

Introduction

Uncontrolled hypertension affects Latinx Americans disproportionately and is driven in part by high rates of recommended medication underuse within the population. Hesitancy to take medications due to concerns about safety and necessity highly contribute to medication underuse among low-income Latinx patients. Prior research suggests that acute economic stressors, such as food insecurity, may contribute to even greater hesitancy to utilize healthcare resources.

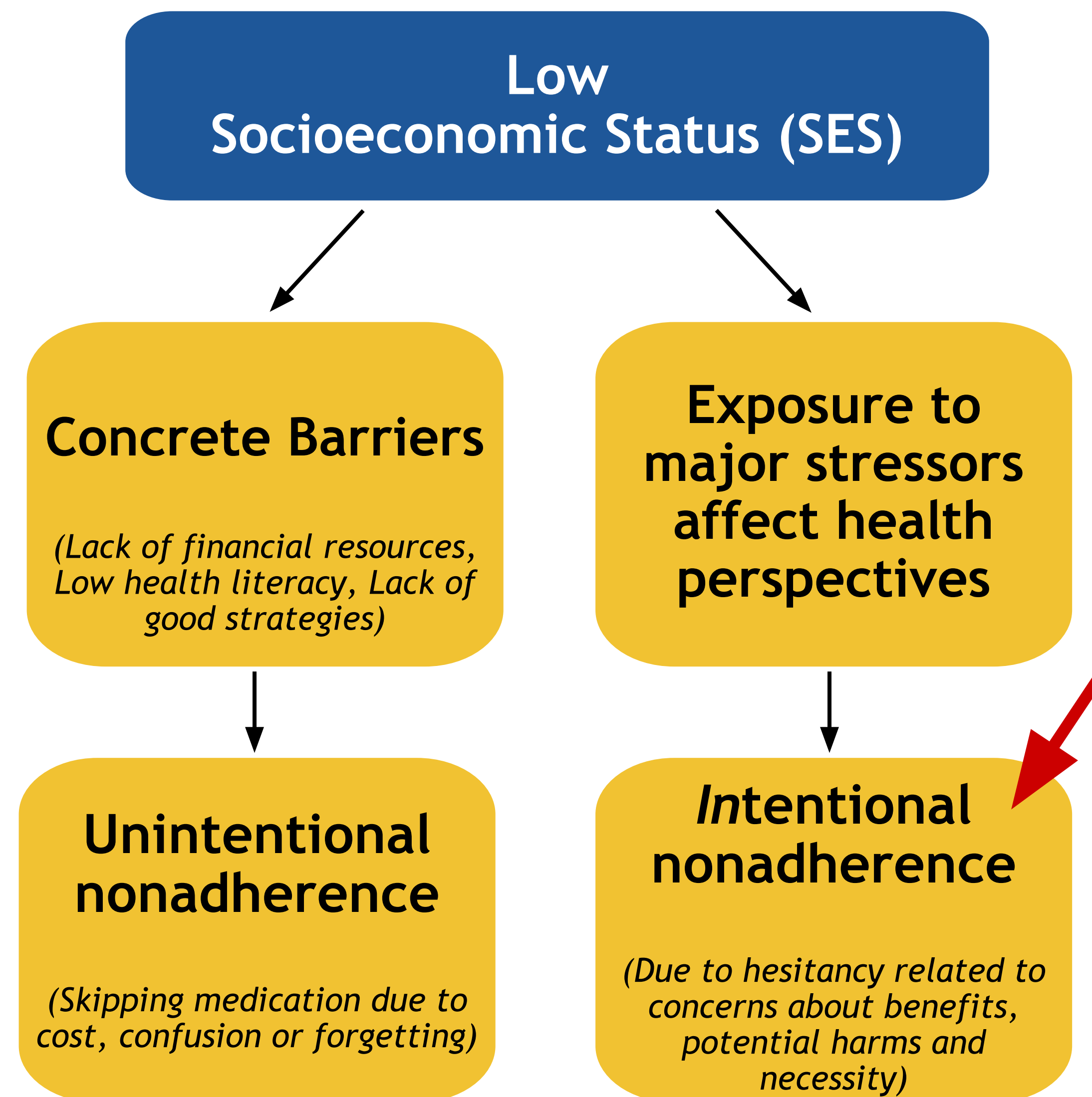


Figure 1. Overview of the impacts of low SES on medication adherence

Objectives

Examine whether experiencing a major acute economic stressor is associated with greater hesitancy to take blood pressure medications among low-income Latinx adults with uncontrolled hypertension.

Methods

- This study is a cross-sectional analysis of baseline questionnaire data collected from participants in the “*Mi Propio Camino* (My Own Path)” study.
- Medication hesitancy was measured using the “Necessity-Concerns” score from the Beliefs about Medicines Questionnaire (BMQnc). Lower BMQnc scores reflect LOWER Favorability of taking medications and GREATER hesitancy to take medications.
- Food Insecurity in the previous 12 month period was examined as an acute economic stressor using the two-item US Department of Agriculture food security questionnaire.
- BMQnc scores were compared between food insecure versus food secure patients using multivariable linear regression, adjusted for age, gender, nativity, education and household income.

The *Mi Propio Camino* (My Own Path) study is a randomized controlled trial (RCT) of educational approaches to address medication hesitancy in low-income Latinx adults with uncontrolled hypertension.



Learn more at:
<https://thehelioslab.org/mpc>

Conclusion

- Medication hesitancy is widespread among low-income Latinx adults with hypertension
- Lower favorability of taking medications among food insecure patients suggest that hesitancy may be further amplified during times of acute economic stress.
- Efforts to reduce medication underuse among individuals with low SES may be improved by addressing hesitancy related to concerns about safety and benefits in addition to financial barriers.

