High blood pressure, heart disease and more with Rachel Villanueva, MD

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, AMA Chief Experience Officer Todd Unger discusses ways to reduce hypertension and improve health outcomes in Black communities with Rachel Villanueva, MD, president of the National Medical Association (NMA), and a clinical assistant professor of obstetrics/gynecology at the NYU Grossman School of Medicine in New York.

Also covering, #WorldHypertensionDay and “Release the Pressure,” a collaborative effort between the AMA, NMA and other health care organizations, with the shared goal of partnering with Black women to support their heart health.

For more #ReleaseThePressure resources, visit releasethepressure.org.

Speaker

- Rachel Villanueva, MD, president, National Medical Association

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we’re joined by Dr. Rachel Villanueva, president of the National Medical Association and a clinical assistant professor of obstetrics and gynecology at the New York University Grossman School of Medicine in New York. And she'll be discussing ways to reduce hypertension and improve health outcomes in Black communities. I'm Todd Unger, AMA's chief experience officer in Chicago. Thank you so much for joining us, Dr. Villanueva.
May 17 was World Hypertension Day, which serves as an opportunity to recognize and address how hypertension disproportionately affects Black communities, in particular, women. I'm going to say when I first saw this statistic, I thought it had to be wrong. That more than 50% of Black women over the age of 20 have high blood pressure and nearly 50% of Black women over the age of 20 have heart disease. Those are startling. What are the factors that you see that underline numbers like those?

**Dr. Villanueva:** Thank you so much for having me on today. I think it’s such an important topic to discuss. And those numbers are startling and it’s startling for the Black community in general, we have to underscore that, first of all. Both men and women are disproportionately impacted. And I think many of the same reasons we saw COVID disproportionately impacting the Black community, the same reason is hypertension.

So that would be those social determinants of health where people live, work, play. Whether they have access to quality health care, nutritious foods, healthy green spaces to exercise, also structural and systemic issues. Our health care system, unfortunately, is not the most equitable system. And so, there are people who face challenges and in our community, there is bias and racism against people of color in the health care system who receive, quite frankly, just different care and substandard care. So all of those things factor into the disproportionate impact in our community.

**Unger:** Now, one thing and it just maybe my own personal experience but I think of high blood pressure's kicking in a little bit later in life. 20 seems pretty young. Is that unusual?

**Dr. Villanueva:** It's not unusual. We’re actually seeing younger and younger individuals, even some in the pediatric age range with hypertension. And it's really based on their access to nutritious foods. Are they having more processed foods that are high in sodium? Are they exercising?

There are a lot of schools that have even eliminated just regular PE, regular physical exercise for students. And really kids are at the computer more nowadays. I mean, we all are even during the pandemic. So all of these things really contribute to the fact that we are seeing younger and younger individuals impacted.

**Unger:** Now, I know this because I've seen other work that the AMA has been involved with on the blood pressure point. But another surprising thing to most people is just how many people are completely unaware of the fact that they have high blood pressure. And how do we end that kind of lack of awareness and make it more visible to folks?

**Dr. Villanueva:** Well, I think what we're doing today is just highlighting how, what the numbers are. I think when people hear the numbers of 50% of women over the age of 20, Black women over the age of 20, I think most women in their 20s don't even think they're at risk for high blood pressure. So really just educating, I think awareness is so important and highlighting these numbers and making this conversation commonplace and common knowledge I think is important.
Unger: A big effort that's underway right now that you're personally involved with is called Release the Pressure. And that's a collaborative effort between the AMA and other health care organizations, including the NMA. And its goal is to make sure that Black women are aware of and doing something to support their heart health. Why don't you start off by just telling a little bit about why you got involved in this initiative?

Dr. Villanueva: Well, I think, again, awareness is so important. Education is so important. Highlighting the statistics that many are unaware of. So as president of the National Medical Association, which was founded in 1895 to promote Black health to make sure that our community had equitable health care, it just perfectly aligns with the mission of our organization. I think it's also so important and we know how important it is for individuals of color to see representation in the people that take care of them.

