

Exploring the Implications of Food Insecurity on Hypertension Outcomes in Hispanic Patient Population in Santa Ana, CA

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Origin of the Problem

- **Socio-economic** determinants strongly influence a person's diet and perceived beliefs about the importance of nutrition
 - Structural: redlining, racism, exclusion
 - Educational: Limited health literacy
 - Environmental: lack of green space in urban environments
- Zillow study (2016) "Homes Near Trader Joe's, Whole Foods Stores Appreciate Faster"



Anonymous, 2021

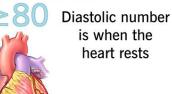
What is Hypertension?

High Blood Pressure Hypertension



Systolic number is when the heart contracts

heart rests



Force of blood on artery wall

0 Cleveland Clinic ©2023

Blood Pressure Ranges

BLOOD PRESSURE CATEGORY	SYSTOLIC (mm Hg)	DIASTOLIC (mm Hg)
Healthy	less than 120	and less than 80
Elevated	120–129	and less than 80
Stage 1 hypertension	130–139	or 80–89
Stage 2 hypertension	140 or higher	or 90 or higher
Hypertension crisis	over 180	or over 120

healthline



Food Insecurity

The limited availability and access to adequate food for all individuals, irrespective of class, gender, or region (US Department of Agriculture, n.d.)





Santa Ana, CA

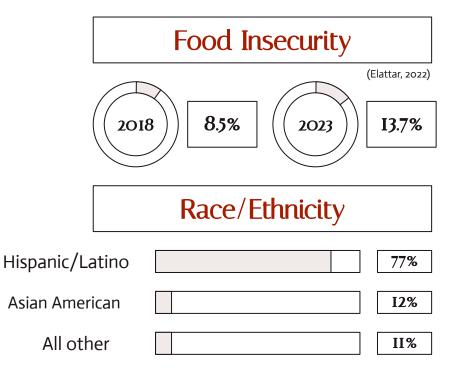








Statistics about Santa Ana, CA



Avg. Household Income

\$26,399/year

Relevant Statistics

- only 35 grocery stores for a 305k
 population → one grocery store
 per 9,600 residents (Rhone et al., 2022)
- 11% of the population has clinically diagnosed hypertension



Liquor stores

More liquor stores are accessible than grocery stores

Lack of fresh produce

Poorly maintained & understocked produce section







Grocery stores (e.q., Albertsons, Ralphs) are often far away

Limited Greenspace

Unsafe and/or under maintained parks

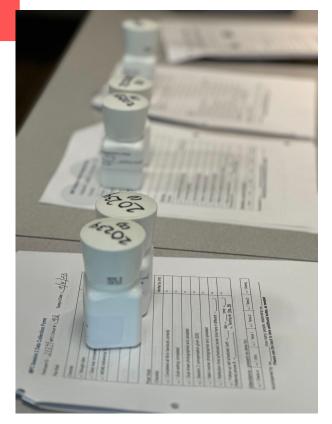




Unhealthy food emphasis

Heavy promotion of cheap & unhealthy foods in grocery stores

What we're doing





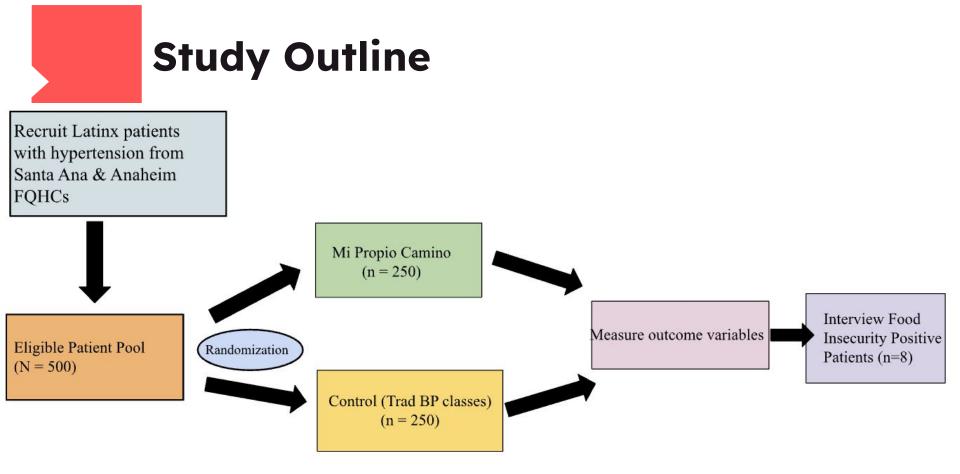


Mi Propio Camino (My own way)

