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# African American Men and Ostrich Behavior

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DISSERTATION/THESIS OFFICE

## ABSTRACT

### AFRICAN AMERICAN MEN AND OSTRICH BEHAVIOR

This project explores why African American men choose Ostrich Behavior when it comes to health care prevention and maintenance as related to hypertension. The population was African American men, ages 18–80, in Northern California. Men were recruited while getting a haircut or waiting for one or after church services. Blood pressure readings were taken and a health questionnaire was administered. The results show that even if hypertension is known, men ages 18–45 go to fewer office visits than African American men in other age groups, and older men tend to seek medical care and take medication if prescribed.

Debbie Slack-Gay  
May 2017



# **AFRICAN AMERICAN MEN AND OSTRICH BEHAVIOR**

by

Debbie Slack-Gay

A project

submitted in partial

fulfillment of the requirements for the degree of

Doctor of Nursing Practice

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APPROVED

For the California State University, Northern Consortium  
Doctor of Nursing Practice:

We, the undersigned, certify that the project of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the master's degree.

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*Debbie Hall-Craig*

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## CHAPTER 1: INTRODUCTION

### **African American Men and Ostrich Behavior**

This chapter introduces the project, which explores why African American men choose Ostrich Behavior when it comes to health care prevention and maintenance as related to hypertension. This chapter provides definitions of terms used throughout the study, and explains the need for this research and the importance of the project as it relates to this population.

African American men are dying at an alarming rate from a silent killer known as high blood pressure (HBP) or hypertension (HTN), which has no warning signs or symptoms (American Heart Association [AHA], 2016). High blood pressure is largely a symptomless “silent killer”; the best evidence indicates that high blood pressure does not cause headaches or nosebleeds except in the case of hypertensive crisis, a medical emergency (AHA, 2016).

HBP, or HTN, is when the blood pushes against the walls of the blood vessels' with a force that is consistently too high. When the heart beats, it creates pressure that pushes blood through a network of tube-shaped blood vessels, which include arteries, veins and capillaries. This pressure is the result of two forces: The first force—systolic pressure—occurs as blood pumps away from the heart and into the arteries that are part of the circulatory system. The second force—diastolic pressure—is created as the heart rests between heart beats. These two forces are represented by the numbers in a blood pressure reading (AHA, 2016). HBP primarily causes harm by increasing the workload of the heart and blood vessels so they work harder and less efficiently. Over time, the force and friction of HBP damages the delicate tissues inside the arteries (AHA, 2016).

Hypertension is defined as blood pressure higher than 140 over 90 mmHg (millimeters of mercury). A diagnosis of HTN may be made when one or both readings are high: the systolic pressure is given first, and the diastolic pressure is given second. Modern lifestyle factors such as physical inactivity, salt-rich diets containing processed and fatty foods, and alcohol and tobacco use are responsible for a growing rate of HTN. HTN itself does not cause symptoms but in the long-term leads to complications caused by narrowing of blood vessels (MacGill, 2016a). Seventy million people in the United States have HTN, and only 52% of these people have their blood pressure under control (Centers for Disease Control and Prevention [CDC], 2011).

The research question asks why African American men choose Ostrich Behavior when it comes to health care prevention and maintenance related to hypertension. African American men deal with this health condition by using the Ostrich Effect (or Ostrich Behavior).

The Ostrich Effect is a colloquial term for the mistaken belief that your problems will go away if you just ignore them. Used in business and in daily life, this term is taken from the old-fashioned belief that ostriches bury their heads in the sand when they see danger coming. Unfortunately, just like this phrase, many people try to ignore problems rather than confronting them and acting to improve their situation. (“Ostrich effect,” n.d.)

### **Purpose of the Project**

The purpose of this project is to explore the perception of African American men related to health care prevention and maintenance and to dispel some of the misconceptions and myths regarding hypertension. Two nontraditional

settings were used for this project, barbershop based and church-based, to recruit participants. Gramm (2004) states that using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education (Gramm, 2004).

The foundation of this researcher's project was based on the Healthy People 2020 initiative, where the goal is to increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life. Educational and community-based programs and strategies are designed to reach people outside the traditional health care settings (Office of Disease Prevention and Health Promotion [ODPHP], 2016).

