

Changing Minds or Following Interests? Predictors of behavior change in Latinx hypertension patients in the Mi Propio Camino Study

Daniela Garcia, Nydia Gomez, Angelique Nguyen, Allison Kim, John Billimek, PhD

INTRODUCTION

Managing a chronic health condition like hypertension requires adopting self management behaviors like taking medications and following a healthy lifestyle. Health education interventions focus on encouraging participants to adopt these behaviors with mixed success. The present study examines the degree to which the adoption of new self management behaviors observed in a health education intervention can be attributed to the interests that participants already held prior to the start of the intervention versus developing new interests during the intervention.

METHODS

We are analyzing data from the Mi Propio Camino hypertension education study, in which 194 Spanish-speaking Latinx patients completed a 4-session series of weekly group education classes. Prior to the classes, participants completed validated questionnaires assessing level of interest in and prior adoption of six different hypertension self management behaviors (medication taking, healthy eating, physical activity, nutritional supplements, stress management and sleep hygiene). Our team is currently analyzing (1) the percentage of patients that adopted each behavior, and (2) the correlation between baseline interest in a specific behavior and the likelihood of adopting that behavior.

Participant Demographics (n=194)

Average Age	Sex	Educational Attainment	Ethnicity	Birthplace	Income
57	Male: 33.7% Female: 66.3%	HS graduates 55.2%	Hispanic: 96.4%	Born outside US: 94.3%	Below 20K annual income: 74.4%



SCAN TO LEARN MORE

When it comes to learning to take medications, patients follow their prior interests. For stress management, more patients tried it without prior interest.

