Blood pressure changes during a 12 month wellness coaching program among Utah women of color

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INTRODUCTION & BACKGROUND

• Hypertension is a risk factor for coronary heart disease and stroke, occurring at higher rates in women of color than in non-Hispanic Whites.
• Reducing blood pressure in high risk groups is a challenging public health issue.
• The Coalition for a Healthier Community for Utah Women and Girls (CHC-UWAG) utilized community based participatory research to design and implement a 12-month wellness coaching program for African (primarily immigrants), African American, American Indian, Latina, and Pacific Islander women.

METHODS

• Community wellness coaches (CWC) were recruited from 5 communities and trained in Motivational Interviewing and standardized, best practices for measuring blood pressures
• CWCs enrolled women into a 12-month coaching program focused on obesity-related health behaviors and randomized to receive monthly or quarterly coaching
• Women set personal health behavior change goals with the CWC
• If pre-hypertensive or hypertensive, the women were referred for care
• The CWC averaged 3 recorded blood pressure measurements for each participant at baseline, 4, 8, and 12-months.
• Paired t-test were used to evaluate differences in mean systolic & diastolic blood pressure between baseline and 12-months across all women and by community
• Blood pressure levels as defined by the CDC were utilized:
  o Pre-hypertensive – 120-149 mmHg for systolic and 80-89 mmHg for diastolic
  o Hypertensive – ≥140 mmHg for systolic and ≥90 mmHg for diastolic

RESULTS

• At the beginning of the program, 496 women were enrolled:
  o 381 completed measurements for both baseline and 12 month blood pressures
  o 17 who were pregnant during the study were not included in the final analysis
• For participants classified as hypertensive at baseline, there was a statistically significant difference between baseline and 12-month average blood pressures for both systolic and diastolic (both p<0.001)
• The median change for hypertensive women was 147.9 to 133.5 mmHg systolic and 96.3 to 83.3 mmHg for diastolic
• The results for pre-hypertensives were similar with for systolic (p=0.002) and diastolic (p=0.01)

CONCLUSIONS

• When stratified by community, there were statistically significant decreases in both systolic and diastolic blood pressure for Hispanic/Latina women (p<0.05) and Pacific Islander women (p=0.001)
• There were not statistically significant decreases in other groups

More research is needed to assess the effects of wellness coaching on decreasing blood pressure, but the results from this diverse sample are promising.

Wellness coaching should be considered as an additional way to help women of color decrease their blood pressures and reduce their risk for coronary heart disease and stroke.