**Background.** Byrd and colleagues (2011) state that African American men are a challenge when it comes to biomedical research. African American males continue to have the highest age-adjusted mortality rate of any race or gender group in the United States. Distrust of the medical community, a socioeconomic status considered low, social deprivation, and underutilized primary health care services all contribute to the group's disproportionately negative overall health, and health care outcomes among African Americans as a race compared to their Caucasian counterparts. Clinical research that affects African American males is limited in reliability due to common sampling errors existing in most biomedical research and clinical trials (Byrd et al., 2011).

Wexler, Eaton, Preister, and Feldan (2009) report multiple reasons African American men perceive the seriousness of being diagnosed with HTN differently than other groups. These reasons include cultural, psychological, and

socioeconomic factors. They also state that health care programs and literature are not “understandable” from a cultural perspective (Wexler, Eaton, Preister, & Feldan, 2009).

Historical factors influencing health-seeking behaviors are important to understanding the African American culture. A prime example of deadly medical research is the 40-year (1932–1972) Tuskegee Syphilis Study (TSS), during which time adult African American males living in Macon County, Alabama, who were already infected with syphilis, were merely observed as the untreated illness ran its course. The TSS contributes to the African American population’s distrust of the medical establishment (CDC, 2016).

There are numerous health disparities pertaining to HTN in the African American male population. Brawley (2013) states that studies have shown disparities in treatment due to cultural differences: Acceptance of therapy, lack of convenient access to therapy, racism, and discrimination are reasons minorities are less likely to participate in health research (Brawley, 2013).

### **Definition of Terms**

**Blood pressure**—the force exerted by the blood against the walls of blood vessels (MacGill,” 2016b)

**Habits**—a pattern of behavior acquired through repetition (“Habit,” n.d.)

**Health maintenance**—a systematic program or procedure planned to prevent illness, maintain maximum function, and promote health (Mosby, 2009).

**Health prevention**—actions aimed at avoiding the manifestation of a disease (World Health Organization [WHO], 2017a)

**Health promotion**—the process of enabling people to increase control over, and to improve, their health (WHO, 2017b)

**Noncompliant**—to be defiant or resistant to authority (“noncompliant,” n.d.)

### **Theoretical Framework**

The Health Belief Model (HBM) is an interpersonal (within the individual, knowledge, and belief) theory used in health promotion to design intervention and prevention programs. HBM is useful for developing strategies to deal with noncompliance, educating patients so as to promote adherence to medication, and addressing patients’ behavior. A person who does not feel sick may not follow instructions to take prescribed medications. The HBM derives from a psychological and behavioral theory with the foundation that the two components of health-related behaviors are the desire to avoid illness and the belief that a specific health action will prevent or cure illness (Health Belief Model [HBM], 2008). An individual’s course of action depends on the person’s perception of the benefits and barriers related to health behaviors (HBM, 2008). The six assumed components to the HBM are perceived susceptibility, perceived seriousness, barriers, benefits, cues to action, and self-efficacy.

### **Assumptions**

The HBM is based on the understanding that a person will take a health-related action if that person

- feels a negative health condition can be avoided;
- has a positive expectation that by taking a recommended action, he or she will avoid a negative condition; or



- believes that he or she can successfully take a recommended health action (Boslaugh & McNutt, 2008).

### **Constructs**

- Perceived susceptibility—'one's opinion of getting a condition
- Perceived severity—'one's opinion of how serious a condition and its consequences are
- Perceived benefits—'one's belief in the efficacy of the advised action to reduce risk for seriousness of impact
- Perceived barriers—'one's opinion of the tangible and psychological costs of the advised action
- Cues to action—strategies to activate “readiness”
- Self-efficacy—confidence in one's ability to take action (Boslaugh & McNutt, 2008)

**HBM Perceived Susceptibility and Perceived Seriousness.** African Americans perceive the seriousness of being diagnosed with hypertension differently than other groups for multiple reasons that include cultural, psychological, and socioeconomic factors. Black English affects how African Americans read and interpret information, leading to a lack of understanding of the seriousness of hypertension (Giger & Davidhizar, 2008). African American's also perceive hypertension as an episodic condition that persists when they experience symptoms such as headaches, lightheadedness, fatigue, or heart palpitations (Middleton, 2009).

