A Holistic Approach To Cardiovascular Health Using Faith-Based Interventions

Candace C. Keck

Edson College of Nursing and Health Innovation, Arizona State University

Author Note

Candace C. Keck is a graduate student in the Edson College of Nursing and Health Innovation at Arizona State University.

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Candace C. Keck, Edson College of Nursing and Health Innovation, Arizona State University, 550 N. 3rd Street, Phoenix, AZ 85004 email: candace.keck@asu.edu.

Acknowledgments

With Him, all things are possible. Thanks to God for blessing me with this opportunity and uniting me with those who supported me through this journey. Thank you, Dr. Jacqueline Medland, for your support, guidance, and mentorship. A special thanks to my husband Jonathan and daughter Eva for their prayers, patience, and support.

Abstract

Hypertension is one of the most prevalent diseases in the United States. While government and local health agencies offer educational programs, faith-based communities are another avenue for health education to reach a population that would not seek help. Effective strategies are needed to manage hypertension and decrease cardiovascular events that can save lives. It is imperative to undertake a comprehensive exploration of all available resources pertaining to hypertension education programs incorporating faith-based interventions to elucidate their efficacy in promoting healthy lifestyles. Evidence suggests that by incorporating Scripture into hypertension programs, there is a decrease in blood pressure, anxiety, stress, and depression. At the same time, there is an increase in spirituality and healthy lifestyle scores. This project aims to assess the impact of incorporating faith-based interventions into a blood pressure program and its influence on hypertension knowledge and improving participants' self-care activities.

Keywords: hypertension, blood pressure control program, faith community nursing, faith-based organizations, clinic community-based partnerships, faith-based health promotion.

A Holistic Approach To Cardiovascular Health Using Faith-Based Interventions

Cardiovascular disease (CVD) is among the most prevalent diseases in the United States. Uncontrolled hypertension can lead to CVD and long-term health problems. Successful management of hypertension requires an understanding of the disease and self-care behaviors that foster a healthy lifestyle. While government and local health agencies offer education about CVD and hypertension, faith-based organizations can be the vehicle to disseminate health information and promote healthy lifestyle choices. Faith-based organizations can serve as platforms for culturally relevant health promotion and education for adults.

Problem Statement

Local non-profit, faith-based organizations in central Phoenix support the surrounding communities often beyond issues of faith and spirituality alone. The organization for this project partners with local churches to offer educational workshops. For this project, the local church serves as a lifeline to many in the area. Many attend the workshops for educational opportunities, spiritual and emotional encouragement, and a sense of community. The average age of the project site community is 50 or older. Middle-aged and older adults are among the most vulnerable populations and have the most significant cardiovascular health issues. Older adults are at an increased risk due to normal vascular aging, where artery stiffness occurs. This puts this population at an increased risk of hypertension, cardiovascular disease, and stroke.

The United States National Health and Nutrition Examination Survey (NHANES) found that 70% of adults > 65 years have hypertension. This number is expected to increase by 20% by 2050 (Kulkarni et al., 2020). Hypertension is a tremendous cost burden to the current health system structure. Adults over 50 comprise the more significant portion of the population affected

(Zhang et al., 2022). The population served at the project and outreach sites are in this category, making it an ideal location to educate those it serves and promote healthy lifestyle changes.

Purpose and Rationale

The American Heart Association anticipates that the number of adults with hypertension will increase to 41% by 2030 (American Heart Association [AHA], 2018). The goal of hypertension management is to decrease stroke and cardiovascular-related events. This Doctor of Nursing Practice (DNP) scholarly project aims to establish a health education program in a local faith community to improve health and wellness and increase the understanding of hypertension. This program will explore the risks of uncontrolled blood pressure and modifiable risk factors using evidence-based practices aligned with scripture references. The community this project will focus on will allow adults in the area served to participate in health-improving behaviors.

Background and Significance

Hypertension in the United States and Arizona is rising (Heart Disease Burden Report, 2019). It is often referred to as the silent killer, as many individuals with hypertension experience no signs or symptoms (Centers for Disease Control and Prevention [CDC], 2020). Hypertension is the gateway to many diseases, such as kidney disease, heart failure, stroke, and cardiovascular disease, which is the leading cause of death in the United States (CDC, 2020). By the time the individual seeks medical services, these diseases can be advanced. The CDC reported approximately 500,000 deaths in 2017 related to hypertension in the United States (CDC, 2020). Worldwide, hypertension affects approximately 1.39 million adults (Mills et al., 2020).

The new definition for elevated blood pressure is systolic blood pressure >120 mm Hg and/or diastolic blood pressure >80 mm Hg (Whelton et al., 2018). This requires a more aggressive approach to the management of hypertension from previous years. Hypertension is

expected to increase from 32% to 45 % in the United States (Mills et al., 2020). The CDC reports that approximately 108 million Americans have hypertension, while only 50% are managed efficiently (CDC, 2020).

Early detection and effective strategies to manage hypertension are the recommended approaches of the updated clinical practice guidelines from the American College of Cardiology/AHA Task Force (Whelton et al., 2018). It is acknowledged that there exists a necessity for a localized community educational intervention. Vulnerable populations within the faith organization can benefit from health education interventions resembling the one portrayed in this project.

Population: Adults

This quality improvement project will focus on adults over 18 in a church setting who are interested in increasing their knowledge of hypertension and how to incorporate biblical passages for healthy lifestyle modifications.

Intervention: Blood Pressure Program

Faith-based organizations can be an avenue to disseminate health information and promote healthy behaviors. Faith-based organizations offer a safe and trusted environment for most individuals, fostering an environment where positive influence and behavioral changes are likely. Incorporating faith-based interventions into a blood pressure control program can help prevent hypertension and promote healthy lifestyles in faith-based organizations (White, 2018). This familiar, trusting environment with a supportive network allows the individual to feel comfortable discussing and exploring interventions to improve their lifestyle (Brewer et al., 2022). Integrating faith interventions with a blood pressure program in a faith-based organization can aid in achieving Healthy People 2030 objectives HDS-04, reduce the proportion of adults

with high blood pressure and HDS-05, increase control of high blood pressure in adults (Office of Disease Prevention and Health Promotion, 2019).

Incorporating a holistic approach to the body, soul, and spirit can aid individuals in knowledge and changing lifestyle behaviors that will improve health. Combining health education with thoughtful integration of prayer, worship, and Scripture can have a long-lasting impact on the individual. Incorporating faith into health and wellness can affect individuals and their families (Minton et al., 2019). Faith-based organizations have an essential role in the health promotion and education of the individuals they serve. Faith-based organizations can promote healthy activity by educating and helping individuals pursue a healthy lifestyle. This can give the individual the fearlessness to seek a healthy body, soul, and spirit through a relationship with God (Harvin, 2020).

Current Practice

Programs are available to the public to reduce the hypertension rate in America. Despite the availability of programs to reduce hypertension, the Office of Disease Prevention and Health Promotion (2019) reports that only 47% of Americans currently have their blood pressure under control. The American Heart Association (AHA) has a program Target: B.P. This program helps healthcare organizations and care teams improve blood pressure by providing patient tools such as educational brochures and free webinars (American Heart Association, n.d.). The program is also used to help organizations in the community educate individuals on self-monitoring and tracking of blood pressure management.

The 2019 Arizona Burden Report indicates that heart disease is the state's leading preventable cause of death (Arizona Department of Health Services,2019). As a result of this data, the state developed the Arizona Health Improvement Plan (AZHIP), where they partner

with community healthcare agencies to diagnose and treat cardiovascular disease, including hypertension (Arizona Department of Health Services, n.d.).

Outcome

Providing a faith-based health education program at a local non-profit faith-based organization may reduce the participant's blood pressure. Individuals are seeking assistance from these organizations and can be more open to receiving education. With the combination of national, community, and faith-based strategies, the local community can impact more individuals by providing awareness and education to reduce hypertension and promoting healthy lifestyle changes to aid in hypertension reduction.

Internal Data

Local non-profit, faith-based organizations in Central Phoenix support the surrounding communities. The organization's adult ministries division provides resources for aging adults in the community by offering workshops to local church partners. Older adults in the area visit the faith-based organization to receive food and clothing assistance, spiritual and emotional support, and a sense of community. The organization has seen an increased number of adults coming to the center on Senior Days to pick up food boxes and have their blood pressure checked by a volunteer nurse.

As a result of these health-seeking behaviors, the organization has developed Christ-centered educational workshops to promote lifelong learning and purpose in all seasons of life. The workshops will focus on topics for older adults. Seeing an increased number of adults during Senior Days with hypertension, this intervention could offer clients a forum to discuss hypertension and ways to manage it while incorporating biblical passages supporting healthy lifestyles, such as in 1 Corinthians 6:19-20, "Do you not know that your bodies are temples of

the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your bodies" (New International Version, 1973/2011).

PICO Question

A literature review led to the clinically relevant PICO question: "In adults with hypertension, how does a blood pressure education program with faith-based interventions compare to no program affect the understanding of hypertension" which led to the following exhaustive search.

Search Strategy

A thorough literature review was conducted to answer the PICO question. Three databases were extensively searched- Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, and PsychINFO. These databases were chosen due to their extensive literature relating to the medical field. They were selected for their relevance to hypertension among adults, hypertension programs, and faith-based organizations' roles in healthy congregations. Only full-text peer-reviewed articles published within the last five years were used. The goal was to identify evidence-based interventions grounded in spirituality that effectively increased adults' awareness and knowledge of hypertension and improved self-care activities related to hypertension management.

Keyword Selection

The databases were searched using combinations of key terms that addressed the PICO questions and included *hypertension, blood pressure control program, faith community nursing, Parrish nursing, faith-based organizations, clinic community-based partnerships, faith-based health promotion, and faith community nurse.*

Initial and Final Search Yields

An initial search of PubMed using key terms hypertension and programs yielded 11,697 results; with the addition of adults and spirituality in disease management, the yield was 928. More specific term combinations were used: faith-based organizations and hypertension programs, which yielded ten results; Christian nursing and hypertension management yielded 31 results; parish nursing and hypertension yielded two results; blood pressure control program and faith-based interventions with randomized control trial yielded three results; faith community nursing and hypertension yielded eight results, and blood pressure control program and faith-based intervention yielded 18 results.

An initial search of CINHAL using key terms hypertension and programs, interventions, and strategies yielded a result of 7,786. More specific term combinations were used to narrow the search further. Hypertension and faith community nursing yielded 17 results, hypertension management program and parish nursing yielded one result, and hypertension programs yielded 54 results.

An initial search of PsychINFO using the key term of hypertension management programs yielded a result of 562. More specific term combinations of nurse-led hypertension programs yielded 10, hypertension and faith-based interventions yielded 17, and hypertension and spirituality yielded 54.

Limitations, Inclusion, and Exclusion Criteria

Reviewing the articles identified in these database searches yielded 34 relevant studies. Rapid critical appraisal (RCA) checklists and inclusion and exclusion criteria narrowed the articles to the ten most relevant, high-quality studies. These included four randomized control trials, four systemic reviews, one cross-sectional study, and one non-randomized clustered

intervention. Inclusion criteria included adults, community settings, and faith-based organizations. Studies from other countries were included, although most studies examined were from the United States. Exclusion criteria were opinion articles and articles over five years.