References

- Centers for Disease Control and Prevention. Racial/Ethnic Disparities in the Awareness, Treatment, and Control of Hypertension – United States, 2003-2010. Morbidity and Mortality Weekly Report 2013;62(18):351-5.
- Jimenez, K., Vargas, C., Garcia, K., Guzman, H., Angulo, M., & Billimek, J. (2017). Evaluating the Validity and Reliability of the Beliefs About Medicines Questionnaire in Low-Income, Spanish-Speaking Patients With Diabetes in the United States. The Diabetes educator, 43(1), 114-124.
- Mullin B, Cervantes BS, Billimek J. Material Need Insecurity and Its Concurrent Barriers to Diabetes Management Among Low-Income Latino Adults Receiving Medical Care. Diabetes Care. 2019 Mar;42(3):e31-e33.
- Amy L. Valderrama, PhD, Cathleen Gillespie, MS, Div for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion; Carla Mercado, PhD, EIS Officer, CDC. Corresponding contributor: Carla Mercado, cmercado@cdc.gov, 770-488-8075.

Results

Table 1: Participant Characteristics

Characteristic	All Participants n= 149
Age, mean ± SD, years	59.4 ± 9.9
Gender, # (%) female	111 (74.5)
Education, # (%) high school	17 (11.4)
Ethnicity, # (%) Hispanic	149 (100.0)
Nativity, # (%) U.S. Born	12 (8.1)
Average income, # (%)	
Less than \$20,000	88 (59.1)
Greater than \$20,000	21 (14.1)
Not Reported	40 (26.8)
Food Insecure, # (%) Insecure	56 (37.6)

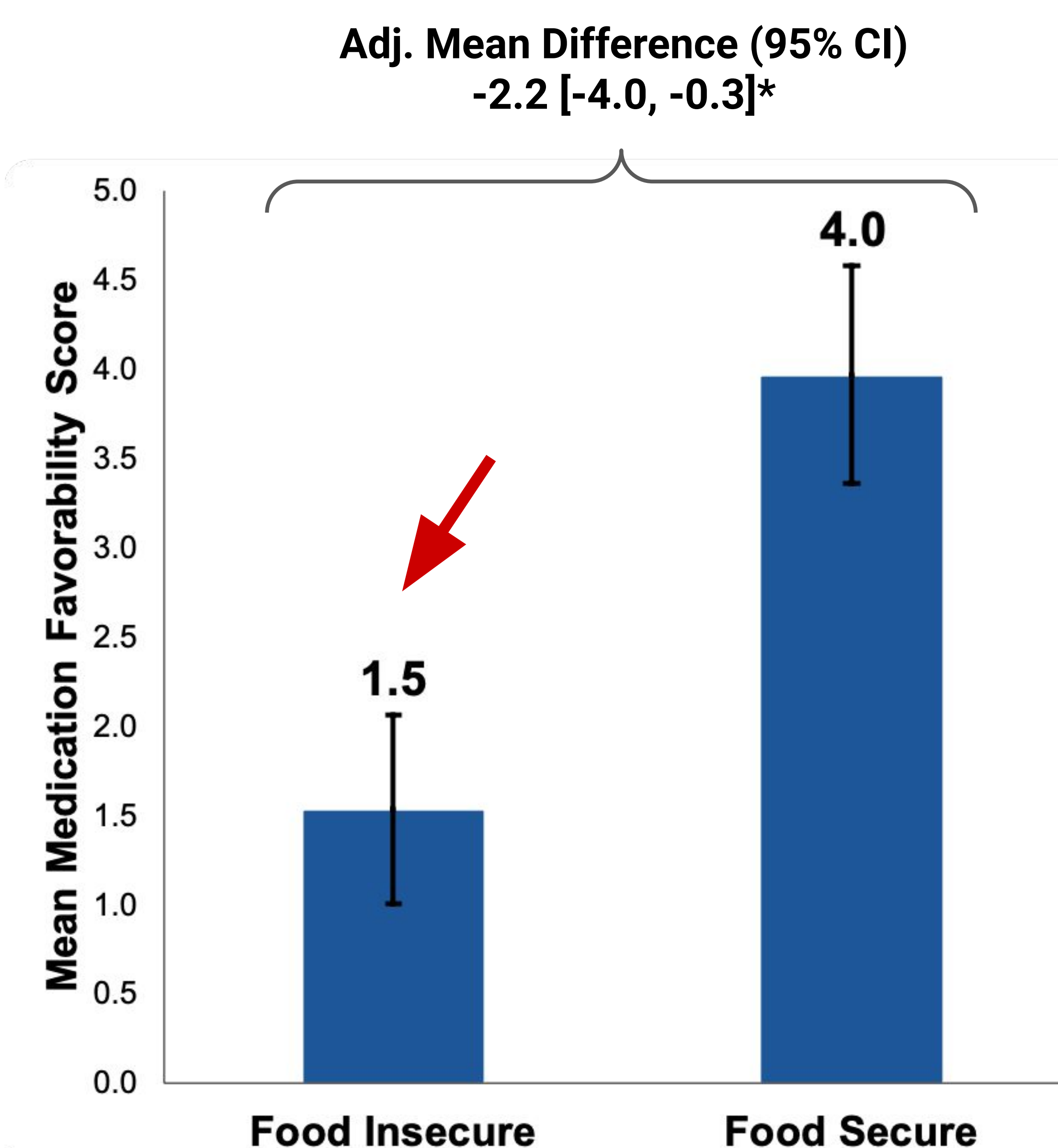


Figure 2: Favorability of taking blood pressure medications is LOWER in food insecure vs. food secure patients. Error bars reflect ±1 standard error.

Acknowledgements

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