Stress is considered the main psychosocial factor as it relates to the essence of “being black” (Middleton, 2009), which predisposes an individual to racism, increased poverty, and discrimination. African Americans assume hypertension is

caused by stress and if stress is controlled, the hypertension will be controlled (Kronish, 2012).

### **HBM Barriers and Benefits**

Historical factors influencing health-seeking behaviors are important to understanding African American culture. The TSS contributes to the African American distrust of the medical establishment (CDC, 2016). African American men consider health-seeking behavior when they identify a benefit for doing so, but the lack of motivation and time to exercise, unsafe neighborhoods, and the lack of health concerns are some barriers that prevent African Americans from developing a healthy lifestyle (Dowens, 2008).

### **HBM: Cues to Action.**

African American men would likely seek care if there are severe signs of disease or if 'their survival or independence were threatened (Dowens, 2008).

**HBM Self-Efficacy.** The HBM was used to provide a framework for assessing treatment barriers in African American men with hypertension. This model helps clinicians understand the importance of cultural, socioeconomic, historical, and dietary influences regarding health promotion. This model has been used in the African American population and has resulted in successful health promotion strategies and health education resources for this specific population. Self-efficacy is described as an individual's perception of how well he or she will accomplish a certain task "(HBM, 2008). The African Americans surveyed, felt they could not sustain healthy eating habits and exercise for a long period of time (Middleton, 2009).

The HBM model, show what is called, “cues to action,” where step-by-step actions are shown. It starts with a perceived problem, proceeds to perceived threat, and leads to an expected outcome to carry out a recommended action, as shown in Figure 1.

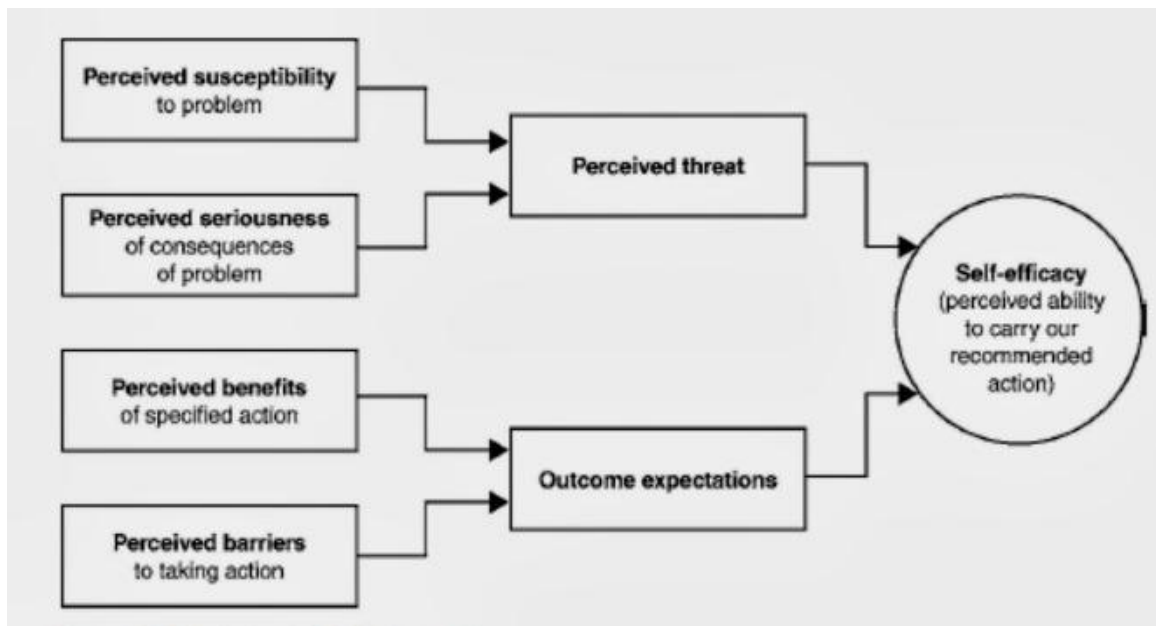


Figure 1. Health Belief Model (HBM, 2008)

African American men are dying from multiple diseases related to long-term, untreated HTN. The HBM model has strategies for addressing noncompliance, educating patients, promoting medication adherence, and addressing behavior. The HBM model and strategies guided data collection, as did some of the techniques from the literature review.

