

# 9 ways to reduce inequity in hypertension treatment and control

JUL 2, 2021

**Andis Robeznieks**

Senior News Writer

---

COVID-19 did not create disparities in hypertension management and control, but it did exacerbate preexisting inequities, especially among people without health insurance and difficulty accessing care. Steps have been identified that can be taken to promote a more equitable health system and better BP control.

That was a conclusion drawn by a diverse expert panel of clinicians and researchers that convened virtually during the 4th Annual University of Utah Translational Hypertension Symposium to discuss environmental and socioeconomic factors contributing to disparities.

Their discussion was summarized in an open-access report, “Inequities in Hypertension Control in the United States Exposed and Exacerbated by COVID-19 and the Role of Home Blood Pressure and Virtual Health Care During and After the COVID-19 Pandemic” published in the *Journal of the American Heart Association*.

“COVID-19 has also reminded us that when we design interventions, it is important to consider health equity from the beginning rather than as an afterthought,” lead author Adam Bress, Pharm.D., University of Utah School of Medicine associate professor of population health science, said in a news release.

“Too often, individuals are blamed for their health care conditions, without considering the multiple levels of social factors and context that contribute to persistent and pervasive health inequities,” added Bress, who is also an investigator at the VA Salt Lake City Health Care System.

His co-authors included AMA member Keith C. Ferdinand, MD, a Tulane University School of Medicine professor of medicine and Michael Rakotz, MD, a family physician and vice president of health outcomes at the AMA.

“Disparities in hypertension treatment and control are caused by a combination of interconnected and

interrelated factors, including individual patient factors, family and social support, health care providers and team-based care, health care organization and practice settings, local communities, and state and national health policies,” the authors wrote.

Bress also noted that “health inequities are a social justice issue” and that there is a need to commit to structural solutions to solve problems created by historical racism, “unacceptably low levels of public investment in public health,” and other deep-rooted contributing factors.

Solutions identified by the panel include:

**Meet patients where they are.** The authors praised an innovative effort in which Black men had their blood pressure checked and received hypertension follow up at neighborhood barbershops. This intervention highlighted the effectiveness of care provided by a specially trained team and delivered in a trusted environment.

**Focus interventions in the context of structural racism and societal inequity.** The success of the barbershop interventions highlighted the critical need for focused interventions that adapt to people’s unique social context and lived experiences.

**Develop greater awareness and investment in targeted solutions.** Funding agencies and trial sponsors need to address health inequities among populations that have been underrepresented in clinical trials and for whom solutions have rarely been tested. “Few interventions are currently being designed and tested specifically for Black Americans,” the report says.

**Develop a more diverse workforce.** Efforts are needed to build a more diverse student body and faculty at medical schools and research universities. “There needs to be increased funding for investigators from diverse backgrounds to improve the quality, number, design and conduct of trials addressing hypertension in diverse communities,” the report states.

The report authors also called for:

- | Making better use of antihypertension medications.
- | Increasing implementation of proven team-based care models for hypertension.
- | Increasing adherence to therapeutic lifestyle changes.
- | Addressing patients’ beliefs, behaviors and goals in a culturally sensitive manner.
- | Removing financial barriers by having payers cover cost of home BP monitors.



The AMA has developed online tools and resources 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.

Target: BP offers annual, recurring gold-level recognition for all participating sites that achieve hypertension control rates of 70% or higher among their adult patient population, silver-status recognition for practices that submit data and attest to completing at least four of six evidence-based BP activities, and participation level recognition for those sites that prioritize improving BP control each year and submit data. In 2020, more than 1,000 organizations were recognized for their efforts focusing on BP control within the populations they serve.