COVID-19 has had a deeply unequal impact and laid bare the structural inequities that face many Black patients with hypertension, as well as those with obesity or type 2 diabetes. However, physicians and other health professionals can help make changes to better reach—and care for—Black patients.

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high BP. These resources are available to all physicians and health systems as part of Target: BP, a national initiative co-led by the AMA and American Heart Association (AHA).

Here are seven keys to get further down the road to making a lifesaving impact with your Black patients.

Encourage patients to take the pledge
The “Release the Pressure” campaign is aimed at improving heart health in Black communities, and a key part involves encouraging Black women to take the pledge to lower their blood pressure. The campaign gives Black women resources to identify and track their BP numbers, along with tools to develop a wellness plan with existing personal support systems of family and friends to manage their heart health virtually.

Learn more about supporting patients on their heart health journey and how your team can be involved in the campaign, which the AMA and the AMA Foundation are carrying out in collaboration with the AHA, Essence, the Association of Black Cardiologists, Minority Health Institute and National Medical Association.
Recognize lifestyle challenges
The risk of having a stroke is nearly twice as high for Black adults, compared with whites. Black people also have the highest rate of death due to stroke, according to the Centers for Disease Control and Prevention.

Knowing the increased risk that many Black patients face, physicians can work to improve prescribing patterns and support lifestyle changes. Doctors also should home in on medication adherence, health literacy and including family members in the effort.

Acknowledge barriers to BP control
A majority of Black adults have hypertension under the revised criteria set forth by a task force of the AHA and the American College of Cardiology in 2017, compared with high BP rate of 46% among all adults. This sobering fact demands action to address health inequities. However, it also offers an opportunity for physicians and health systems to intervene and make a big impact for these patients.

Gather race, ethnicity data
To begin tackling inequities in care, health systems and medical groups must understand whom they are serving. That makes the collection of accurate sociodemographic data, such as race and ethnicity data critical. Learn more about how to do it well.

Focus on physical and mental health
Black communities are more likely to experience socioeconomic inequities such as exclusion from health, educational, social and economic resources. These inequities can lead to worse physical and mental health outcomes for Black patients. During the COVID-19 pandemic, those systems that produce health inequity can be crippling, but there are ways that physicians and other health professionals can help improve Black health—in mind and body.

Identify dietary factors
Studies have shown that cardiovascular disease, including stroke, is the largest
contributor to the mortality difference between Black and white populations in the U.S. Researchers are hunting for the reasons why the difference exists.

A study published in *JAMA* finds the Southern diet—one that includes a high intake of fried foods, organ meats, processed meats, eggs, egg dishes, added fats, high-fat dairy foods, sugar-sweetened beverages and bread—is a key reason for the racial gap in hypertension.

**Partner with barbershops**

Is there time for a haircut? Then there is time to cut your BP too. That is the rationale behind an innovative approach to targeting the persistent problem of uncontrolled hypertension among Black men, who are often underrepresented in intervention trials. Learn how researchers teamed up with Los Angeles barbers and pharmacists to bring BP treatment to the barbershop.

The AMA continues to compile critical COVID-19 health equity resources to shine a light on the structural issues that contribute to, and could exacerbate, already existing inequities. Physicians can also access the AMA’s COVID-19 FAQs about health equity in a pandemic.