## CHAPTER 2: LITERATURE REVIEW

### **Barber-Based Study**

This literature review chapter addresses the subject of African American men and hypertension, the clinical trials performed, and the results that pertain to the research project. A literature search of interventions related to this Doctor of Nursing Practice (DNP) project are the focus of this chapter. This DNP project focuses on barber-based and faith-based interventions as they relate to hypertension and African American men. Hypertension in the African American population is an epidemic, and the health care community is looking for ways to combat this silent killer. Research in community-based interventions is discussed as a method to help combat this epidemic.

Byrd and colleagues (2011) explored and clarified the motivations and barriers specific to African American men across age ranges regarding their participation in medical research. Participants were recruited from barber and beauty shops in African American communities. This study primarily measured familiarity with previous research studies or clinical trials, such as the Tuskegee experiment, and the individual's willingness and personal justifications for not participating in research. A majority of the men had not participated in any type of research, and barriers still kept those men from participating.

This literature review reveals a lack of experimental design that specifically targets minorities, a lack of awareness in minorities, and a lack of research done by minority investigators. Results indicate an ongoing need for extended community-based conversations with African American males to establish a solid basis for communication between researchers and potential participants (Byrd et al., 2011).

Victor and colleagues (2009) performed a randomized trial of a barber-based intervention for African American men concerning HTN. Sixteen barbershops were used over a 10-month period by interviewers from two local universities' research departments in the state of Texas. African American men aged 18 and older who patronized the participating barber shops were recruited. The study design for this trial had the participants given an incentive to return on two separate occasions for a set of blood pressure measurements, a computer-assisted health questionnaire, and a detailed prescription medication list. In this design, the barbershop, not the individual customer, is the unit of randomization.

Instead of using medical professionals, the barbers within the shops are trained and paid to conduct the intervention, interpret blood pressure readings, and complete written encounter forms. The primary outcome was a change in HTN control. The innovative features of this intervention enable barbers to become health educators and to help decrease the occurrences of HTN in this population. This intervention is linked to community health promotion. Prior to this, no trial has randomized a barbershop. Some of the potential limitations were that the data collection was subject to nonparticipation bias and that barbers may vary on the way they administer the intervention (Victor et al., 2009).

Victor et al.'s (2009) clinical trial and this DNP project have similarities: They are both barber-based and recruit African American men aged 18 and older. Medical research related to hypertension, health prevention, and health maintenance of African American men is not currently being conducted by an African American researcher.

### **Faith-Based Study**

With all the health disparities within the African American community, African American churches are becoming a community resource to help with the situation. Health promotion interventions conducted in faith communities provide a promising opportunity to enhance emotional, physical, and spiritual health. There is now a trend to have lay health advisors deliver health promotion community-based participatory research. Several strengths to using lay health advisors are that they are acceptable to hard-to-reach residents, they provide a ready support network, they serve efficacious peer models, they promote community ownership, and they are cost effective (Dodani, 2014).

Dodani (2014), conducted research using lay health advisors who were trained over a 3-month period by registered dietician and a nutritionist. The church members made it clear they wanted the existing resources rather than an outsider to deliver the interventions. This research had several limitations: volunteers were only four females, and a formal analysis was not performed, so there may be bias in the results. This was example of African American males not participating in any form of the health promotion (Dodani, 2014).

Faith-based approaches in the treatment of hypertension was conducted using a faith-based lifestyle as an intervention rather than health education to control blood pressure reduction among hypertensive Black adults. The limitation of this study was the majority of participants were females, and that 80% of them reported nonadherence to prescribed antihypertensive medications. Even the new strategies and interventions, this population has a greater burden of HTN-related outcomes including heart failure, stroke, and end-stage renal disease (Schoenthaler, 2015).