Critical Appraisal and Synthesis of Evidence

The final ten studies were critically appraised using RCA tools by Melnyk and Fineout-Overholt (2019) and were synthesized to find the most relevant evidence (See Appendix A). Five studies focused on African Americans, while the other five included all races. Six studies occurred in a church setting, one in a faith-based community clinic, and two in the home (See Appendix A). The ten articles used programs with specific goals for each educational session. The variation in session length was four weeks to six months. Four of the studies showed a decrease in blood pressure readings, two had an increase in hypertension knowledge, and three had an increase in spirituality. Four studies incorporated biblical passages, prayer, and reflection during the sessions, which resulted in increased spirituality, healthy lifestyle scores, medication adherence, and hypertension knowledge. One study showed decreased blood pressure readings (See Appendix A). Two international studies showed statistical significance in hypertension knowledge, increased spirituality, and improved health.

The measurement tools used across the studies did differ, although they asked similar questions. The randomized control trials, the systematic review, and the quasi-experimental studies used the Fetzer Multidimensional Measurement of Religiousness/Spirituality, American Heart Association Life's Simple 7 (LS7), Healthy Lifestyle Score, Hypertension Self-Care Activity Level Effects Scale (H-SCALE), and Hypertension Management Knowledge and Behavior tools. These studies demonstrated decreased blood pressure readings, increased hypertension knowledge, behavior motivation, and spirituality (See Appendix A). The remaining

studies used screening for medication adherence, anxiety, stress, and depression, which showed increased medication adherence and decreased anxiety, stress, and depression (see Appendix A). All the tools used were validated and appropriately used. Several studies had a low attrition rate, and the self-assessment evaluations may have caused bias (See Appendix A).

The studies show promising outcomes incorporating faith-based interventions into hypertension management programs. The literature supports that coming together significantly improves healthy behaviors and increases knowledge about the disease when faced with a health crisis. When biblical aspects are introduced, such as devotional reading, worshiping together, and reflecting, the result shows improved spirituality and decreased anxiety, stress, and depression. These findings should direct faith-based organizations to develop and implement a faith-based hypertension education program to promote healthy living.

Theory Application

The Theory of Self-Transcendence was chosen for this project (see Appendix B). The theory comprises three key concepts: self-transcendence, well-being, and vulnerability (Reed, 2008). Self-transcendence theory involves a highly interpersonal dimension toward awareness of personal philosophy, values, and aspirations. The theory applies to this project as it is based on the notion that when one is faced with health issues, there is an increase in one's vulnerability. Awareness of their vulnerability related to hypertension will stimulate self-exploration and a greater understanding of their environment, how they relate with others and their spirituality. This heightened awareness fosters the desire to improve circumstances and seek a more meaningful life, increasing self-transcendence.

Implementation Framework

Rosswurm & Larrabee's Model for Evidence-Based Practice (1999) was chosen to implement this project (see Appendix B). Utilizing these six steps for evidence-based change was fundamental for successfully implementing this project. First, assessing the organization and the need for change in the program, linking the problem intervention and the outcomes, synthesizing the best evidence, designing a practice change, implementing and evaluating the change in a structured program, and lastly, integrating and maintaining the change (Rosswurm & Larrabee, 1999). This guided step-by-step process worked well for this project as the steps can be revisited and adjusted to meet the organization's needs for this to be successful and sustainable.

Implications for Practice Change

Synthesis of evidence has shown that having a structured blood pressure program improves one's lifestyle. When faith-based interventions such as prayer were included, spirituality, healthy lifestyle score, and hypertension knowledge increased. The evidence showing improvements in health outcomes with faith-based health promotion is encouraging (White, 2018).

Relevant stakeholders, including the director and project champion, supported the implementation in a one-day workshop. The following surveys were used as a pre-test to determine the baseline knowledge and spirituality of the participants: The Spiritual Perspective Scale (SPS) and The Hypertension Knowledge Test (HKT). These same surveys were given at the end of the session to evaluate the effectiveness of the intervention. Utilizing the Theory of Self-transcendence from Reed (1983) and the framework of Rosswurm and Larrabee (1999)

worked well for this project as it was a step-by-step process that someone could adjust to meet the needs for this evidence-based change to be successful.

Methods

This DNP quality improvement project sought to discover if a blood pressure education program with faith-based interventions would increase hypertension knowledge among adults. A one-day workshop utilizing pre and post-measures was implemented in a non-denominational church in Southeast Phoenix. The workshop combined faith and hypertension education to provide evidence-based strategies for managing hypertension while promoting holistic well-being encompassing the body, soul, and spirit.

Participant Recruitment and Selection

The population for this project were church members, church volunteers, and participants from the surrounding community who volunteered to attend the workshop in response to the flyer. The inclusion criteria for this project were voluntary participants 18 years or older who could speak, read, write, and comprehend English. Exclusion criteria were participants younger than 18, pregnant, or enrolled in a chronic disease program.

Recruitment measures included a flyer (see Appendix C) the organization posted on its website, placed in the church bulletin, church website, community website, and community senior center, and mailed to surrounding churches. On the workshop day, agreeable parties who met the inclusion criteria and acknowledged the informed consent set up their unique identification password to ensure privacy. Participation in the workshop was voluntary, and participants could withdraw at any time without penalty.

Ethical Considerations

The project was reviewed and approved by the Arizona State University Institutional Review Board (see Appendix C). Four ethical principles guided this project: autonomy, justice, beneficence, and non-maleficence. Autonomy is a person's right to make decisions and choices (American Nurse Association [ANA]2015. This project upheld this principle by allowing each person to choose whether they wished to participate. Justice is the principle that everyone should be treated equally (ANA, 2015). This project adhered to this principle by not making assumptions on behalf of any participant and offering participation and the same interventions for all participants without any form of discrimination. Beneficence is the principle of promoting the well-being and welfare of individuals (ANA, 2015). This project adhered to this principle by incorporating education in a noninvasive workshop where participants could leave anytime without penalty. Non-maleficence is the principle of doing no harm (ANA, 2015). This project adhered to this principle by maintaining confidentiality. All records were kept confidential by the participants' assignment of unique identification numbers to ensure confidentiality.

Intervention

The workshop was held one day for four hours, covering three topics: hypertension, nutrition, and medications. Each topic included prayer, Scripture, and group discussion focusing on health strategies for optimal blood pressure and healthy lifestyle (see Appendix C).

The Co-PI developed the materials for the workshop and presented the information in person via PowerPoint with group discussion. Once the participants were identified, the following surveys were used as a pre-test to determine the baseline knowledge and spirituality of the participants: The Spiritual Perspective Scale (SPS) and the Hypertension Knowledge Test (HKT) (see Appendix C). The pre-survey included demographic information such as age, gender, ethnicity,

and hypertension information to understand the participants (see Appendix C). At the beginning of the workshop, participants were asked to create their unique identification, which consisted of their shoe size and the last four numbers of their cell phones. The participants completed the same surveys after the workshop using the exact participant identification.

Session one included verification of the participants' unique I.D. and pre-survey completion. Participants were given the AHA (n.d.) brochure *Understanding and Controlling Your High Blood Pressure* (see Appendix C). Education included information on the dangers of prolonged uncontrolled hypertension, the definition of elevated blood pressure and hypertension, along with an overview of modifiable risk factors. This was followed by reflection and discussion focusing on 1 Corinthians 6:19-20, “Do you not know what your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your bodies” (New International Version, 1973/2011). The group was encouraged to answer the questions: Can you offer your body to God in its current state of health? Would it be pleasing to him? Understanding how uncontrolled high blood pressure can affect your body, are you hindering his will for your life by your health behaviors? How did you treat your body this week (Harvin, 2020)?

Session two consisted of healthy nutrition, including following a DASH and Mediterranean diet. The scripture of focus was 1 Corinthians 10:31: “So. Whether you eat or drink, or whatever you do, do all to the glory of God” (New International Version, 1973/2011). Focusing on Hebrews 12:1, the group was asked to discuss: Will this food serve my mission? Will eating this make me feel more or less energized to do what God has called me to do?

Session three covered medication adherence and following prescribed treatments by their provider. The group discussed how improving the use of medications can impact their life and

how following medication recommendations can allow for more engaging and meaningful areas of life. The scripture readings, Isaiah 1:6, James 5:14, Luke 10:34, Ezekiel 47:12, and Jeremiah 8:22, were read, and the discussion continued on how God made our bodies and how God cares about our bodies. Moreover, as we understand it, biblical medicine was practiced throughout the Old and New Testaments, as they understood at that tim

The workshop's conclusion included a final prayer from Romans 12:1-2 “Therefore, I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God—this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—his good, pleasing and perfect will.” (New International Version, 1973/2011). The participants then completed post-test surveys (see Appendix C). Data from the HKT and SPS surveys were collected to assess the effectiveness of the project. No known risks were more significant than those associated with everyday activities, and no compensation was provided to participants. Regardless of survey completion, participants were entered into a drawing for a blood pressure monitor for attending. The Co-PI was available after the workshop to answer any questions.

Data Collection and Outcomes Measurement

The measurable outcome was the effect of education on hypertension knowledge after attending the workshop. The Hypertension Knowledge Test (HKT) and Spiritualty Perspective Scale (SPS) surveys were given pre and post-workshop. The HKT consists of 22 questions assessing the participants' knowledge of hypertension and medications. There are four domains to measure the participants' knowledge specific to each area of hypertension management. The areas addressed are the general awareness of the disease condition, the knowledge related to

lifestyle factors that influence the management of hypertension, how exercise and diet influence hypertension, the cause of hypertension, and medication management (Andrew & Hariharam, 2017). This test proved to have a significant validity with a=0.70-0.90.

The SPS scale is a 10-question survey measuring the participants' spiritual views and how often they engage in spiritual behaviors (Reed, 2008). The survey questions will correlate with the concepts of the theory of self-transcendence as this theory explores the phenomena associated with health behaviors and spirituality. Positive correlations between the scale and spirituality have been noted, and researchers have observed strong internal reliability and discriminate validity (Conner & Eller,2004).

Data was collected and analyzed by the Co-PI. Descriptive statistics were used to describe the sample variable. Inferential statistics were used to analyze the data of the outcome variables of interest. The statistical analysis for the HKT was performed using a two-tailed test with the critical value set as $p<0.05$ (Fugate et al., 1997). Considering the small sample size, a Wilcox test was used to analyze the data for the Spiritual Perspective Scale. For this study, due to the importance of detecting small to moderate differences with a small sample size (p values >0.05 but <0.10 are referred to as trend), significance was tested at $p <0.10$ (Fugate et al., 1997). Findings were disseminated to key stakeholders during a monthly meeting at the organization site. The participants' information and results were stored in a locked cabinet file and will be shredded after the completion of the project.

Results

Summary statistics were calculated for pre-post scores for knowledge of hypertension and spirituality. Responses to the HKT provided insight into the participants' hypertension

knowledge, health practices, and behaviors related to hypertension management before and after the workshop.

Descriptive statistics were used to describe the demographics of the sample (n=11) and outcome variables (see Appendix D). Intellectus Statistics Software (2023) was used to run the dataset. Participants' ages ranged from 31 to 81, with the most observed age range of 65-70. Most of the participants were female (82%), with the majority of participants race category being White (91%). The majority of participants were on medication to control their hypertension (64%) and visited their provider every six months (55%). The summary statistics are in Table 1 (see Appendix D).