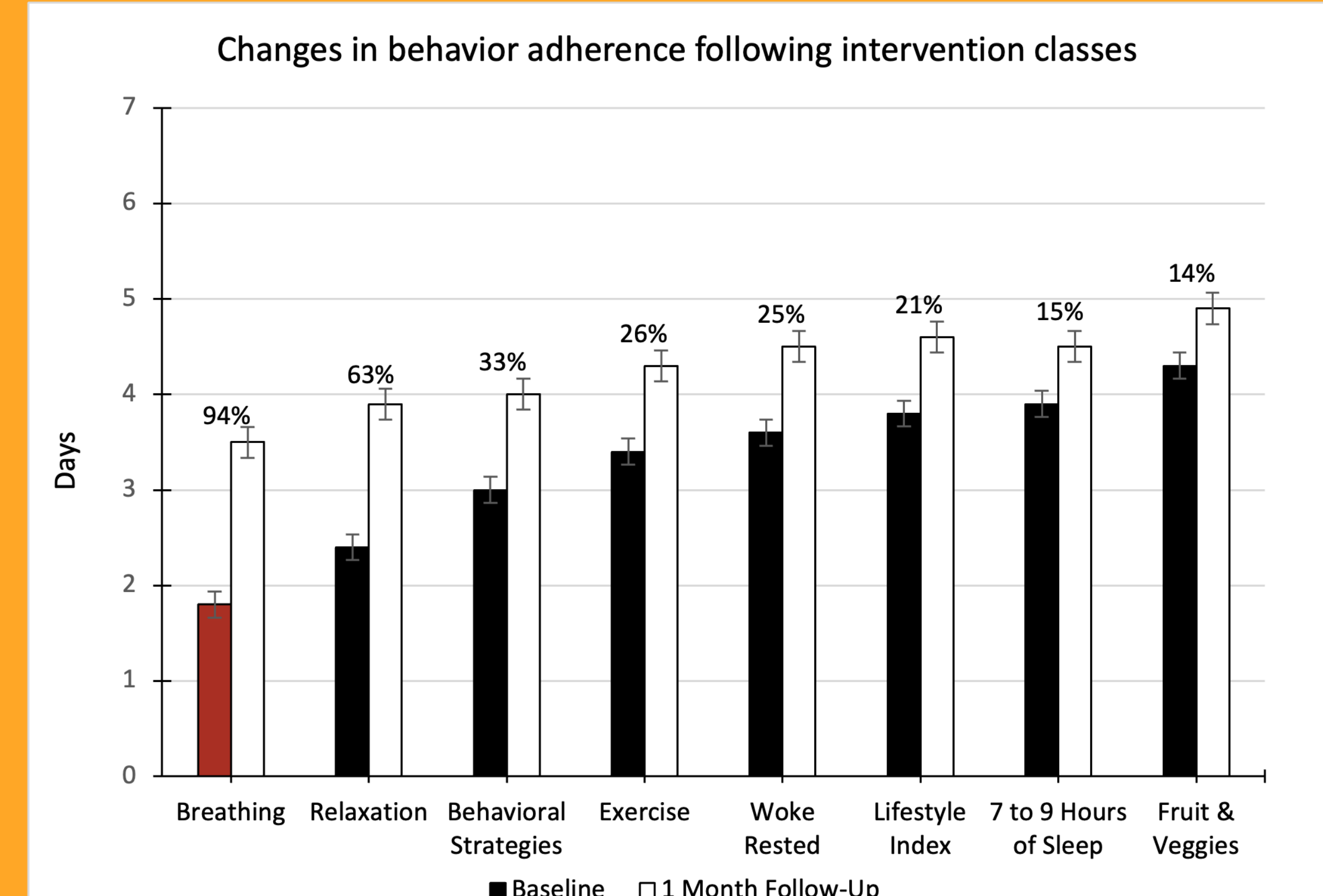


Figure 1. Changes in behavior adherence following intervention classes. The bar graph compares baseline measurements (black bars) with measurements taken one month after intervention classes were given (white bars). The data is an average number of days a behavior was followed over the course of seven days (N = 194). Each pair of bars represents a different behavioral strategy tested. The numbers at the top of each pair of bars are the percent change from the baseline to the one-month follow-up. The bar in red indicates the largest percent change. Error bars represent the standard error of the mean.

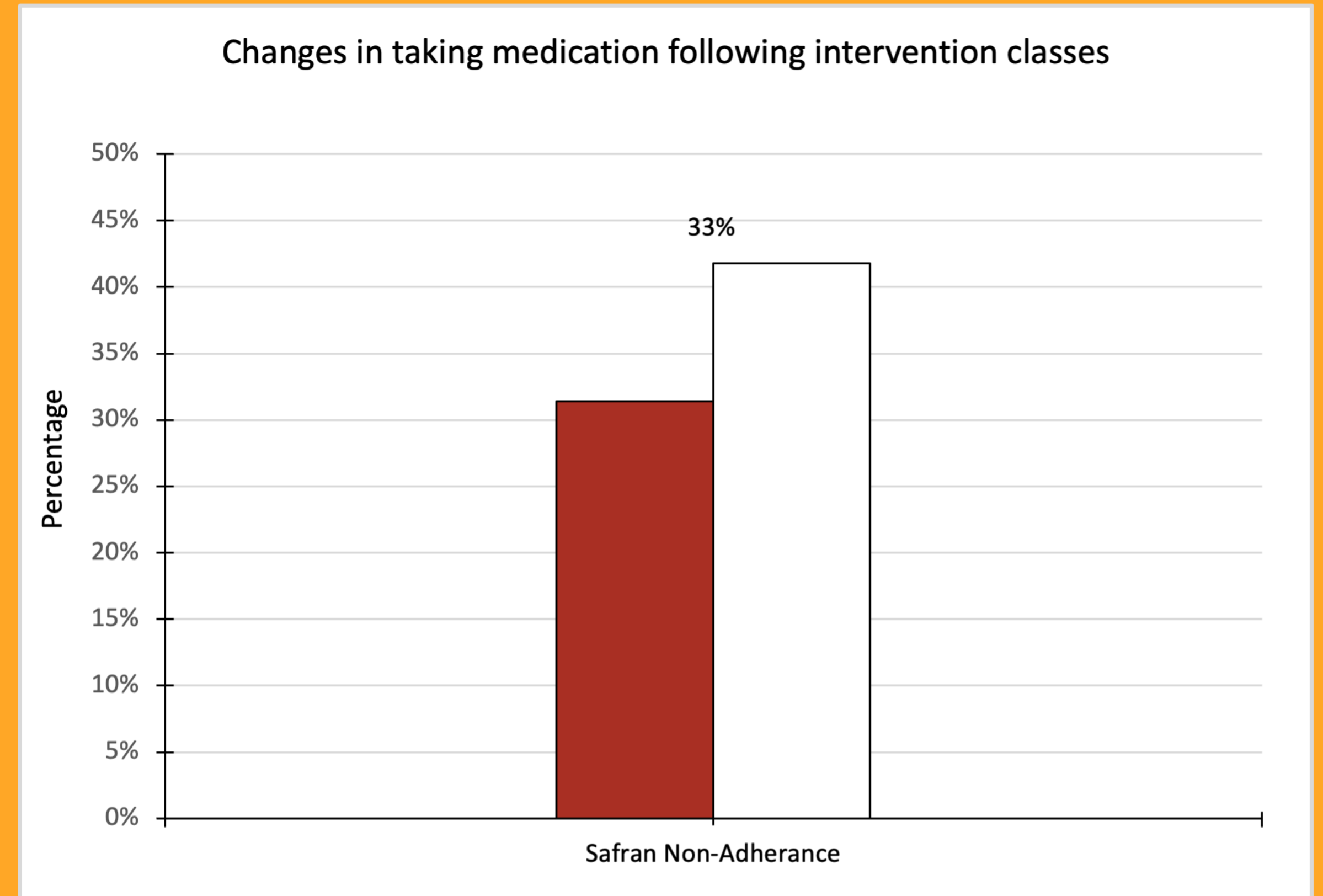


Figure 2. Changes in taking medication following intervention classes. The bar graph compares baseline measurements (red bar) with measurements taken one month after intervention classes were given (white bar). The data is the percentage of patients who took medications as prescribed (N = 194). The number at the top of the bars is the percent change from the baseline to the one-month follow-up.