According to Peters (2006), conducted a study using the Theory of Planned Behavior as a guide to explore the behavior and beliefs of African Americans as related to the initiating and maintaining of self-care behaviors necessary to control blood pressure and prevent hypertension. The findings were not surprising to the researcher of this project because participants stated that their behaviors were passed down from generation to generation, and this may be why the younger generation does not seek medical care relating to health promotion and prevention. Most related some of the reasons for their behavior to a lack of trust of physicians due to passed-down fear (e.g., from incidents such as Tuskegee), poor eating habits due to low income, and the lack of desire to take medication. Peters and colleagues (2006), research shows that the, older generation believes that “God entrusted this body to us, and if we abuse it we suffer repercussion for the way we treat it.” Most of the behaviors are influenced by cultural norms and bad habits that are hard to break (Peters, 2006).

The African American male’s choice to ignore health care prevention and maintenance relating to hypertension has been very detrimental. Certain behaviors passed down through the generations continue to have a negative impact because members of the current generation are’ not willing to change for the betterment of their health. Old ways, mistrust in the medical profession, and holding on to myths are all barriers in this population.

## CHAPTER 3: METHODOLOGY

Due to the large number of deaths related to hypertension, the question for the project was why African American men choose ostrich behavior when it comes to healthcare prevention and maintenance related to hypertension. In this chapter, the sample size, settings, instruments used, approach to conducting the research, and data collection method are presented.

### **Participants**

Fifty African American male adults were recruited in the Central Valley of California for this project. The inclusion criteria was African American males aged 18–80 who were able to give informed consent and were willing to participate on a voluntary basis. Exclusion criteria included the inability to provide informed consent, an unwillingness to participate in the project, and being known by the researcher. The ability to give informed consent is a legal and ethical aspect of any research project, and it informs the researcher of whether the participants are willing participants without bias or knowledge of possible risks and benefits.

### **Setting**

Participants were recruited in the local barber shop while they were getting a haircut or waiting for one and in the local church after services. The barber shop is a small three-chair shop 'with a capacity of about 15. The church is a few blocks from the barber shop on the same street and has a congregation of about 150 members. The researcher set up and collected data in a room used for meetings and educational programs at the back of the church; the volunteers came to this room to participate in the study after the church services ended. The pastor is also one of the barbers at the shop where the project data was collected.



## **Methodology**

The researcher asked men who were waiting for haircuts or getting one whether they were willing to participate in the project, explaining that the DNP project focus was on African American men and Ostrich Behavior as it relates to hypertension. The researcher obtained informed consent from the participants and advised them that the project was voluntary with no incentives. The researcher gave details of the project, the number of deaths related to long-term, untreated hypertension, and an explanation of the project's importance to this population. The researcher filled in a written blood pressure questionnaire (BPQ) based on a face-to-face interview with the participant at the time he was receiving a haircut or waiting for one and after church services in the church's education room.

Participants had blood pressure readings taken on two separate occasions using an automated Omron blood pressure cuff with large and extra-large cuffs. The researcher asked the participants to return to the same location the following week for second blood pressure check, one for baseline and the other for diagnosis. Educational handouts from the CDC's website were given out that showed what is considered high blood pressure and the meaning of hypertension. The focus was to educate this population and dispel some of the myths associated with hypertension.

### **BPQ**

The researcher used the National Health and Nutrition Examination Survey (NHANES) questionnaire, which addresses the participant's current hypertension status, whether medications are being taken, when the participant's last visit to a medical professional was, and the participant's depression status. If the

participant's blood pressure was elevated and medical attention was required, a phone number and address of a medical provider was provided at that time. The blood pressure reading and BPQ questionnaire took 15 to 20 minutes. The questionnaire's numerical value was coded in the Statistical Package for the Social Sciences (SPSS) format.

