Data recently published in *JAMA* points to unfavorable trends in hypertension and obesity in the U.S., which are on the rise and beset by health inequities. To change course, physicians and policymakers must acknowledge how structural racism and social factors contribute to those trends, especially in the context of the COVID-19 pandemic, say experts from the National Institutes of Health.

For more than 15 years, the U.S. saw a rise in blood-pressure control from 31.8% to 53.8%, says a *JAMA* study published Sept. 9. However, BP control dropped to 43.7% from 2013–2014 to 2017–2018.

Learn more with the AMA about the four reasons why BP control has dropped among American adults.

A separate *JAMA* study reported that from 1999 to 2017, the prevalence of obesity rose from 27.5% to 43% for men, and from 33% to 41% for women. The prevalence of childhood obesity also increased between 1999 and 2018.

Two experts from the National Institutes of Health recently joined *JAMA* Editor-in-Chief Howard Bauchner, MD, on a recent episode of the “Conversations with Dr. Bauchner” video podcast to examine these alarming trends in obesity and hypertension.

National Heart, Lung, and Blood Institute Director Gary Gibbons, MD, and Griffin Rodgers, MD, director of the National Institute of Diabetes and Digestive and Kidney Diseases, detailed how the discouraging direction of the numbers is amplified during the COVID-19 pandemic and heightened by structural racism. Drs. Gibbons and Rodgers shared some changes that need to be made, as highlighted in their recent *JAMA* editorial, "Obesity and Hypertension in the Time of COVID-19."
The editorial defines structural racism as “the totality of ways (i.e., policies, cultural norms) that society fosters racial discrimination via inequitable systems (e.g., housing, education, employment, earnings, credit and health care) that mutually reinforce and systematically perpetuate racial inequities.”

Access points

“It’s not that the clinicians don’t know what to do or don’t have the tools. … It’s more of an indictment of our delivery system, less about our providers and their knowledge than anything,” said Dr. Gibbons, adding that if a community doesn’t “have access to the lifestyle that we know can promote a healthy blood pressure,” it can be detrimental to its members’ health.

However, “if you go into barbershops in these communities of color, that was a more effective way of getting the word out and getting the peer buy in to controlling blood pressure,” said Dr. Gibbons. “Black men spend a lot of time in the barbershop, and it’s actually a major conduit of information.

“There are still things we're trying to do in terms of the science of health delivery that may make a difference,” he added.

Learn more from the AMA about how barbershops can lend a hand to trim high BP among Black men.

Weighty matters

Because obesity is so complex, “we clearly do have to think differently,” said Dr. Rodgers. “It is quite clear that almost anything that you do, as long as there is good support for it and encouragement and having people work in groups … you will see that people will lose weight.

“But after some point, it is absolutely clear that humans have evolved to defend weight loss and a number of compensatory mechanisms kick in to make it more difficult for you to lose the next incremental pound,” he said. “In fact, doing the same thing, you begin to regain weight, and under those circumstances, people can become quite discouraged.”

It’s about “understanding what those differences are, and again, some of it is biological. Some of it is social and environmental,” said Dr. Gibbons.
COVID-19 risk factors

“If you’re in an environment that doesn’t have access to fresh fruits and vegetables, doesn’t have a safe place for kids and adults to exercise, lax resources in terms of easy access to health care facilities, these have sort of a reinforcing effect,” said Dr. Rodgers. “Policies that have been going on for years, decades perhaps, have reinforced this in terms of educational attainment, employment attainment.”

Some of the same risk factors that put people in these types of environments—where individuals can’t physically distance and are on the front lines—also drive a greater risk of exposure to SARS-CoV-2, the virus that causes COVID-19.

“Then, of course, if they have hypertension, cardiovascular disease, diabetes, obesity, they’re at greater risk of suffering more severe complications and even mortality,” said Dr. Rodgers.