

Improving Secondary Stroke Prevention Among Underserved African Americans: Moving Beyond Health Attitudes

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ABSTRACT

Background: Obesity, known risk factors for stroke, poses a great health risk for the African American community. Beliefs about health locus of control (HLOC) are predictive of many health behaviors related to both obesity and stroke prevention. Some have recommended targeting health interventions to individuals with internal HLOC, as they tend to be more amenable to changing health behaviors, but this can be exclusionary to African Americans, who tend to have higher levels of external locus of control. **Purpose:** To examine the impact of a brief, CBT-based health management intervention developed for overweight and obese African American inpatients with primarily external HLOC recovering from TIA or ischemic stroke. **Methods:** The present study is a pretest-posttest randomized control design. **Results:** Intervention participants with a predominately external HLOC demonstrated improvements in minutes per week spent exercising ($M=73.87/SD\pm 29.23$), daily servings of fruit ($M=0.63/SD\pm 0.25$) and daily servings of vegetable consumption ($M=1.92/SD\pm 0.93$) at the four-week follow-up assessment. Significant improvements in tobacco cessation ($t(19) = 3.09, p > .01$) and medication adherence ($t(19) = 2.63, p > .05$) were also evidenced. **Conclusions:** The importance of designing a health intervention sensitive to the HLOC orientation of the population is highlighted and access to health resources is discussed as a possible mediator of the impact of HLOC on obesity-related health behavior.

KEY WORDS: Stroke, Health management intervention, Health locus of control, Resource access