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*Eligibility Criteria
•50 years of age or older
•A male of African Descent
•Hypertension Blood Pressure

Conclusions
The prevalence of hypertension, amongst African-American men over 50 in Brooklyn communities, is clearly a startling issue that needs to be combated through social and political legislation. Hypertension affects African American men more often because of the nature of their environment. The theme of the local stores and commercial establishments in the neighborhood, such as Brownsville, Bed-Stuyvesant, and East New York, are not conducive to healthy eating practices. In short, hypertension is an avoidable disease that affects black men but as a result of their community circumstances it appears that hypertension will remain as a cyclic dilemma for black men over 50 unless healthful behavioral changes are made. During our study we found that there is an high incidence of hypertension among African American men of the age 50 and over because of their unhealthy consumption of fast foods such as fried chicken, french fries, and Chinese food. Negative behavioral practices such as alcohol and tobacco use are combined with the lack of health education and exercise. Throughout our screenings we attempted to inform the public about the various ramifications of eating unhealthy and also the many ways to promote good health. Furthermore we conveyed to the screening participants the importance of taking more initiative in their well being. One of the core challenges we faced was the lack of time to fully interact with participants and monitor their progress during the six months.

It is imperative that social reform takes place to better cope with the hypertension issue in predominantly black communities. Perhaps an organic-food revolution could take place in Brooklyn areas that are mostly affected. Public congregations should commensurate the social policy and gradually there should be a movement to educate the public. Over time bodegas, Crown Fried Chicken, and Chinese stores will be situated along side green groceries, and healthful supermarkets inexorably creating a community that is healthy.

Bibliography


http://home.ny.gov:8080/hr/nytcds/dhtml/drs/dr-debo.shtml