A two-tailed paired samples *t*-test was conducted to examine whether the mean difference between the Pre-Hypertension and Post-Hypertension Knowledge Test was statistically significant. The pre-intervention score was 9.36 (SD=4.72), with the post-intervention score of 20.05 (SD= 3.74). The two-tailed paired samples t-test result was significant based on an alpha value of .05, $t(10) = -7.92$, $p < .001$, indicating that the null hypothesis can be rejected. This suggests that the difference in the mean Pre-Hypertension Knowledge Test (9.36) and the mean of Post-Hypertension Knowledge Test (20.05) significantly differed from zero. The mean of the Pre-Hypertension Knowledge Test was significantly lower than that of the Post-Hypertension Knowledge Test. The intervention's effect size was large: Cohen’s d (2.39). The results are presented in Table 2 (see Appendix D). A bar plot of the means is presented in Figure 1 (see Appendix D).

The responses to the SPS provided insight into the participants' spirituality and its role in their lives. In this study, finding even small to moderate differences was crucial despite the small number of participants. When the p-values are between 0.05 and 0.10, they are considered

suggestive but not strong evidence. The pre-intervention score was 46.18 (SD 11.05). The post-intervention score was 48.91 (SD 13.17). While the SPS results were not robust, there are promising indications regarding the intervention's effectiveness.

Considering the small sample size, a Wilcox test was used to analyze the data for the Spiritual Perspective Scale. This project examining spirituality is like an exploratory pilot study to generate a hypothesis. For this study, due to the importance of detecting small to moderate differences with a small sample size (p values >0.05 but <0.10 are referred to as trend), significance was tested at p <0.10 (Fugate et al., 1997). The results are presented in Table 3 (see Appendix D). A bar plot of the means is presented in Figure 2 (see Appendix D).

Impact of Project and Sustainability

The Joint Commission recognizes the significance of spirituality and its role in health promotion to such an extent that it has incorporated it into its standards and expectations. This entails evaluating a patient's spiritual needs in all healthcare areas, whether outpatient or inpatient (Joint Commission, 2022*).* A faith community allows one to explore health promotion activities and impact a larger audience. In these settings, practical strategies for increasing hypertension awareness can be provided while integrating spirituality, which could be essential in fostering improved health outcomes. This setting can be another avenue for nurses and community partners to impact the community's health positively. The long-term feasibility of implementing this intervention at this organization is high. The project site champion is passionate about serving the older adult community and learning to provide the most efficient topics for this population. Several ideas were discussed to further nurture the program's sustainability, such as building upon current relationships with several health ministry persons

who could continue offering sessions. The cost of implementation for this project was minimal and is not seen as a barrier to further workshops.

Discussion

This project sought to determine if participation in a faith-based education workshop would impact the knowledge about hypertension. Knowledge assessed in this study included items such as what hypertension is, what causes hypertension, eating a healthy diet such as the Mediterranean diet, and taking medications as prescribed. A synthesis of evidence has shown that having a structured blood pressure program improves one's lifestyle. When faith-based interventions such as prayer were included, spirituality, healthy lifestyle score, and hypertension knowledge increased. The results from this project are promising. This project significantly improved understanding of hypertension in a church community setting. This study provided evidence that health ministries can contribute to health promotion and preventive health initiatives by engaging faith communities.

Further studies with a larger sample size would allow for more generalizability of this study. One limitation was the number of participants, as the flyer was delivered to the community through several venues. Timing may have played a part in low participation as the intervention was completed during the holiday season. Study replication is advocated to elicit a larger sample size to show a more significant statistical impact. This could be done by offering the workshop multiple times throughout the year.

Conclusion

Hypertension is often known as the silent killer. Many do not realize the signs and symptoms of hypertension or understand the long-term effects. This quality improvement project demonstrates that providing health promotion education within a faith community setting can

positively impact and improve individuals' health. This project aims to gain deeper insights into how faith-based organizations can serve as valuable platforms for promoting healthy behavior. Further, this project revealed that spirituality may play an essential role in healthcare practices, prompting further research.

This project contributes to the evolving knowledge of how spirituality plays a role in managing chronic diseases, such as hypertension. With faith-based educational interventions, as presented in this project, there is assurance that with continued studies, the connection will be apparent on how spirituality can increase one's knowledge about disease and aid in improving a healthier lifestyle.

References

Alen, J., Forehand, J., & Miller, B. (2022). Piloting a faith-based hypertension self-care program in a church setting. *Journal of Christian Nursing*, *39*(4), E74–E79. https://doi.org/10.1097/cnj.0000000000001008

American Heart Association. (n.d.). *Target: Bp*. https://targetbp.org/

American Heart Association (2018). *Lowering high blood pressure in the Puget sound*. www.heart.org. https://www.heart.org/en/affiliates/two-programs-can-help-reverse-high-blood-pressure

American Heart Association (2018, January 31). *More than 100 million Americans have high blood pressure, AHA says*.www.heart.org. https://www.heart.org/en/news/2018/05/01/more-than-100-million-Americans-have-highblood-pressure-aha-says

American Nurse Association. (2015). *Code of ethics for nurses with interpretive statements.* https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

Andrew, A. (2017). Hypertension knowledge test: Development and validation. *International Journal of Indian Psychology*, *5*(1). https://doi.org/10.25215/0501.045

Arizona Department of Health Services. (2010). *Hypertension-fact-sheet* [PDF]. https://www.azdhs.gov/documents/prevention/tobacco-chronic-disease/tobacco-free-az/resources/btcd/Hypertension-Fact-Sheet.pdf

Arizona Department of Health Services. (n.d.).https://www.azdhs.gov/prevention/tobacco-chronic-disease/index.php#az-heart-disease-stroke

Arizona Department of Health Services. *Heart Disease Burden Report.* (2019). https://www.azdhs.gov/documents/prevention/tobacco-chronic-disease/heart-disease-burden-report-2019.pdf

Brewer, L. C., Jenkins, S., Hayes, S. N., Kumbamu, A., Jones, C., Burke, L. E., Cooper, L. A., & Patten, C. A. (2022). Community-based, cluster-randomized pilot trial of a cardiovascular mhealth intervention: Rationale, design, and baseline findings of the faith! trial. *American Heart Journal*, pp. *247*, 1–14. https://doi.org/10.1016/j.ahj.2022.01.009

Centers for Disease Control and Prevention. (2017). *CDC addresses high blood pressure*. Centers for disease control and prevention. https://www.cdc.gov/bloodpressure/cdc_addresses.htm

Centers for Disease Control and Prevention. (2023, January 5). *Facts about hypertension*. Centers for disease control and prevention. Retrieved March 1, 2023, from https://www.cdc.gov/bloodpressure/facts.htm

Fugate Woods, N., Lentz, M., Sullivan Mitchell, E., Heitkemper, M. & Shaver, J. (1997). PMS after 40: Persistence of a stress-related symptom pattern. Research in Nursing & Health, 20: pp. 329–340. doi:10.1002/(SICI)1098-240X(199708)20:4<329::AID-NUR6>3.0.CO;2-I

Intellectus Statistics [Online computer software]. (2023). Intellectus Statistics. https://statistics.intellectus360.com

Kolcu, M., & Ergun, A. (2020). Effect of a nurse-led hypertension management program on quality of life, medication adherence, and hypertension management in older adults: A randomized controlled trial. *Geriatrics & Gerontology International*, *20*(12), 1182–1189. https://doi.org/10.1111/ggi.14068

Kulkarni, A., Menta, A., Yang, E., & Parapid, B. (2020, February 26). *Older adults and hypertension: Beyond the 2017 guideline for prevention, detection, evaluation, and management of high blood pressure in adults – American College of Cardiology*. American College of Cardiology. https://www.acc.org/latest-in-cardiology/articles/2020/02/26/06/24/older-adults-and-hypertension

May, I., & George, N. (2021). Faith community nursing: faith element enhances cardiovascular risk reduction program outcomes. *Journal of Christian Nursing*, *38*(1), E9–E10. https://doi.org/10.1097/cnj.0000000000000804

Melnyk, B. M., & Fineout-Overholt, E. (2019). *Evidence-based practice in nursing and healthcare: A guide to best practice* (4 ed.). Wolters Kluwer.

Mills, K. T., Stefanescu, A., & He, J. (2020). The global epidemiology of hypertension. *Nature Reviews Nephrology*, *16*(4), 223–237. https://doi.org/10.1038/s41581-019-0244-2

Office of Disease Prevention and Health Promotion. (2019). *Heart disease and stroke - Healthy People 2030*. https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke

Papathanasiou, I., Papathanasiou, C., Malli, F., Tsaras, K., Papagiannis, D., Kontopoulou, L., Tsalogliodou, L., Tzavella, F., & Fradelos, E. (2020). The effect of spirituality on mental health among hypertensive elderly people: A cross-sectional community-based study. *Materia Socio Medica*, *32*(3), 218. https://doi.org/10.5455/msm.2020.32.218-223

Parker, M. E. (2010). Pamela Reed's theory of self-transcendence. In (Ed.), *Nursing theories & nursing practice (parker, nursing theories and nursing practice)* (Third ed., pp. 417–427). F.A. Davis Company.

Razali, N. M., & Wah, Y. B. (2011). Power comparisons of Shapiro-Wilk, Kolmogorov-Smirnov, Lilliefors, and Anderson-Darling tests. *Journal of Statistical Modeling and Analytics, 2*(1), 21-33.

Reed, P.G. (2008). Theory of self-transcendence. In M. S. & P.L. (Eds.), Middle range theory for nursing (pp. 105–128). New York: Springer.

Rosswurm, M., & Larrabee, J. H. (1999). A model for change to evidence-based practice. *Image: The Journal of Nursing Scholarship*, *31*(4), 317–322. https://doi.org/10.1111/j.1547-5069.1999.tb00510.x

The Joint Commission (2022, July 9). *Spiritual beliefs and preferences - evaluating a patient's spiritual needs: Hospital and hospital clinics: Provision of care treatment and services P.C.* https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/provision-of-care-treatment-and-services-pc/000001669/

Westfall, P. H., & Henning, K. S. S. (2013). *Texts in statistical science: Understanding advanced statistical methods. Taylor & Francis.*

Whelton, P. K., Carey, R. M., Aronow, W. S., Casey, D. E., Collins, K. J., Dennison Himmelfarb, C., DePalma, S. M., Gidding, S., Jamerson, K. A., Jones, D. W., MacLaughlin, E. J., Muntner, P., Ovbiagele, B., Smith, S. C., Spencer, C. C., Stafford, R. S., Taler, S. J., Thomas, R. J., Williams, K. A.,...Wright, J. T. (2018). 2017 acc/aha/aapa/abc/acpm/ags/apha/ash/aspc/nma/pcna guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: A report of the American College of Cardiology American Heart Association task force on clinical practice guidelines. *Circulation*, *138*(17). https://doi.org/10.1161/cir.0000000000000596

White, H. L. (2018). Promoting self-management of hypertension in the African-American church. *The Journal of National Black Nurses Association*, *29*(1), 6–12.