**Potential Risks.** According to Smedley, Stith, and Nelson (2003), African American men are among the most underserved population in the United States with regard to access to quality health services and mental health services; these factors contribute to their poor health outcomes. It is important to recognize that social and environmental factors place minorities at a significant disadvantage with regard to health and disease (Smedley, Stith, & Nelson, 2003). There is no physical risk foreseen with this project. The lack of understanding the consent form, the disease process, and adherence to medical protocol and medication administration all have an impact on health behaviors, health outcomes, communication with providers, adherence to treatment regimens, and health cost (Bauman, 2007). The risk factors for the project included participant's' being unwilling to participate, participants' not returning for second blood pressure reading, other patrons' discouraging the involvement of others, and the risk of participants' confidentiality being compromised.

### **Potential Benefits**

The African American male population benefited from this project by having their questions about the myths answered, receiving a better understanding of health prevention and health maintenance, and being educated on the need to trust the medical profession. The focus of this project was to identify what prevents African American men from seeking medical health care. Addressing the

need of health prevention and maintenance for this population has had a rippling effect. Involving the pastors of local communities helps deliver the much-needed message of health prevention.

With the data from this DNP project, providers have a better understanding of how this population deals with illness and how professionals can help overcome some of the known barriers to health care rather than labeling people as “noncompliant”. With more participation from this population, more data can be gathered to implement the programs needed to facilitate proper care. Medical professionals can better understand and have more insight on how to care for this population, which in turn will help African American males change their health care prevention habits.

### **Health Belief Model**

The HBM was used as a framework for assessing treatment barriers in African American men with hypertension. While getting a haircut or waiting for one or after church services, the researcher recruited African American men to participate in this DNP project as related to their Ostrich Behavior when dealing with hypertension. Men voluntarily consented to having their blood pressure taken and answering questions regarding their hypertension status and any depression. The process of data collection took 20 minutes for each participant. The data gives providers a look at African American males’ perceptions of the health care community and why they resort to Ostrich Behavior concerning health care prevention and maintenance.

## CHAPTER 4: PROJECT FINDINGS

This chapter reveals the findings of all the data collected and the results of those findings. The misconceptions, frustrations, and myths are discussed, along with discussing hypertension education was provided to the participants of the study. A sample of 50 African American men aged 18–80 were recruited at two locations, a local barber shop and a local church. This population was under the impression that they could know when their blood pressure was elevated because they knew their bodies. The researcher educated the participants and dispelled this myth, advising them that the only sign of high blood pressure could be a stroke or heart attack.

Most of the men expressed frustration with health providers' not taking the time to explain the interventions and options and just prescribing pills without explaining how they work or the possible side effects (such as nausea, vomiting, or dizziness). The men recruited were receptive to education relating to hypertension—what the numbers mean, when blood pressure is elevated—and that information was provided by the researcher on handouts from the CDC. More than half the men knew of their hypertension, but they were frustrated with the health care community's starting them on medication without educating them. This was one reason they chose not to return to that provider. The men's answers to the project's question revealed a familiar theme. Many of them grew up without medical insurance, so having to do without became the norm for this population, and they carried this behavior over into adulthood.

Of the 50 participants, only one returned for a second blood pressure check. The BPQ NHANES questionnaire's numerical value was placed in an SPSS

statistical program for correlation between age and blood pressure readings, a one-way ANOVA was performed, and a frequency table was created.

As shown in Table 1, men aged 18–30 were less likely to visit a doctor, 'so the diagnosis of HTN was not seen or known. Men aged 31–50 who did have routine office visits and were diagnosed with HTN were not taking medications as prescribed. In the 51–80 age group, some men have no office visits even if HTN was diagnosed and medication was prescribed. Majority of diagnosed HTN cases are men in this age group.

Table 1. Doctor Visits, Hypertension, and Medication by Age



Question BPQ.020 asked participants if they had ever been told by a health professional that they have hypertension, also known as high blood pressure. The results were that 46% of the participants answered yes and 54% answered no (see Table 2).

