

# Big players in health care work to tackle high BP in black men

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In the African-American community, the burden of cardiovascular disease remains high and is a primary cause of disparities in life expectancy. Effective treatments are available, but disease management remains less effective among black patients, especially males, yielding a higher mortality rate. To overcome this inequality in cardiovascular health, three leading organizations gathered to prioritize initiatives for addressing hypertension among black men.

Leading experts from the AMA, American Heart Association (AHA) and the Association of Black Cardiologists met in Orlando prior to the American College of Cardiology's 2018 annual scientific meeting.

"We have decided to join forces to address hypertension through the Target: BP™ initiative," said Christopher Holliday, PhD, director of population health and clinical-community linkages for the AMA's Improving Health Outcomes division. "[This] is part of a call to action to look specifically at African-American men who have a usual sources of care, yet have uncontrolled hypertension."

However, while their time together was short, Holliday said, it represented a tipping point of their "collective fight against this insidious and complicated disease." And because of the new guideline from the ACC and AHA, there is an even larger population of black men to treat (59 percent).

"We can't be laissez faire about this condition," said AMA member Keith C. Ferdinand, MD, a cardiologist and professor of medicine at Tulane University School of Medicine. "African-Americans are clearly a high-risk population for cardiovascular disease and death."

Here is what this team discussed for next steps in addressing hypertension among black men.

## Pay attention to adherence and the patient

A major problem in cardiovascular disease is medication nonadherence, which contributes to about 125,000 preventable deaths a year, according to a January 2017 study in the *Journal of the American College of Cardiology*.

“If you take your medication more than 80 percent of the time, that bottom line of adverse outcomes is much less. Taking your medication means something,” said Fortunato Fred Senatore, MD, PhD, an adjunct professor at George Washington University School of Medicine & Health Sciences and a Food and Drug Administration medical officer. “High levels of adherence to guideline-recommended therapies are associated with a lower rate of major cardiovascular events compared to partial or nonadherence.”

Keeping the patient at the center of the nonadherence conversation is key.

“If we are going to find something successful it is important to find something with the voice of the patient,” said Clyde Yancy, MD, vice dean for Diversity and Inclusion, chief of the Division of Cardiology and Magerstadt Professor at Northwestern University’s Feinberg School of Medicine.

“There are a lot of well-meaning physicians, but a lot of the time the message doesn’t get to the patient because of either patient-provider characteristics or health-literacy characteristics or just the time factor. I think the communication part is key,” said Carlos Rodriguez, MD, a professor of epidemiology and prevention at Wake Forest School of Medicine.

## Learn from previous interventions

By looking at past studies to guide future interventions was also emphasized. For example, the barbershop study presented by Ciantel Adair Blyler, PharmD, a clinical pharmacist at Cedars Sinai Heart Institute, was a hot topic. In this initiative, pharmacists worked with more than 50 Los Angeles barbershops to test and treat clients for high BP.

However, while the trial was successful, many expressed concerns that it would not be accepted in other areas. Dr. Yancy said it is only “a piece of the puzzle” and added that it’s important to be “careful because it seems as if it is a turnkey solution to a problem that is much more complicated.”

While it is a work in progress, next steps involve prioritizing the top barriers, validating the list with providers, patients and researchers, and creating interventions to test what works.

An AMA membership means you’re motivating millions to control hypertension through efforts such as Target: BP. More than 1,100 physician practices and health systems nationwide joined Target: BP in 2016 and 2017, with 310 of them recently recognized for their efforts focusing on blood pressure control within the populations they serve in 2017. Hundreds more are expected to join and earn

recognition in 2018.