Zhang, J., Fang, Y., Yao, Y., Zhao, Y., Yue, D., Sung, M., Jin, Y., & Zheng, Z.-J. (2022). Disparities in cardiovascular disease prevalence among middle-aged and older adults: Roles of socioeconomic position, social connection, and behavioral and physiological risk factors. *Frontiers in Cardiovascular Medicine*, p. *9*. https://doi.org/10.3389/fcvm.2022.972683

Appendix A

Evaluation and Synthesis Tables

Table A1

Evaluation Table for Quantitative *Studies*

Citation	**Theoretical/ Conceptual Framework**	**Design/ Method/ Purpose**	**Sample/Setting**	**Variables**	**Measurement/ Instrumentation**	**Data Analysis**	**Results/ Findings**	**Level of Evidence; Application to practice; Generalizability**
Alen et al., (2022). Piloting a Faith-Based Hypertension Self-Care Program in a Church Setting **Country:** United States **Funding:** None **Bias:** None stated	Inferred: health belief model	**Design:** Quasi-experimental **Purpose:** To determine the effectiveness of a 4-week educational intervention to improve self-care activities and BP control in a faith-based setting.	*n*=153 **Demographics:** Age 18 and above A.A. **Setting:** Church **Exclusion:** Pregnant Non-members Non HTN dx **Attrition:**	**IV1:** Hypertension **DV1:** Improved BP **DV2:** Improved behavior **DV3:** Improved motivation **DV4:**	**Tools:** HBP Self-Care Profile **Validity/Reliability:** Cronbach is *a* 0.70	**Statistical Tests Used:** *t*-test	**DV1:** >.05 Systolic B.P. decreased by 3.46 mmHg **DV2:** < .01 **DV3:** < .01 **DV4:** < .01 Behavior, motivation, and self-efficacy scores showed significant improvement.	**Level of Evidence:** IV **Strengths:** Standard tools Guided group meetings **Weakness:** Small sample size COVID-19 impact

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
			23 completed the 4-week program	Improved efficacy **Definition:** HTN is defined as SBP > 130 and DBP >80				4-weeks not long enough to show significance **Feasibility:** Low cost **Application:** This pilot study supports the idea that faith-based settings can open doors to reach high-risk populations in underserved areas and teach behavioral modifications to improve self-care activities.

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	**Theoretical/ Conceptual Framework**	**Design/ Method/ Purpose**	**Sample/Setting**	**Variables**	**Measurement/ Instrumentation**	**Data Analysis**	**Results/ Findings**	**Level of Evidence; Application to practice; Generalizability**
Brewer et al., (2022). Community-based, cluster randomized pilot trial of a cardiovascular mHealth intervention: Rational, design, and baseline findings of the FAITH! trial. **Country** The U.S. **Funding:** National Institutes of Health Clinical and Translational Science Awards Mayo Clinic NCATS CDC **Bias** None stated	social-ecological framework	**Design:** RCT **Method:** Modified community-based participatory research conceptual logic model **Purpose:** Using the FAITH! APP interventions in faith communities of A.A. will improve CVH	*n*=76 IG-34 CG-42 **Demographics:** A.A. with CV disease **Setting:** Churches in the Rochester area **Exclusion:** Inability to walk >1 city block without assistance, inability to walk up >2 flights of stairs, pregnant or plans to become pregnant, visual/hearing impairment, non-AA **Attrition:**	**IV1-**AA with CVD **DV1 CVH** measures, LS7 score improvement **DV2** mHealth intervention -app use **DV3** N/A **Definitions:** CVD A type of disease that affects the heart or blood vessels. mHealth is a mobile app CVH Cardiovascular health refers	**Tools** FAITHAPP Electronic Surveys: Fetzer Multidimensional Measurement of Religiousness/Spirituality The Life Orientation Test-Revised **Validity/ Reliability:** FAITH! App research shows to be satisfaction and impact on the health-promoting behaviors of AAs Fetzer Multidimensional Measurement of Religiousness/Spirituality-15 item 6-point Likert Scale	**Statistical Tests Used:** X2 test 2sample t-test Paired t-test McNemars tests	**DV1** Decreased in LS7 from baseline to 6 months post-intervention **DV2** Change, increase in app engagement/usability **DV3** N/A	**Level of Evidence**: IV **Strengths**: Using established FAITH! App Online meetings/follow up **Weakness**: Small group, COVID impacted in-person Subjects need a phone for the app **Feasibility**: low cost

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
			76 completed surveys and health assessments	to the health of the heart and blood vessels				**Application**: The data generated from this pilot RCT will provide rich information regarding the impact of an mHealth lifestyle intervention to promote CVH among A.A.s
Burchenal et al., (2021). Developing Faith-Based Health Promotion Programs that Target Cardiovascular Disease and Cancer Risk Factors **Country:** United States	Inferred: Health belief model	**Design:** Cross-Sectional Study **Purpose:** To evaluate the impact of a faith-based health promotion program on the ideal health behaviors shared	*n*=191 Demographics: <18 yrs. of age Male and female **Setting:** Church **Exclusion:** Younger than 18 **Attrition:**	**IV1:** CVD **DV1:** Decrease body weight **DV2:** Increase physical activity	**Tools: Supportive Church Environment Score** **Behavioral Risk Factor Surveillance System** **Healthy Lifestyle Score** **Validity/Reliability:**	**Statistical Tests Used:** Fischer's exact/Chi-squared Wilcoxon rank-sum Spearmen's rho correlation	**DV1:** p= <0.001 The participants lost a median of 2.2 pounds over the ten weeks. **DV2:** p= <0.001 The percentage of participants fully meeting diet and exercise requirements significantly	**Level of Evidence:** IV **Strengths:** Inviting church environment Used participants not belonging to the church

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
Funding: Health Resources and Services Administration (D34HP318790100) of the U.S. Department of Health and Human Services (HHS financed with non-governmental sources. Research reported in this publication was also supported by the National Center For Advancing Translational Sciences of the National Institutes of Health under Award Number UL1TR002384		between cardiovascular disease (CVD) and cancer.	141 completed	**DV3:** Increase Healthy Lifestyle Score **Definitions:**CVD A type of disease that affects the heart or blood vessels.	Inter-rater reliability Kappa 0.79 r= 0.33 -0.77, k= 0.19 -0.47 Cronbach's *a* 0.71		increased with the completion of the program **DV3:** *p*=<0.001 The significant increase indicates an average improvement in the degree to which participants were meeting recommendations	Mixed ethnic group **Weakness:** Self-reported behavioral measures Missing data **Feasibility:** Low cost Easy to implement **Application:** Found that a faith-based intervention can improve dietary habits and physical activity. There was a significant

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
Bias: None stated								increase in Healthy Lifestyle Scores after completing the 10-week program.
Harvin et al., (2020). A Faith-Based Intervention to Improve Hypertension Management Among African Americans **Country:** United States **Funding:** Grant awarded January 2018 from the Maryland Higher Education Commission.	theory of self-transcendence	**Design:** Quasi-experimental **Purpose:** To determine if a faith-based self-management education program would improve self-care activities related to the management of hypertension among A.A.	*n*= 10 **Demographics:** <18 yrs., if age Male and Female **Setting:** Church **Exclusion:** No dx of HTN **Attrition:** All 10 completed the program	**IV1:** Hypertension management sessions **DV1:** Increased medication adherence **DV2:** N/A **DV3:** N/A	**Tools:** Spiritual Perspective Scale Self-Transcendence Scale The Hypertension Self-Care Activity Level Effects Scale **Validity/Reliability:** Inter-rater reliability Kappa 0.70 Cronbach's *a* 0.77 Cronbach's *a* 0.92	**Statistical Tests Used:** Wilcoxon Signed Rank Test	**DV1:** *p*=.034 Significant increase in medication adherence following the sessions. **DV2:** N/A **DV3:** N/A	**Level of Evidence:** IV **Strengths:** Structured program Participants reported valuing information and wanted to continue with the program. Participants found that the biblical passages

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
Bias: None stated								improved their perspectives. **Weakness:** Small sample size One church site **Feasibility:** Low cost **Application:** **S**pecial attention was given to the incorporation of religious faith. Prayer and Scriptures that would inform how to address health challenges were shared at each session. Participants

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
								described that during the intervention was the first time they connected their spiritual way of life with their health behaviors.
Kolcu et.al, (2020). Effect of a nurse-led hypertension management program on quality of life, medication adherence and hypertension management in older adults: A randomized control trial **Country**: Turkey **Funding**: None	Inferred: health belief model	**Design:** RCT **Purpose:** Determine the effects of a nurse-led H.T. management program (NLHMP) on quality of life, medication adherence and H.T. management in hypertensive older adults	*n*= 74 CG=37 16 age 65-74, 21 > 75, 21 M 16 F IG=37 18 age 65-74, 19 >75, 19 M 18 F **Demographics:** Male and female over the age 65 and older **Setting:** Nursing home **Exclusion:** Hearing loss, vision loss,	**IV1:** HTN, HTN management program **DV1:** HTN improved **DV2: i**ncreased medication adherence **DV3:** increased HTN knowledge	**Tools:** SF-36 MMAS-4 Hypertension management knowledge and behavioral questionnaire **Validity/ Reliability:** SF-36 relibailty-0.94 MMAS-4 reliability 0.82	**Statistical Tests Used:** Wilcoxon signed rank The Mann-Whitney U X2-test	**DV1:** IG p<0.001 CG p<0.05 With program HTN knowledge improved **DV2:** IG p<0.001 CG p<0.001 HTN decreased **DV3:** IG-<0.001 CG-p<0.05	**Level of Evidence**: II **Strengths**: RCT Substantial results **Weakness**: Small study **Feasibility**: little cost **Application**:

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
Bias: None stated			language impairment, disease that would prevent participation, previous education on HTN **Attrition:** All remained in study	**Definitions:** HTN is defined as SBP > 130 and DBP >80			Knowledge was improved	Yes The nurse led program implemented in this study provides an example of an effective program to guide nurses working with older adults
Minton et al., (2019). Offering a Health Empowerment Program in a Faith-Based Community Clinic **Country:** United States **Funding:** grant	community-based participatory research program	**Design:** Uncontrolled quasi-experimental **Purpose:** to test whether including spirituality components into a health promotion	*n*=153 **Demographics:** >18 yrs. of age Male and female **Setting:** Community Clinic **Exclusion:** Pregnant Moderate to severe	**IV1:** Depression Anxiety Stress **DV1:** Decrease in depression **DV2:**	**Tools:** PHQ-9 GAD-7 PSS SSRQ SCSORFQ GLTEQ FBC **Validity/Reliability:** Cronbach *a* .88 Cronbach *a .92*	**Statistical Tests Used:** Analyses were conducted using IBM SPSS Statistics 24 X2	**DV1:** *p*<.001 **DV2:** *p* .005 **DV3:** *p* .195 **DV4:** *p* 0.95 Depressive symptoms and anxiety decreased significantly from baseline to post-test and 3 months follow up.	**Level of Evidence:** IV **Strengths:** Able to recruit, serve, and follow up with hard to reach uninsured

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
from Excellus Blue Cross and Blue Shield and from the Program of Research and Innovation in Disparities Education (PRIDE) funded by the National Institute of Mental Health (R25MH074898). This work was also supported by a National Research Service Award from the National Institute of Health (2T32MH020061) **Bias** None Stated		program is feasible and leads to measurable change in health behaviors and indicators of psychological well-being.	cognitive impairments **Attrition:** All 153 completed the program	Decrease in anxiety **DV3:** Decrease in stress **DV 4:** Increase in Spirituality	Cronbach *a .85* Cronbach *a .95* Cronbach *a .96* Cronbach *a .62* Cronbach *a .68*		No significant change in spirituality as the measures suggested subjects were already at the top range.	individuals with low incomes **Weakness:** Lack of C.G. Several teaching sessions **Feasibility:** Low cost **Application:** This program used a nondenominational spiritual focus as a source of support as well as a way to help participants identify goals. The

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
								positive changes toward healthful eating and behaviors speak to the notion that a biopsychosocial-spiritual approach may be particularly empowering for participants to take steps toward engaging in healthier behaviors, including increased fruit and vegetable consumption, and decreasing levels of depression.