We know that impacts how well their health outcomes are, how well they'll do, how well they'll adhere to treatment plans and their overall patient experience. So NMA being part of this coalition is one of our priorities. Personally, as an OB/GYN, we also know that the Black maternal mortality rate is three times that of white women in the United States. And we know that Black women are disproportionately dying of hypertensive disorders in pregnancy. So for me, it's a way to actually be proactive and impact the patients that I see and impact maternal health outcomes.

Unger: One of the things that you talked about earlier in terms of this disparity and a lot of factors contributing to this, one is clearly around access to care. What role do you see that playing in this hypertension crisis and what can we do to address that?

Dr. Villanueva: I think we know that access to quality health care is critical to end disparities. I mean, and I think that's across the board for any disease that we're talking about. Whether it's hypertension or COVID, we know that access to quality care is so important. And we just need to continue to advocate for the fact that health care is a human right. I think we as physicians we know that we have to be able to have patients have access to us to be able to take care of them.

And we need to ensure that we have people that are insured, that they have quality hospitals that they can go to in their neighborhoods. But also addressing those social determinants of health that also so greatly impact someone's health and ability to live a healthy and well life. And also addressing issues of our workforce and whether it is shortages of providers in urban and rural communities. And also the diversity of our workforce, making sure it reflects the people that we're taking care of.

Unger: Now, historically there have also been barriers that prevent women from being self-advocates in their health care. Talk a little bit about what you see as some of those top barriers and how all the physicians out there can create the kind of space for dialogue in their exam rooms to address that.
Dr. Villanueva: Yeah, I think it's so important for us to remember that patients come to us to get care. And so we need to be sensitive to them, both culturally and their lived experiences. And for physicians to understand that not everybody comes from the same background. I think it's also important to understand again that we have an inequitable health care system. And that some people have faced discrimination and bias in the health care system, have a mistrust of the health care system based on how they were either treated or the historical knowledge of experimentation on their community.

All these things really factor into whether someone will trust what you're saying or will even come in to get care at all. So I think we as a health care community need to do a better job of instilling that trust in the Black community and continuing to advocate for equitable care for them.

Unger: When you're having a conversation or when a physician is having a conversation about hypertension with a patient, what do you want to make sure that they hear from you?

Dr. Villanueva: I think first is for them to understand what their personal risk factors are and how important prevention is. Because once you have hypertension and once it's causing damage to other organs where we've already we've lost half of the battle. So it's really understanding modifiable risk factors and really understanding those statistics about how cardiovascular disease is the number one killer of Black women. I think most women are more concerned about cancer than they are about cardiovascular disease.

And understanding that hypertension does not necessarily make you feel bad to be causing damage, to be causing issues with your vision, kidneys, heart and leading to heart disease and other chronic diseases. And especially for pregnant people who are thinking about becoming pregnant, I also want them to understand how much this can impact their ability to have a safe and healthy pregnancy. So prevention is really an important part of the conversation that I have with all the patients that come through my office.

Unger: I think there's one more surprising thing that there are also links between mental health and heart disease. Obviously, a big impact than you would expect coming out of something like a pandemic. Tell us a little bit more about that connection.

Dr. Villanueva: I mean, definitely the mind-body connection is very strong. I think we as a health care community probably have underestimated that in the past and we're really realizing how much that stress, anxiety, depression can impact stress or stress hormones can impact high blood pressure. Can impact even premature aging in Black women, a concept that they call weathering, that your social and economic and just the factors, the stresses in your life can cause you to prematurely age and predispose you to chronic diseases.

So really understanding that's a large, not a large part but a part of the Release the Pressure campaign is mental health, self-care and understanding how important those things are to keeping you
physically healthy as well.

**Unger:** Dr. Villanueva, thank you so much for being here today and sharing this important information in your perspective. For physicians looking for more information on the NMA’s Release the Pressure campaign, you can visit releasethepressure.org.

We'll be back soon with another Moving Medicine video and podcast. You could find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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