RESULTS

This study found that 79% of participants in Pre-Contemplation for Natural Remedies at baseline developed interest in Breathing Exercises as a management behavior after intervention. Medication Adherence also improved, with 33% of participants in Contemplation or Planning having an increase after 1 month. Somewhat different to medication management, stress management was a behavior that participants increased regardless of prior interests. These findings highlight how pre-existing and developing interests during intervention can develop into adoption of self-management behaviors and improve health education interventions.

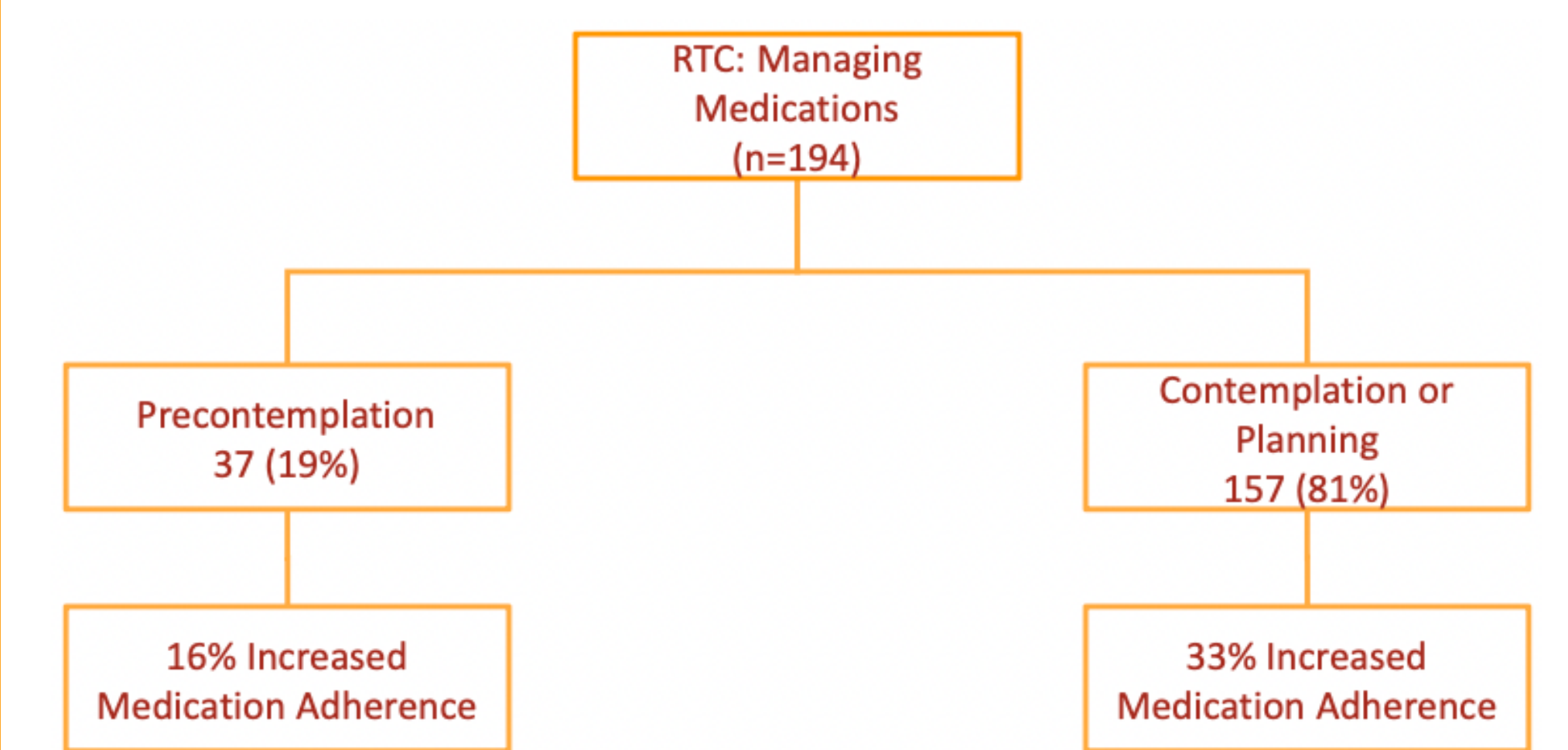


Figure 3. Readiness to change medication management and increased medication adherence. This flowchart depicts the number of patients who have indicated their levels of readiness to change (RTC) their medication management, namely precontemplation, contemplation, or planning (N = 194). Multiple strategies to manage medication were taught in the intervention classes. Patients in the precontemplation category have not yet acknowledged the need for change. Patients in the contemplation and planning categories were aware of the need to change their medication management and may or may not have taken any concrete steps. The percentage of patients who increased medication adherence following the classes are displayed below for each category.