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
Papathanasiou et al., (2020). The effect of spirituality on mental health among hypertensive elderly people: A cross-sectional community-based study **Country:** Greece **Funding:** None **Bias** None stated	Inferred: health belief model	**Design:** A cross-sectional study **Purpose:** The study aims at investigating the relation between spirituality and mental health among older adults with hypertension and their sociodemographic characteristics	*n*= 134 **Demographics:** older adults with high blood pressure **Setting:** adults in home settings receiving health services provided by open day care centers **Exclusion:** <65 Non HTN diagnosis No medication Attrition: all 134 completed study	**IV1:** >65 adult with HTN **DV1:** Spirituality improved general health **DV2:** Mental health improved with spirituality **DV3:** N/A **Definitions:** HTN is defined as SBP > 130 and DBP >80 Spirituality the quality of being concerned with the human spirit or soul as	**Tools:** Functional Assessment of Chronic Illness Therapy (FACIT-Sp-12) General Health Questionnaire-28 (GHQ-28) **Validity/Reliability:** Cronbach's *a* 0.77 Cronbach's *a* 0.89	**Statistical Tests Used:** Pearson correlation coefficient, r, and multiple linear regression	**DV1:** P value <0.001 **DV2:** P value <0.001 **DV3:** N/A Higher levels of religious attendance is associated with higher levels of psychological well-being.	**Level of Evidence:** IV **Strengths:** Reliable scales used Follow up **Weakness:** Non-hypertensive subjects not used **Feasibility:** Low cost **Application:** Spirituality has a significant impact on mental health of hypertensive

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
				opposed to material or physical things. Mental health a person's condition with regard to their psychological and emotional well-being.				elderly people. Higher levels of spirituality among hypertensive elderly people are significant correlated with lower levels of somatic symptoms, anxiety and insomnia, social dysfunction and severe depression.
Stella et.al, (2019). A faith-based intervention to reduce blood pressure in underserved metropolitan new	social cognitive theory	**Design:** Cross-sectional Study	*n*=348 n66-Asian Indian n52 Bangladeshi n47 Filipino n168 Korean	**IV1:** Hypertension **DV1:** Increase self-efficacy	**Tools:** Health related self-efficacy **Validity/Reliability:** Cronbach's α of 0.95	**Statistical Tests Used:** T test X2 test	**DV1:** P 0.04 Self-eff8cacy increased significantly **DV2:** P 0.01 BP decreased significantly from	**Level of Evidence:** IV **Strengths:**

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
your immigrant communities **Country:** United States **Funding:** Grant from CDC, NIH **Bias:** None		**Purpose:** To collaborate with community partners to culturally adapt and implement an evidence-based community blood pressure program for Asian Americans in FBO	**Demographics:** Asian Americans _>18 **Setting:** Metropolitan New York and New Jersey **Exclusion:** Non-Asian American **Attrition:** *n*=719 with *n*=348 responding	**DV2:** decreased B.P. for self-reported HTN **DV3:** decreased B.P. for medical dx HTN **Definitions:** HTN is defined as SBP > 130 and DBP >80			baseline to 6 months **DV3:**P 0.02 decreased B.P. for those who had a dx of HTN	Training FBO for accurate screening Sample size **Weakness:** Large changes in B.P. readings due to non-control group Pre and post design of evaluation is limited **Feasibility:** Low cost **Application** The analysis demonstrates that faith-based programs may be

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
								an effective way to increase health related self-efficacy among Asian Americans and improve blood pressure.
White (2018). Promoting self-management of hypertension in the African American church **Country:** United States **Funding:** None **Bias** None stated	health belief model	**Design:** Quantitative methodology **Purpose:** To answer the question; Will a church-based AHA program on B.P. self-management decrease B.P. in African-American adults, aged 18	*n* =23 **Demographics:** AA Male or Female 18 yrs. and above **Setting:** Church **Exclusion:** Pregnant Non-AA Non-members of a local AA Christian Church **Attrition:**	**IV1:** Enrolled in self-management B.P. program **DV1:** Decrease in BP **DV2:** N/A **DV3:** N/A	**Tools:** Knowledge, attitude, and practice survey B.P. readings **Validity/Reliability:** Cronbach's *a* 0.819 BP readings were obtained using standard procedures using standardized, calibrated, and credible equipment	**Statistical Tests Used:** Likert scale *t*-test	**DV1:** *p*=0.079 No improvement after intervention **DV2:** N/A **DV3:** N/A	**Level of Evidence:** IV **Strengths:** IRB approval Reliable tools **Weakness:** Small study Convenience sampling One site

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability
		and above who belong to a local Christian church?	150 with 23 completing					**Feasibility:** Low cost **Application:** Even though there were no statistically significant findings indicated, there were clinically significant findings. Upon the completion of the intervention, the KAP survey revealed an increase in all of the test domains: management related to HTN control.

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theoretical/ Conceptual Framework	Design/ Method/ Purpose	Sample/Setting	Variables	Measurement/ Instrumentation	Data Analysis	Results/ Findings	Level of Evidence; Application to practice; Generalizability

Table A2

Evaluation Table for Qualitative Studies

Citation	Theory/ Conceptual Framework	Design/ Method/ Sampling	Sample/ Setting	Major Themes Studied/ Definitions	Measurement/ Instrumentation	Data Analysis	Findings/ Themes	Level/ Quality of Evidence; Decision for/ Application to practice; Generalization
May et al., (2021). Faith Community Nursing: Faith Element Enhances Cardiovascular Risk Reduction	Inferred: health belief model	**Design:** Systemic Review **Purpose:** The purpose of this article is to describe the faith-based enhancement and	**Sample:** *n*=6 **Demographics:** AA HTN Age 46-74 Male and Female	1.Stakeholders will participate in the evaluation of a faith-adapted, culturally-focused, community based	**Data Collection:** Measuring changes pre and post implementation "do you know your risk?" assessment	Qualitative Content Analysis		**Level of Evidence:** VI **Strengths:** Key to the success of this project was incorporating the spiritual needs of

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theory/ Conceptual Framework	Design/ Method/ Sampling	Sample/ Setting	Major Themes Studied/ Definitions	Measurement/ Instrumentation	Data Analysis	Findings/ Themes	Level/ Quality of Evidence; Decision for/ Application to practice; Generalization
Program Outcomes **Country:** United States **Funding:** None **Bias:** None stated		evaluation of an established evidence-based community health risk reduction program developed to be culturally relevant for A.A.	**Setting:** Church **Exclusion:** None listed **Attrition:** 37.5%	program that emphasizes the heart health of A.A., addressing hypertension and its risk factors in a faith-based setting. 2. The participants will demonstrate increased skills and knowledge related to self-management strategies for cardiovascular health 3. Biometric measures of blood	**Data Dependability:** Data collection tools consisted of outcome data forms for aggregated findings, referrals, class attendance, and follow up sessions			the participants as an integral part of the program. The ability to incorporate faith-based activities demonstrate the need for more healthcare and risk reduction research and evidence-based projects to be implemented within Christian and other faith-based organizations. **Weakness:** Small group, Finding participants **Feasibility:** Yes **Application:**

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Citation	Theory/ Conceptual Framework	Design/ Method/ Sampling	Sample/ Setting	Major Themes Studied/ Definitions	Measurement/ Instrumentation	Data Analysis	Findings/ Themes	Level/ Quality of Evidence; Decision for/ Application to practice; Generalization
				pressure and waist circumference of the participants will improve upon completion of the program.				The outcomes of the educational intervention demonstrated positive health change. Overall, participants became more cognizant of food and nutrition selections as demonstrated by their eagerness.

Key: **AA-**African American, **AHA**-American Heart Association**, CG** Control Group**, CVH** Cardiovascular Health, **DBP**-diastolic blood pressure**, DV** Dependent Variable, **DX**-diagnosis**, FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy, **FAITH!-**Fostering African-American Improvement in Total Health, **FBC**-Food Behavior Checklist, **FBO** Faith Based Organization **GAD-7**- Generalized Anxiety Disorder Questionnaire,**GHQ-28**-General Health Questionnaire ,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **HTN/HT** Hypertension, IG-Intervention Group**, IV** Independent Variable, **KOT** Keep on Track, **LS7** American Heart Association Life's Simple 7, **PHQ-9**-The Patient Health Questionnaire**, PSS**- Perceived Stress Scale, **REACH FAR** The Racial and Ethnic Approaches to Community Health for Asian Americans, **RCT**-randomized control trial, **SBP**-systolic blood pressure, **SPS-**Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire, **SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire,

Table A3

Synthesis Table

Study	Alen et al., 2022	Brewer et al., 2022	Burchenal et al., 2021	Harvin et al., 2020	Kolcu et al., 2020	May et al., 2021	Minton et al., 2019	Papathanasiou et al., 2020	Stella et al., 2019	White, 2018
Design **LOE**	Quasi-experimental IV	RCT II	Correlational Study IV	Quasi-experimental IV	RCT II	Systemic Review VI	Uncontrolled Quasi-experimental IV	A cross-sectional Study IV	A cross-sectional study II	Quantitative Methodology IV
Sample										
n subjects	23	76	141	10	74	6	153	134	348	23
Age	35-44	22-54	18+	48-50	65-74	46-74	<18	65-95	55+	18+
Other variable	AA	AA	All races	AA	All races	AA	All races	All races	All races	AA
Setting										
	Church	Church	Church	Church	Nursing Home	Church	Faith-Based Community Clinic	Home	Home communities	Church
Measurement Tool										
HBP Self Care Profile	X									
FAITH APP		X								
Fetzer Multidimensional Measurement of Religiousness/Spirituality		X								
LS7		X								
Healthy Lifestyle Score			X							
SPS				X						
STS				X						
H-SCALE				X						

Key: AA-African American, **B/P**-blood pressure, **FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy**, FBC**-Food Behavior Checklist, **FAITH**-Fostering African-American Improvement in Total Health, , **GAD-7**- Generalized Anxiety Disorder Questionnaire, , **GHQ-28**-General Health Questionnaire,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **LS7**-American Heart Association life's simple 7, **PHQ-9**-The Patient Health Questionnaire, **PSS**- Perceived Stress Scale**, RCT**-randomized control trial, **HTN**-hypertension, , **SPS**-Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire,**SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire, ↓-decrease, ↑-increase, ≠-no significance

