Video Transcript: Understanding Disparities and Achieving Health Equity in Hypertension  
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**Chinelo Onyilofor, MD, MPH** - My name is Chinelo Onyilofor. I'm an Internal Medicine Resident at Columbia University, and I will be moderating this talk focused on population health and how to reduce disparities within hypertension care. So our first presenter is Dr. Yuichiro Yano, who is a professor in the Department of Advanced Epidemiology in Shiga University of Medical Science. He will be presenting his talk, titled, Blood Pressure in Young Adults and Cardiovascular Disease Later in Life, Lessons from the CARDIA Study.

**Yuichiro Yano, MD, PhD, FAHA** - Yeah, okay. Thank you so much. My name is Yuichiro Yano. Yes, I discussed about the blood pressure management in the young adult, and especially we use... We focus on the CARDIA study. So CARDIA study is including a very young adult, aged between 18 to 30 years old, and they are followed up over 35 years or 35 years now. And we identify that blood pressure level, in the range between 120 and 129 millimeter mercury in systolic pressure was associated with higher risk for CVD event in later life. So I think maintaining optimal pressure over young adult food are essential to maintain ideal cardiovascular and the brain health.

**Chinelo Onyilofor, MD, MPH** - Great. Thank you so much, Dr. Yano. Next up, we have is Dr. Sylvia Wassertheil-Smoller, and she's a Distinguished University Professor Emerita in the Department of Epidemiology and Population Health at the Albert Einstein College of Medicine. And she presented her talk, Hypertension in Women: Lessons from the Women Health Initiative.

**Sylvia Wassertheil-Smoller, PhD, FAHA** - Thank you very much. I'm happy to be here. My talk was on the Women's Health Initiative and this is a study of 160,000 or more postmenopausal women who were participating in a set of clinical trials in an observational study with about 29 years of follow up to date, and still continuing. And the study showed many things about hypertension and aging. And in particular, the disparities and prevalence and control of hypertension by age and by self-reported race, ethnicity groups, and also about risk factors for hypertension and the effects of hypertension on cardiovascular and mortality outcomes.

**Chinelo Onyilofor, MD, MPH** - Thank you so much. And we also have Dr. Yvonne Commodore-Mensah, who's an Associate Professor at Johns Hopkins University School of Nursing and the Department of Epidemiology. And she presented her talk, Advancing Equity in Hypertension Outcomes in the US: What Have We Achieved?

**Yvonne Commodore-Mensah, PhD, MHS, RN, FAHA** - Hello, my name is Yvonne Commodore-Mensah. I'm an Associate Professor at the Johns Hopkins Schools of Nursing and Public Health and the Johns Hopkins Center for Health Equity. For my presentation today, I talked about how we may advance equity and hypertension outcomes in the US. I first started by reviewing some data on what we know about hypertension disparities in the US. We know that unfortunately, Black adults, particularly Black males and Black females have a higher prevalence of hypertension than their non-Hispanic White counterparts. We also know that disparities and hypertension outcomes have worsened as a result of the COVID-19 pandemic.

There are data or studies that have shown that looking at the National Health and Nutrition Examination Survey that Black adults have a higher burden of hypertension, but they may also have lower awareness and they may be less likely to have controlled blood pressure when compared to their non-Hispanic White counterparts. But one of the things that I highlighted in my presentation today is that when we think about these racial and ethnic minority groups, they are not necessarily a monolith. So for instance, when we compare non-Hispanic Whites, White adults to Hispanic adults, even within the Hispanic adults group, there's heterogeneity in hypertension outcomes. And there are studies that have been conducted, one particularly in New York, using the New York NHANES that has shown that even within the Hispanic group, there are differences in the burden of hypertension.

Similarly, there are studies that have shown that within the Asian population in the US, there are also differences when you look at south Asians versus Asians from other parts of the world. And even within the Black population in the US, there is also heterogeneity in cardiovascular disease risk factors, including hypertension. So the point here is that as the United States has diversified, we also need to make sure that our data collection efforts, our population health strategies, also reflect the growing diversity of the US population.

So we know these disparities exist but what do we actually do about them? So in my presentation, I highlighted that the root causes of these disparities are multifaceted. So it's not just individual level factors. We also need to consider provider or clinician level factors. We also need to consider the organization and the healthcare system overall. We also need to think about how state policies and national policies may affect our ability to improve blood pressure controls and reduce disparities.

So because these health disparities result from complex interactions among multiple factors, our interventions must also address these multiple factors if we want to improve hypertension control and eliminate these disparities in hypertension outcomes.

Now, there are a number of initiatives, like I mentioned, that are targeted at addressing disparities in hypertension. One of them that I mentioned was the National Hypertension Control Roundtable. This was initially formed by the Centers for Disease Control and Prevention. And this is actually a coalition of public, private and nonprofit organizations that are dedicated to improving blood pressure control from 50 to 80% but also eliminating disparities in hypertension outcomes.

We also know that there is a community guide that includes evidence-based strategies for addressing or improving cardiovascular health. These resources include how we might implement team-based care to improve blood pressure control. There are also strategies that have been documented in terms of engaging community health workers to connect participants or patients with their healthcare providers, and create that link between the community and the clinic. We also know that there're resources in terms of addressing medication adherence, there are tailored pharmacy level interventions to improve medication adherence, but we also know that self-measured blood pressure monitoring with additional support improves blood pressure control and has the potential to eliminate these disparities in hypertension outcomes.

So I concluded with primarily, I would say a call to action that health disparities are everyone's problem and we should all work together to make hypertension control a priority, and to make sure that all US adults have controlled blood pressure. And to do that, clinicians need to assess and address social determinants. We also need researchers to partner with communities to develop multi-level interventions to improve blood pressure control. We also need health systems to partner with payers to incentivize these community clinic linkages that we talk about, right? So we need to align incentives to make sure that we have the resources to provide to our patients and communities. And lastly, we also need data. We need data that will drive policy changes at the state as well as at the national level. And with that, I believe that we have all the ingredients that we need to advance equity in hypertension control, we just need to act. Thank you.

**Chinelo Onyilofor, MD, MPH** - Well, thank you so much to all of our panelists. You presented amazing presentations that really kind of motivated us, that we have a lot more work that needs to be done in the management of hypertension. However, after hearing all of your great presentations, I feel very excited of what's next to come.