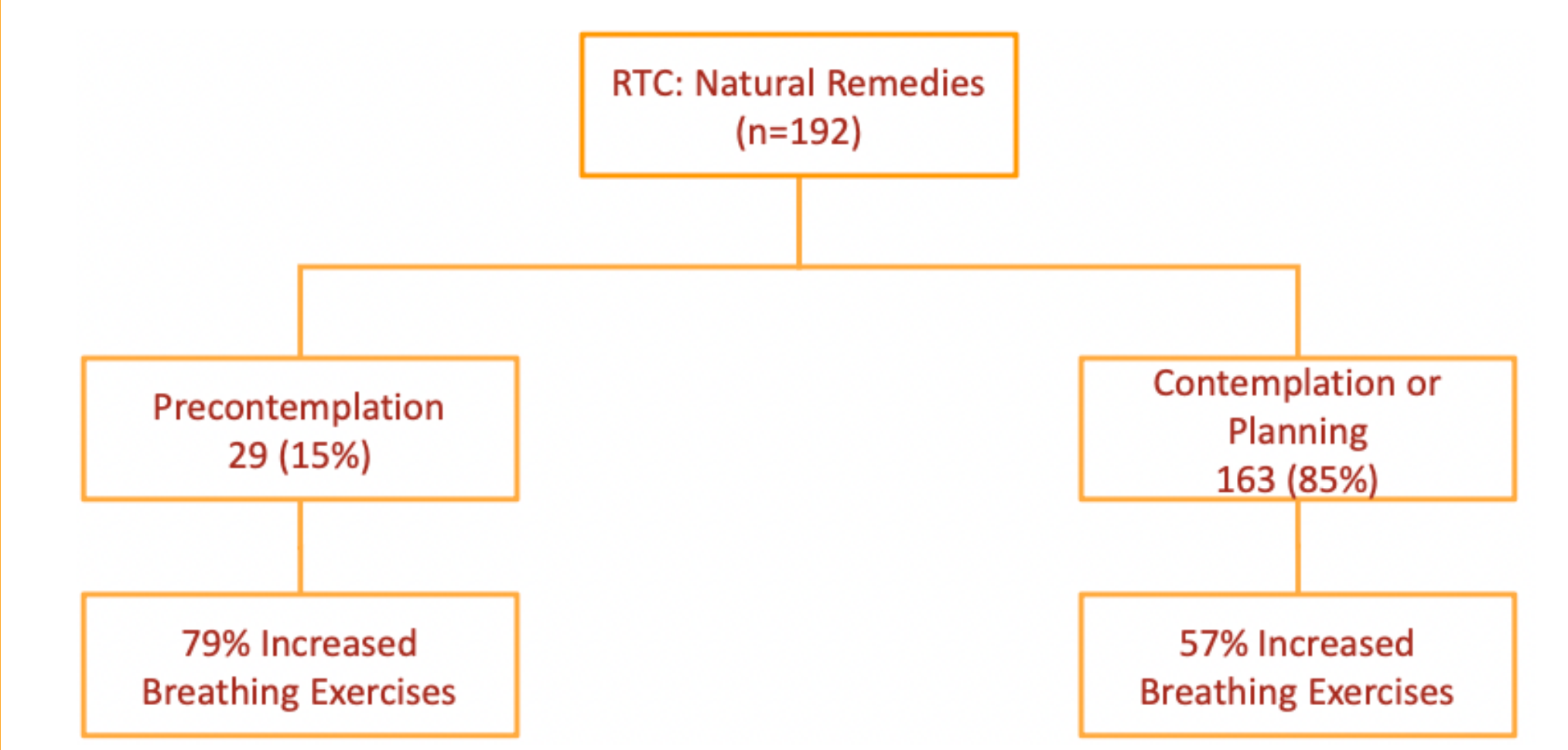


Figure 4. Readiness to change starting natural remedies and increased breathing exercises. This flowchart depicts the number of patients who have indicated their levels of readiness to change (RTC) starting natural remedies, namely precontemplation, contemplation, or planning (N = 192). Multiple natural remedies were taught in the intervention classes. Patients in the precontemplation category have not yet acknowledged the need for change. Patients in the contemplation and planning categories were aware of the need to change starting natural remedies and may or may not have taken any concrete steps. The percentage of patients who increased breathing exercises, the most widely adopted strategy to manage stress following the classes, for each category are displayed below.