Study	Alen et al., 2022	Brewer et al., 2022	Burchenal et al., 2021	Harvin et al., 2020	Kolcu et al., 2020	May et al., 2021	Minton et al., 2019	Papathanasiou et al., 2020	Stella et al., 2019	White, 2018
Hypertension management knowledge and behavior					X	X				
MMAS					X					
PHQ-9							X			
GAD-7							X			
PSS							X			
SSRQ							X			
SCSOREFQ							X			
GLTEQ							X			
FBC							X			
FACIT-SP-12								X		
GHQ-28								X		
Health related self-efficacy									X	
Knowledge, attitude, and practice survey										X
Duration of Intervention	4 weeks	6 months	10 weeks	8 weeks	20 weeks	5 weeks	16 weeks	N/A	6 Months	4 weeks
Interventions/Major Themes										
Intro to program/P readings, lifestyle modifications, diet exercise	X			X	X	X	X			
Using mobile device apps for B/P management		X								
Program discuss diet exercise B/P			X			X	X			X
Biblical passages, prayer, reflection		X		X		X	X			
Self-reported BP program									X	
Outcomes										
B.P.	↓				↓	↓			↓	≠
Behavior Motivation self-efficacy scores	↑								↑	
LS7 Scores		↓								

Key: AA-African American, **B/P**-blood pressure, **FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy**, FBC**-Food Behavior Checklist, **FAITH**-Fostering African-American Improvement in Total Health, , **GAD-7**- Generalized Anxiety Disorder Questionnaire, , **GHQ-28**-General Health Questionnaire,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **LS7**-American Heart Association life's simple 7, **PHQ-9**-The Patient Health Questionnaire, **PSS**- Perceived Stress Scale**, RCT**-randomized control trial, **HTN**-hypertension, , **SPS**-Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire,**SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire, ↓-decrease, ↑-increase, ≠-no significance

Study	Alen et al., 2022	Brewer et al., 2022	Burchenal et al., 2021	Harvin et al., 2020	Kolcu et al., 2020	May et al., 2021	Minton et al., 2019	Papathanasiou et al., 2020	Stella et al., 2019	White, 2018
Spirituality		↑					↑	↑		
Healthy Lifestyle Score		↑								
Medication adherence				↑	↑					
HTN knowledge					↑	↑				
Anxiety, Stress, Depression	↓						↓	↓		

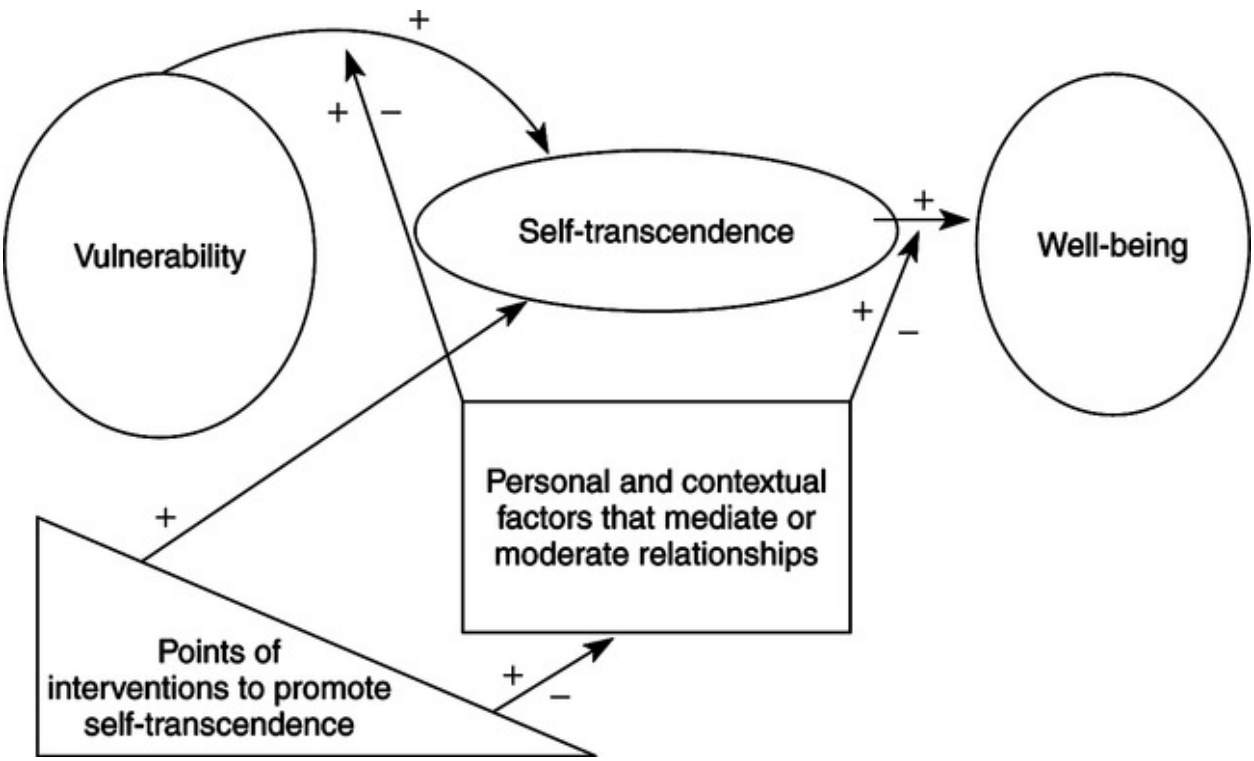
Key: AA-African American, **B/P**-blood pressure, **FACIT-Sp-12-**Functional Assessment of Chronic Illness Therapy**, FBC**-Food Behavior Checklist, **FAITH**-Fostering African-American Improvement in Total Health, , **GAD-7**- Generalized Anxiety Disorder Questionnaire, , **GHQ-28**-General Health Questionnaire,**GLTEQ**- Golden Leisure-Time Exercise Questionnaire, **LS7**-American Heart Association life's simple 7, **PHQ-9**-The Patient Health Questionnaire, **PSS**- Perceived Stress Scale**, RCT**-randomized control trial, **HTN**-hypertension, , **SPS**-Spiritual Perspective Scale**, STS**-Self-Transcendence Scale-**SCALE**-Hypertension Self-Care Activity Level Effects Scale, **SSRQ**- Self-regulation Questionnaire,**SCSORFQ**-The Santa Clara Strength of Religious Faith Questionnaire, ↓-decrease, ↑-increase, ≠-no significance

Appendix B

Models and Frameworks

Figure B1

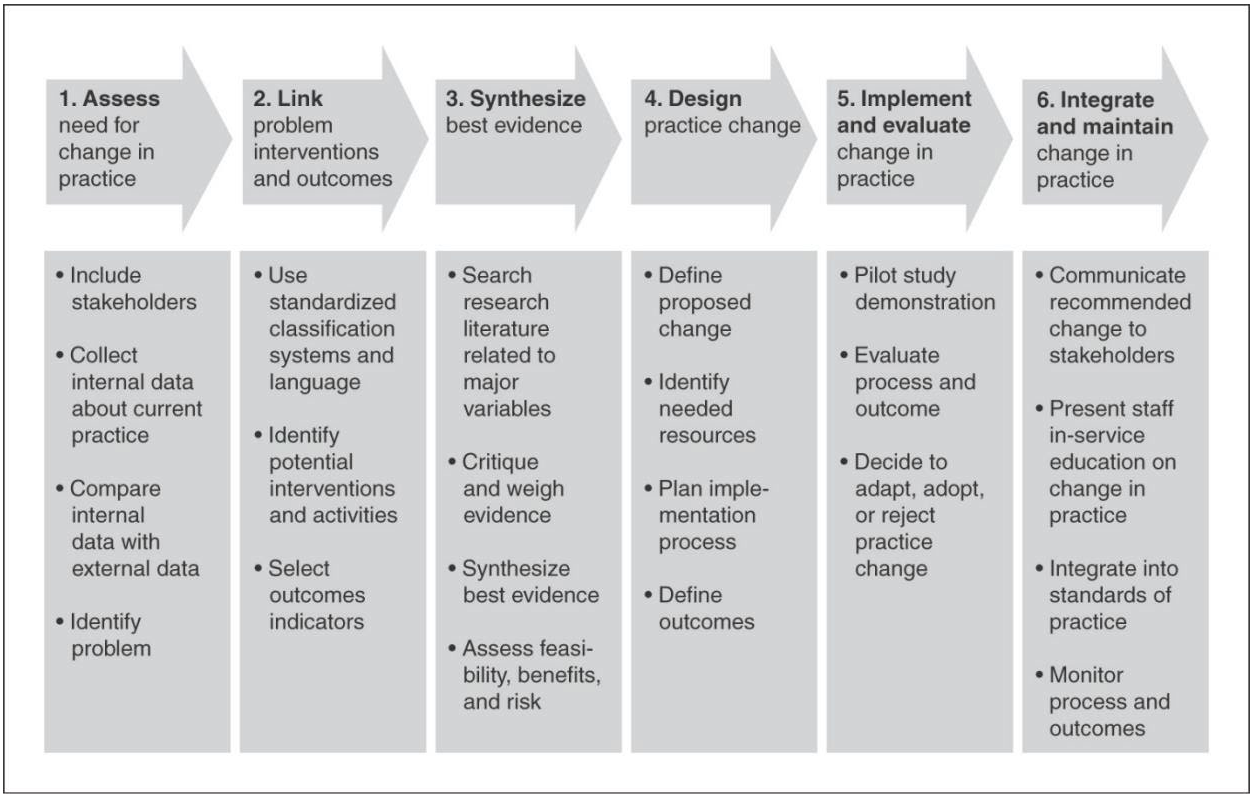
Self-Transcendence Theory



(Reed, 1983)

Figure B2

Rosswurm and Larrabee's Model for evidence-based practice



(Rosswurm & Larrabee, 1999)