Intentar herramientas de estilo de vida + Medicamentos



Mirar como funciona



Hypotheses

- Food insecure (FI) patients will have **poorer blood pressure control** in comparison to food secure (FS) patients.
- FS patients will engage in **healthy lifestyle behaviors more frequently** than FI patients
- Compared to FS patients, FI patients will exhibit **lower** adherence to blood pressure (BP) medications









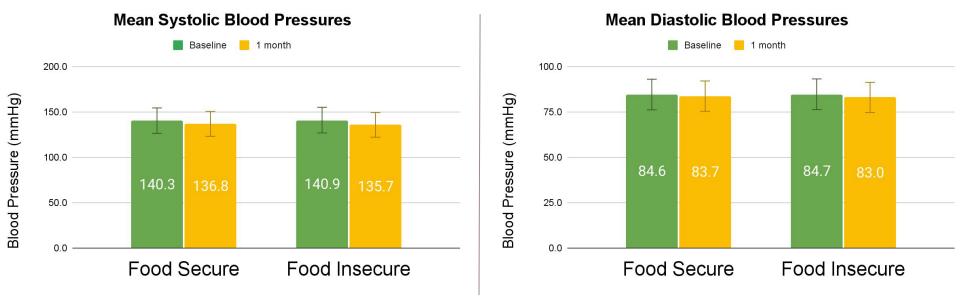


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Patient Demographics

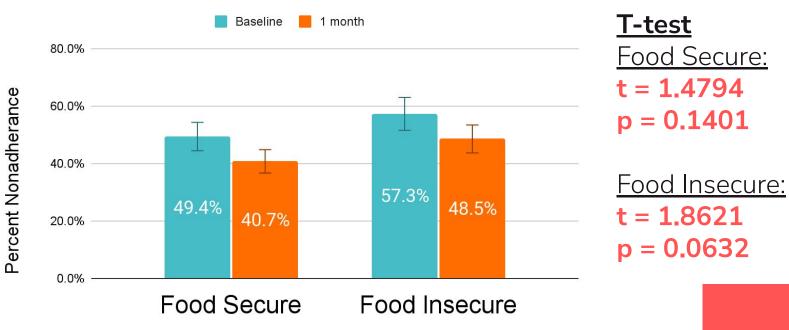
Average Age	57	
Gender	66.4% Female, 33.6% Male	
HS Education or Higher	57%	
Born in the US	9.3%	
Income <\$20,000	75.5%	

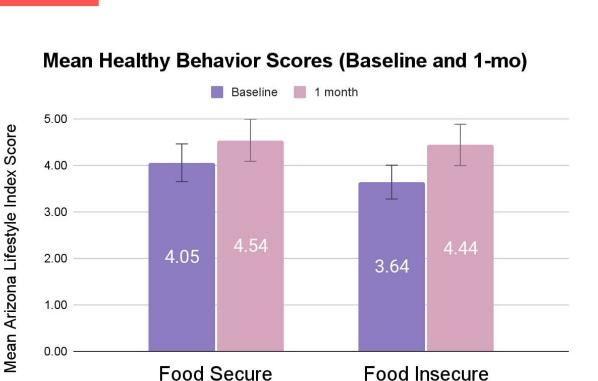
Food insecure patients exhibit greater systolic BP control 1-month after BP management classes



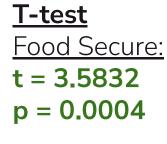
[Systolic] FS: t=1.7057, p=0.09; FI: t=2.9350, p=0.004 [Diastolic] FS: t=0.6723, p=0.50; FI: t=1.5587, p=0.12 **ALL** patients **decrease medication nonadherence** 1 month following BP management classes

Baseline and 1 month Nonadherence





ALL patients systematically **increase healthy behaviors** 1-month after BP management classes





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Looking forward...

- Focus groups and thematic analysis to understand build environment of Santa Ar CA and manifestations of food insecurity
- Looking at upstream and downstream effects of food insecurity
- Finding s**tructured solutions** to support patients with FI in BP control, along with other health disparities



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