Family support associated with a significantly reduced likelihood of heart attack risk.

Environmental mastery associated with reduced heart attack risk, but only at low to moderate levels of family support.

Family strain and self-acceptance not significantly associated with heart attack risk.

**Introduction**
- Hypertension is a leading cause of coronary heart disease and stroke.¹
- African American men and women are significantly more at-risk for hypertension than other racial/ethnic groups.²
- Recent research suggests that psychological and relational health may be important predictors of hypertension.³

**Definitions**
- **Eudaimonic Well-Being**: Living a purposeful, meaningful life, with a focus on functioning. ³ Multiple components, including:
  - **Environmental Mastery**: Ability to control and gain mastery over environment.
  - **Self-Acceptance**: Positive self-regard and acceptance of self.⁴

**Hypotheses**
- Family strain will buffer against benefits of eudaimonic well-being (i.e., environmental mastery, self-acceptance) for heart attack risk.
- Family support will potentiate the benefits of eudaimonic well-being for the perceived heart attack risk of African American adults with hypertension.

**Method**
- 309 African American adults with hypertension.
- Two multiple moderator models tested.

**Main Findings**
- Family support directly associated with a reduced perception of heart attack risk.
- Family support significantly moderated the impact of environmental mastery.
- Environmental mastery significant only at low to moderate levels of family support.
- Family strain did not have significant direct nor interactive effects on perceived heart attack risk.
- Self-acceptance not significantly associated with heart attack risk.

**Directions for Future Research**
- Different aspects of eudaimonic well-being may be relevant for unique physiological processes.⁵
  - Which aspects of eudaimonic well-being are relevant for which diseases and which populations?
- There are important differences in family assessment results depending on whom respondents are considering when completing measures.⁶
  - When participants report on family support/strain, who are they thinking of?
  - How is “family” operationalized in social relationships and health research?

**References**

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