Table 2. BPQ.020

		Have you ever been told by a health professional that you have hypertension, also known as high blood pressure?			Total
		Yes	No		
Age	18–25	Count	2	6	8
		% of Total	4.0%	12.0%	16.0%
	26–35	Count	1	8	9
		% of Total	2.0%	16.0%	18.0%
	36–45	Count	3	5	8
		% of Total	6.0%	10.0%	16.0%
	46–55	Count	9	4	13
		% of Total	18.0%	8.0%	26.0%
	56–65	Count	3	3	6
		% of Total	6.0%	6.0%	12.0%
	66–80	Count	5	1	6
		% of Total	10.0%	2.0%	12.0%
Total		Count	23	27	50
		% of Total	46.0%	54.0%	100.0%

Question BPQ.030 asked whether the participant on two or more visits had been told that he had hypertension, also known as high blood pressure. The results were that 46% answered yes and 54% answered no (see Table 3). Of the 50 men recruited, the younger men aged 18–45 rarely visited the doctor. This age group is noted to have a higher prevalence of untreated HTN (see Table 1.)

Table 3. BPQ.030

		Were you on two or more different visits told that you had hypertension, also known as high blood pressure?			Total
		Yes	No		
Age	18–25	Count	1	7	8
		% of Total	2.0%	14.0%	16.0%
	26–35	Count	1	8	9
		% of Total	2.0%	16.0%	18.0%
	36–45	Count	3	5	8
		% of Total	6.0%	10.0%	16.0%
	46–55	Count	9	4	13
		% of Total	18.0%	8.0%	26.0%
	56–65	Count	3	3	6
		% of Total	6.0%	6.0%	12.0%
	66–80	Count	5	1	6
		% of Total	10.0%	2.0%	12.0%
Total		Count	22	28	50
		% of Total	44.0%	56.0%	100.0%

Question BPQ.040 asked whether because of high blood pressure, the participant was ever been told to take prescription medication. The results show that 32% answered yes and 68% answered no (see Table 4). This reflects the lack of office visits and that HTN is untreated because it is not diagnosed (see Table 1).

Table 4. BPQ.040

		Because of your high blood pressure, have you ever been told to take prescribed medication?			Total
		Yes	No		
Age	18–25	Count	1	7	8
		% of Total	2.0%	14.0%	16.0%
	26–35	Count	0	9	9
		% of Total	0.0%	18.0%	18.0%
	36–45	Count	3	5	8
		% of Total	6.0%	10.0%	16.0%
	46–55	Count	5	8	13
		% of Total	10.0%	16.0%	26.0%
	56–65	Count	3	3	6
		% of Total	6.0%	6.0%	12.0%
	66–80	Count	4	2	6
		% of Total	8.0%	4.0%	12.0%
Total		Count	16	34	50
		% of Total	32.0%	68.0%	100.0%

The data were analyzed using an SPSS program; data collected were placed in an Excel spreadsheet and then imported into the SPSS program. For each question asked of the participants, the SPSS program gave numerical values to the answers, which gave the percentages men who knew



whether they had hypertension, when their last visit to a medical provider was, and if they were taking antihypertensive medication.

Thus, after all the investigational data were compiled, the study showed that men aged 18–30 were less likely to visit a doctor and thus the diagnosis of HTN was not seen or known. Additionally, the men aged 41–50 who did have routine office visits and were diagnosed with HTN still were not taking their prescribed medications.

## CHAPTER 5: PROJECT CONCLUSION

In this chapter, the results are discussed as well as the limitations, the implications for nursing, and recommendations for future nursing. Ostrich Behavior in African American men was the focus of this DNP project. The question posed why African American men choose Ostrich Behavior when it comes the healthcare prevention and maintenance related to hypertension. The myth of being able to know whether and when a person has HTN was dispelled by the investigator through education and the educational handouts. Participants were educated in the importance of having routine checkups to have their blood pressure taken and taught what the numbers mean. They were given complete explanations to questions regarding side effects of some antihypertensive medications and when to take their medication, and they were instructed to be careful on first day of a new medication because it may cause dizziness. These were some of the outcomes of this project, and the men involved were more receptive to having routine checkups. Results from the statistical data show that the men aged 18–30 may have a known diagnosis of hypertension but are less likely to have routine office visits with a provider, and men aged 41– 50 made office visits, were diagnosed with hypertension, but still were not taking the prescribed antihypertensive medication (see Table 1).