Appendix C

Methods

Figure C1

Logic model

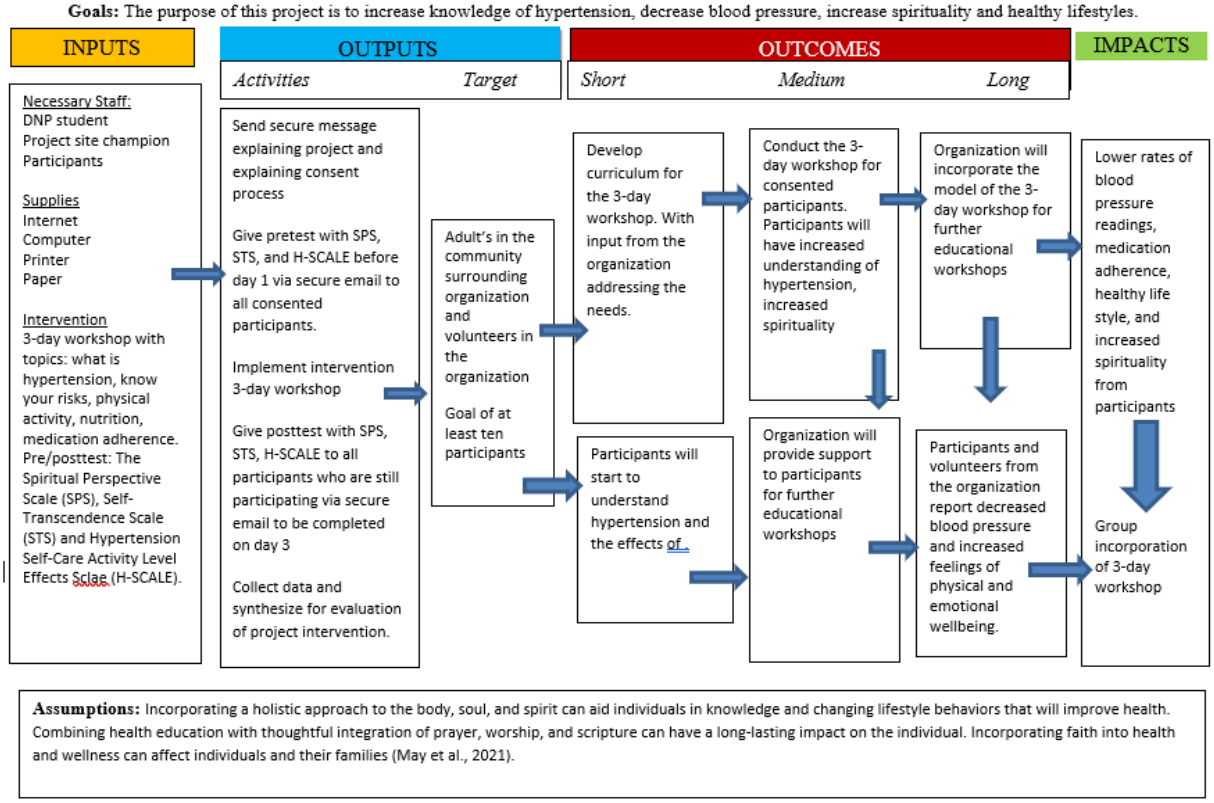


Figure C2

Arizona State University, Institutional Review Board

APPROVAL: EXPEDITED REVIEW

Jacqueline Medland
EDSON: DNP
-
Jacqueline.Medland@asu.edu

Dear Jacqueline Medland:

On 7/31/2023 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	A Holistic Approach To Cardiovascular Health Using Faith-Based Interventions
Investigator:	Jacqueline Medland
IRB ID:	STUDY00018368
Category of review:	
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• CV Health AHA Curriculum , Category: Other; • CV Health Consent, Category: Consent Form; • CV Health CO-PI Citi Training, Category: Other; • CV Health IRB, Category: IRB Protocol; • CV Health Post Survey, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • CV Health Power Point, Category: Other; • CV Health Pre Survey, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • CV Health Recruitment Flyer, Category: Recruitment Materials; • CV Health Site Letter of Support, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission etc); • Keck Point By Point Response, Category: Other;

Page 1 of 2

The IRB approved the protocol effective 7/31/2023. Continuing Review is not required for this study.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Candace Keck
Candace Keck

Figure C3

Flyer

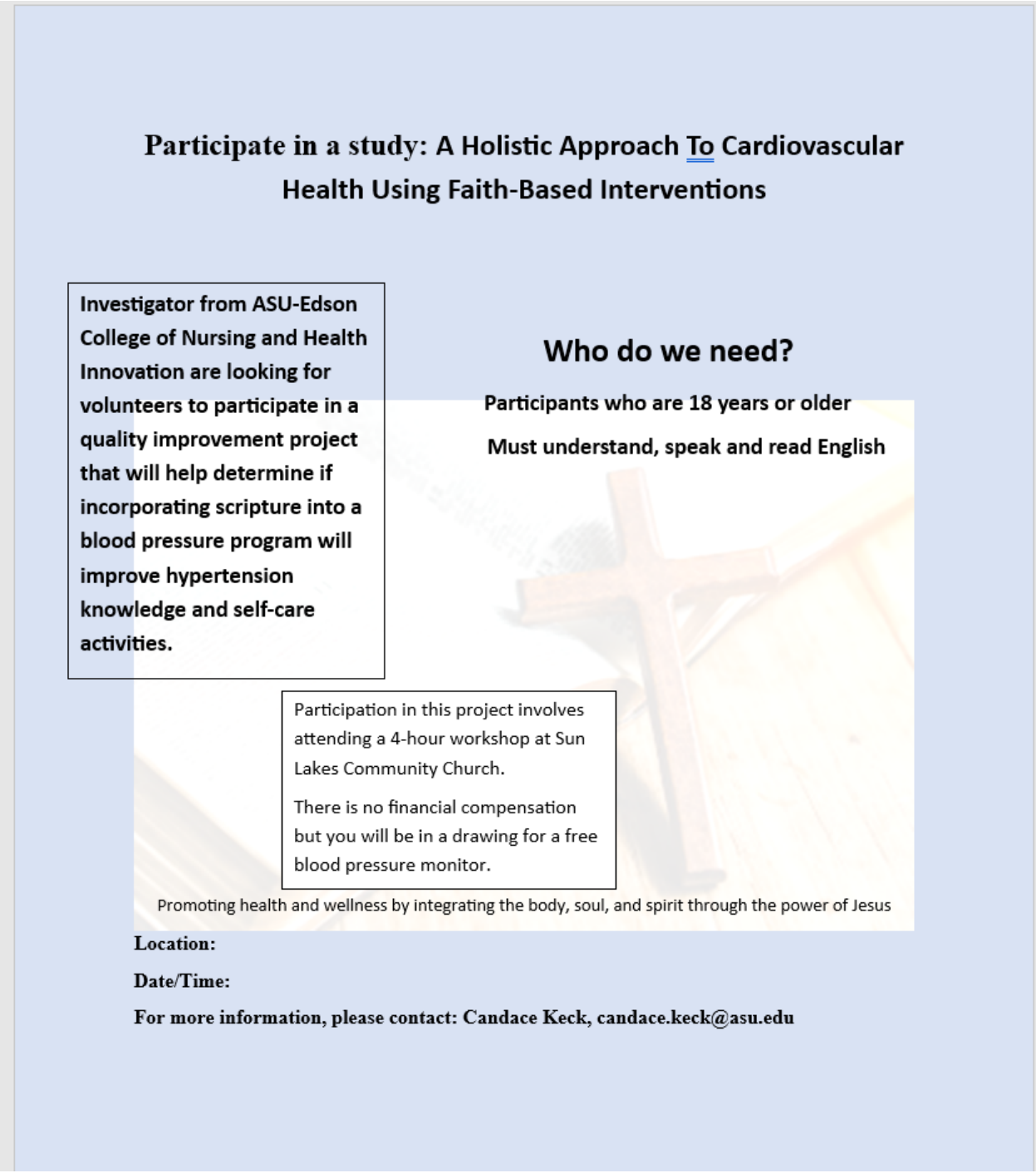


Figure C4

Pre-Post Test

Subject ID _____ Date_____ 1

Pre-Hypertension Knowledge and Spirituality Perspective

Demographics: We would like to know a little bit more about you please answer the following questions:

Age_____years

Please check the best one that describes you

Gender Male_____ Female_____ Other_____(specify)

Which race or ethnicity best describes you? (Circle)

American Indian or Alaskan Native

Asian / Pacific Islander

Black or African American

Latino or Hispanic

White / Caucasian

Multiple ethnicity/ Other (please specify) _____

How long have you been diagnosed with hypertension Year_____ Months_____

Do you take medication for your blood pressure Yes_____ No_____

Are you under the care of a health care provider Yes_____ No_____

How often do you visit your care provider? _____

Hypertension Knowledge Test

Instructions: *Read each item below and circle the option that you think is correct. If you do not know the answer then circle the option 'Do not Know'.*

1. If someone's blood pressure is 120/80, it is
   a. High
   b. Low
   c. Normal
   d. Pre-Hypertension
   e. Do not know

Data Entry_____ Data Validation_____ Data Analysis_____

Subject ID _____ Date_____ 2

2. Dietary changes that are useful to control hypertension
   a. Consuming more fruits, vegetables and whole grains
   b. Red meat, egg, milk, cheese
   c. Confining to liquid diet.
   d. Go on fasting intermittently
   e. Do not know
3. For patients with high B.P, reducing salt intake.
   a. Helps in bringing down the B.P
   b. Increases the B.P
   c. Does not have any impact
   d. Is dangerous
   e. Do not know
4. Once someone has high blood pressure, it usually lasts for
   a. Two years
   b. 5–10 years.
   c. 10-15 years.
   d. Rest of their life.
   e. Do not know
5. People with high blood pressure should take their medicine
   a. Every day and lifelong without break.
   b. A course for one week.
   c. Only when the B.P is high.
   d. Until the B.P gives normal reading.
   e. Do not know
6. What happens when B.P shoots up very high crossing its limits
   a. Leads to paralysis
   b. Leads to holes in the heart
   c. Damages the bones
   d. Both a & b
   e. Do not know
7. Doctor needs to be informed about the medicines that a B.P patient is using
   a. When undergoing surgical procedures
   b. When going for X-Ray
   c. When consulting doctor for uncontrolled fever
   d. When one has severe throat infection
   e. Do not know
8. Which of the following is not a cause of high B.P?
   a. Obesity

b. Excessive anger
c. Smoking
d. Hereditary.
e. Do not know

9. The fact about High blood pressure is that
   a. It is normal phenomenon in every person.
   b. It causes serious health problems if left untreated.
   c. It is seen only in old people
   d. It is seen in people who are short tempered
   e. Do not know

10. Risk of hypertension can be reduced by
    a. Smoking occasionally
    b. Consuming limited quantity of alcohol everyday
    c. Avoiding physical activity
    d. Reducing the weight
    e. Do not know
11. Medicines for hypertension
    a. Can be suggested by a relative who has been taking medicines for high B.P for prolonged period
    b. Cannot deviate from the prescribed medication under any circumstance.
    c. For any reason, if the prescribed medicine is unavailable, the medicines used by other hypertensive patients can be taken temporarily.
    d. When one forgets to carry the medicine while going out, it can be skipped.
    e. Do not know
12. In a patient of Hypertension, If suddenly one side of face starts drooping, speech becomes difficult, arm becomes weak then its possibly
    a. Brain stroke
    b. Heart attack
    c. Heart failure
    d. Kidney failure
    e. Do not know
13. Commonly used drugs to treat hypertension
    a. Beta blockers and diuretics
    b. Diuretics and hormones
    c. Vasodilators and steroids
    d. Sodium carbide and calcium carbonate
    e. Do not know
14. Which one of the following is wrong
    a. Medications should be taken on time every day.
    b. When the B.P is normal, medication can be stopped.