### **Limitations**

The limitations were the small sample size of 50 African American men aged 18–80, recruited at two locations: a local barber shop and a local church, and a short time frame of three months, to collect data. More time will foster a larger participation rate. Friday's and Saturday's are the best time to get a response at the barber shop and Sunday's at the church. Only African American men were

recruited, in barber-based and faith-based locations. After seeing an increasing number of young African American men with end-stage organ damage related to prolonged elevated hypertension, the researcher chose to focus this study on why African American men were resorting to Ostrich Behavior. The researcher had to get men to participate without any incentives. Everyone wants something free, and this population is no different— talking about anything medical makes African American men shut down and use Ostrich Behavior. To prevent any bias, some participants were excluded because they knew the researcher, who is a provider in the area.

### **Recommendations for Future Research**

The recommendation for this project is to continue the research with a larger group of men in the faith-based arena exclusively. The pastors of the community now have become healthcare advocates for their members and this population. The Men's Health Network (MHN) has a program that partners with church pastors and parish nurses to coordinate a series of health screenings and education at churches on Sundays as a part of the Healthy Sunday initiative. The initiative uses trusted communications vehicles such as newsletters, bulletins, and community calendars. MHN also has two other programs—Men at Work and Time Out for 'Men's Health—which are part of a national awareness campaign to educate men about the importance of regular checkups (Men's Health Network [MHN], 2017).

Barbershops are a culturally appropriate venue for disseminating health education materials in both print and media formats. Barbershops are also acceptable venues for training barbers to conduct education and screening. In studies where barbers received training, their knowledge of various health

conditions increased significantly and knowledge gains were sustained over time. They were also able to increase knowledge and promote positive health behaviors among their customers, but these outcomes were variable and not consistently documented (Luque et al., 2014).

The use of barbers instead of medical professionals to become the health educators can link the community to find strategies when addressing this health disparity. This same platform can be adopted in this community using pastors as health educators in a health promotion campaign. There is a need to explore more faith-based community nursing to help this population with health promotion at the community level. The investigator of this project feels that with more time and the right resources, the Central Valley population can see a decrease in some of the Ostrich Behavior and the number of men with untreated HTN. There is a need for this type of research, and the research should be conducted by more African American researchers.

### **Implications for Nursing**

This topic deals with health outcome research, which is the key to achieving quality of care. Health outcome research helps develop and improve the quality of care within the nursing practice (Coombs, 2006). The population of African American men have been overlooked for decades. To achieve quality of care for this population, more research is needed, more African American providers and researchers are also needed. Community-based nursing is one method to implement health promotion. Including the pastors of local churches within the community, is making a difference in health prevention information and the African American men are receptive to the information.

Community-based free blood pressure drives, sponsors from the American Heart Association, and other medical professionals need to become involved, at least once a month to help decrease the number of end-stage organ damage, heart attacks, and strokes within this population.

**Conclusion.** The population has multiple disparities and some are deep rooted. The behavior is generational, and the cycle seems hard to break. A majority of the men knew of their HTN but frustration with the available providers stopped them from going for routine visits. One reason 50% of the men stated they did not return to see a specific provider is that the patient had trouble understanding the provider or the provider prescribed medication without explaining its use and side effects in a way the patient could understand . Most of the men surveyed are ready for change, but they grew up without going to the doctor during childhood, and this habit continued into adulthood. This disparity has an impact on the way African American men deal with not only health care situations but life in general.

The education relating to HTN, the dangers of organ damage, and the thought that HTN may cause impotence was enough for some men to make an appointment. One participant came back to stating that the researcher scared him and saved his life at the same time. The participant was told by his physician he was a candidate for a stroke, so he started taking antihypertensive medication and lost 25 pounds. Some of the participants were ready for change, but others will never change their Ostrich Behavior until 'it is too late.

Over 70 million people in the United States have HTN, and only 52% of these people have their blood pressure under control (CDC, 2011). African American men are a part of that 52%, and they use Ostrich Behavior when dealing

with this medical condition. Faith-based community nursing is an alternative method of interaction with this population. Using an African American researcher can get more men to participate in research. The results of this project shows that men aged 18–50 are more likely to have a stroke or heart attack due to Ostrich Behavior regarding medical prevention. More dedicated providers are needed in the lower economic communities before any real change can be seen.

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