Subject ID _____ Date_____ 4

c. Take the medicine irrespective of other problems like fever or cold.
d. Doctor should know all the medications being taken.
e. Do not know

15. What should be done if a person misses a dose of medication?
    a. It is good to take skipped dose along with the next dose together
    b. Skip the next dose also and start fresh from next day morning
    c. Take the dose as early as possible.
    d. It is good to skip routinely to avoid over dosage
    e. Do not know
16. Warning signal during a heart attack
    a. Person suffers from fever & chills
    b. Person experiences headache.
    c. Person suffers from dizziness, pain in the chest and shortness of breath.
    d. Person suffers from swelling of feet
    e. Do not know
17. Which of the following is correct?
    a. Decrease medication dosage when the symptoms disappear
    b. Medication can be skipped once in a way
    c. Have a routine for taking medication
    d. Increase the dosage when the symptoms are severe.
    e. Do not know
18. Hypertension is blood pressure recording more than
    a. 100/80
    b. 110/70
    c. 120/80
    d. 140/90
    e. Do not know
19. Life style modifications for treating Hypertension include
    a. Resting a lot
    b. Regulating diet and exercise
    c. Living in quiet locality
    d. Controlling anger.
    e. Do not know
20. Which of the following statement is wrong?
    a. Eat less red meat and sweets
    b. Eat foods that are high in magnesium, potassium, and calcium
    c. Eat foods with more sodium
    d. Eat more whole grain products and fish
    e. Do not know

Subject ID _____ Date_____ 5

21. Damage caused by high blood pressure to body
    a. Heart attack, heart failure, brain stroke.
    b. Damage of blood vessels, eyes, kidneys.
    c. Gaining lot of weight
    d. Both A and B are true
    e. Do not know

22. All are true statements about Hypertension except
    a. Genes,obesity,stress are some of risk factors
    b. Walking long distances is harmful for patients with high B.P.
    c. Headaches,chest pain, breathing difficulty can be symptoms when B.P. is high
    d. It can sometimes be a "silent killer" with very little symptoms
    e. Do not know

Spirituality Perspective Scale

Introduction and Directions: In general, spirituality refers to an awareness of one's inner self and a sense of connection to a higher being, nature, others, or to some purpose greater than oneself. I am interested in your responses to the questions below about spirituality as it may relate to your life. There are no right or wrong answers. Answer each question to the best of your ability by circling the group of words that best describes you.

1. In talking with your family or friends, how often do you mention spiritual matters?
Not at all Less than once About once a year About once a month About once a week About once a day

2. How often do you share with others the problems and joys of living according to your spiritual beliefs?
Not at all Less than once About once a year About once a month About once a week About once a day

3. How often do you read spiritually related material?
Not at all Less than once About once a year About once a month About once a week About once a day

4. How often do you engage in private prayer or meditation?
Not at all Less than once About once a year About once a month About once a week About once a day

5. Forgiveness is an important part of my spirituality.
Not at all Less than once About once a year About once a month About once a week About once a day

6. I seek spiritual guidance in making decisions in my everyday life.
Not at all Less than once About once a year About once a month About once a week About once a day

Subject ID _____ Date_____ 6

7. My spirituality is a significant part of my life.
Not at all Less than once About once a year About once a month About once a week About once a day

8. I frequently feel very close to God or a "higher power" in prayer, during public worship, or at important moments in my daily life.
Not at all Less than once About once a year About once a month About once a week About once a day

9. My spiritual views have had an influence upon my life.
Not at all Less than once About once a year About once a month About once a week About once a day

10. My spirituality is especially important to me because it answers many questions about the meaning of life.
Not at all Less than once About once a year About once a month About once a week About once a day

Figure C5

Intervention Timeline/Outline of Sessions

Intervention timeline

Phase 1: (One month before workshop: Introduction

- Promotion of the project
- Flyer to surrounding churches, announcement in church bulletin, community website, community senior center and the organization website

Phase 2: Workshop

Outline of Workshop

10:00- 10:30 Orientation to the program and completion of consent and surveys Hypertension Knowledge Test (HKT) Spirituality Perspective Scale (SPS)

- Consent and surveys will be set up with the participants unique ID using the packet number and last four of cell phone
- The surveys will be in paper form with a location for participant to write their unique ID

10:30-11:30 Understanding High Blood Pressure & Knowing Risk Factors (American Heart Association Curriculum)

- Scripture: "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your bodies." 1 Corinthians 6:19-20

• Discussion Prompts: Through Scripture we know that God values our bodies. Our bodies are said to be a temple of the Holy Spirit, and we are called to take care of and honor God's temple. God's Words lead us to use our bodies and the gifts he has given us to achieve the will of God. Can you offer your body to God in its current state of health? Would it be pleasing to him? Understanding how uncontrolled high blood pressure can affect your body, are you hindering his will for your life by your health behaviors? How did you treat your body this week?

• Things to think about: What do you perceive to be your challenges? What have you learned from this lesson about high blood pressure that you did not know before? Managing high blood pressure is a journey. Where are you on your journey? What have you learned that can help improve your health practices along your journey? Share what you have learned about signs and symptoms of a stroke and heart attack.

- Scripture: "Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God—this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will." Romans 12:1-2

11:35-12:05 Nutrition Eating for the older Adult

- Dash Diet/Mediterranean Diet examples/How to cook for 2/Easy snacks *Light lunch will be served *Scripture reading *Discussion Prompts *Things to think about

12:10-12:40 Medication

- Impact of medication nonadherence/what to do if you miss a dose/what to do if you don't like the way the medication makes you feel
- Scripture readings

12:40- 13:10 Wrap up session

Final Scripture reading

- Complete surveys HKT and SPS
- After completion, they will be thanked for their participation
- Drawing for blood pressure monitor

Analysis/Dissemination by graduate student

- Descriptive statistics will be used to describe the sample and outcome variable. Intellectus Statistics will be used to analyze the data of the outcome variables of interest. The statistical analysis will be performed using a two tailed test with the critical value set as $p<0.05$
- Dissemination by the graduate student to the stakeholders

Figure C6

Pamphlets

Figure C7

Budget

Phase	Activities	Cost	Total
Preparation	Design, print, promotional materials to potential audiences Flyers (Direct Cost)	$50	
	Create PowerPoint of presentation-DNP Student time-(Indirect cost 20 hours)	$800	
	Design and print evaluation tools and handouts (100 of each)	$100	$950
Intervention	DNP Student Time (Indirect cost 5 hours)	$200	
	Dietician Student Time (Indirect cost 5 hours)	$200	
	Pens/Paper (Direct Cost)	$50	$450
Delivery	Rent hall for workshop (Direct Cost) Church will provide	$0	
	Projector and Computer for workshop (Direct Cost) Church will provide	$0	
	Booklets from American Heart Association (Direct Cost)-100	$200	$200
Evaluation	Post-test evaluations HKT and SPS (Direct Cost)-Copies	$50	
	Review and analysis of results (10hrs@20/hr)	$200	$250
Misc	Thank you, gift, for site champion (Indirect Cost)	$25	
	Thank you, gift, for dietician (Indirect Cost)	$25	
	Light Refreshments (Indirect Cost)	$200	$250
Grand Total			**$2100**

Budget Justification: The potential cost/savings risk assessment should reflect an increase in the participants knowledge of hypertension, risk factors, and methods to decrease blood pressure which can decrease costs burden for health systems and insurance. Additional justification for hospital: less hospitalizations due to complications of uncontrolled hypertension which will lead to a potential increased revenue for hospital.

Potential funding: The workshop site has offered the use of space for free. The DNP student time will be offset as these hours are donated towards the DNP project and no additional compensation will be needed.

Appendix D

Statistical Results

Table 1

Characteristics of the participants (n=11)

Variable	*n*	*%*
Age		
31-50	1	9
51-64	2	18
65-70	3	27
71-76	2	18
81	1	27
Gender		
Female	9	82
Male	2	18
Hypertension Diagnosis		
None	3	27
1-2 years	3	27
3-5 years	2	18
6-10 years	2	18
36 years	1	9
Medication for HTN		
No	4	36
Yes	7	64
In the care of a Provider		
Yes	11	100
How often Visit Provider		
12 months	4	36
6 months	6	55
24 months	1	9

Table 2

Two-Tailed Paired Samples t-Test for the Difference Between Pre-Hypertension Knowledge Test and Post-Hypertension Knowledge Test .

Pre-Hypertension Knowledge Test		Post-Hypertension Knowledge Test				
M	*SD*	*M*	*SD*	*t*	*p*	*d*
9.36	4.72	20.05	3.74	-7.92	< .001	2.39

Note. N = 11. Degrees of Freedom for the *t*-statistic = 10. *d* represents Cohen's *d.*

Table 3

Summary Statistics Table for Spiritual Perspective Scale

Variable	*M*	*SD*	Min	Max
Pre-Spiritual Perspective Scale	46.18	11.05	21.00	60.00
Post-Spiritual Perspective Scale	48.91	13.17	21.00	60.00

Table 4

Two-Tailed Paired Samples t-Test for the Difference Between Pre-Spiritual Perspective Scale and Post-Spiritual Perspective Scale

Pre-Spiritual Perspective Scale		Post-Spiritual Perspective Scale				
M	*SD*	*M*	*SD*	*t*	*p*	*d*
46.18	11.05	48.91	13.17	-2.19	.053	0.66

Note. N = 11. Degrees of Freedom for the *t*-statistic = 10. *d* represents Cohen's *d.*

Figure 1

The means of Pre-Hypertension Knowledge Test and Post-Hypertension Knowledge Test

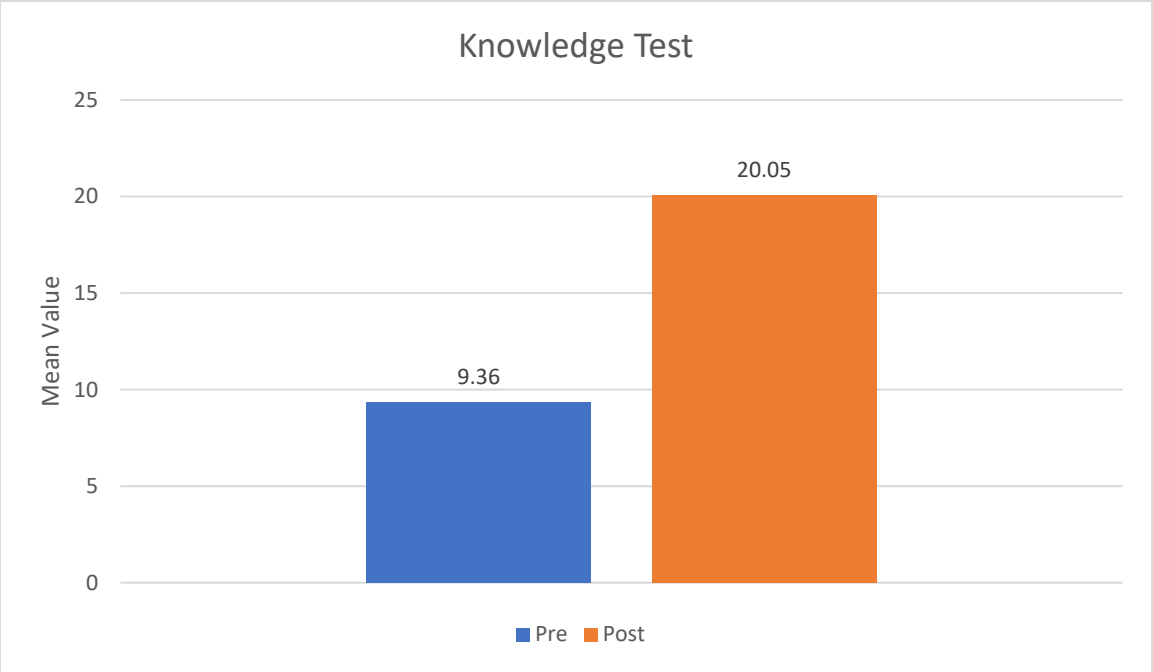


Figure 2

The means of Pre-Spiritual Perspective Scale and Post-Spiritual Perspective Scale