NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6388

Title

Racial and Disaggregated Ethnic Disparities of Blood Pressure Control in Community Health Centers

Priority 1 (Research Category)

Hypertension

Presenters

Hojun Hwang, MS, Jennifer Lucas, PhD, Miguel Marino, PhD, Evelyn Sun, MPH, John Heintzman, MD, MPH, Zoe Larson, MS

Abstract

Context: Hypertension is the most prevalent reversible risk for cardiovascular morbidity and mortality. Blood pressure (BP) control (<130/80 systolic/diastolic) is poor nationally, and is inequitable by race/ethnicity, with minimal understanding of the differences within Latino patients by country of origin.

Objective: To examine racial/ethnic disparities in BP control among patients with high-risk conditions, who are most likely to benefit from BP control, and to disaggregate BP findings in Latino patients by country of origin.

Design: Retrospective cohort study.

Setting: 953 community-based primary care clinics in a national network from 25 states across the United States. Population: Adults 18+ years old with ≥1 primary care ambulatory visit in the network from 2012-2020, with at least one high-risk condition (heart, vascular, or chronic kidney disease, or diabetes).

Outcome Measures: Primary outcomes include odds of BP control between race/ethnicity groups with odds of BP control disaggregated by Latino subgroups. Outcomes were analyzed using generalized estimating equations adjusting for patient- and clinic-level characteristics, with exchangeable working correlation, clustering on patient. Comparisons between groups are presented as odds ratios (OR).

Results: Of the 298,860 adult patients in the sample, 40.5% of all high-risk patients had a final BP reading of <130/80 (controlled BP). Compared to high-risk non-Hispanic White patients, high-risk non-Hispanic Black patients showed the lowest odds of BP control (OR: 0.69 [95% CI:0.68, 0.71]) and high-risk foreign-born Latino patients showed the highest odds of BP control (OR: 1.42 [95% CI:1.37-1.48]). Compared to

non-Hispanic White patients, odds of BP control ranged widely for high-risk Latino patients by country of origin: Dominican Republic (OR: 1.14 [95% CI: 1.04, 1.26]), El Salvador (OR: 1.36 [95% CI: 1.24, 1.48]), Guatemala (OR: 1.64 [95% CI: 1.49, 1.81]), Mexico (OR: 1.49 [95% CI: 1.41, 1.57]), and other countries (OR: 1.34 [95% CI: 1.19, 1.52]).

Conclusions: Racial/ethnic disparities in BP control are evident in a multistate network of community-based health centers with significant variability by nativity among Latino patients. Findings have vast implications for informing equitable clinical and public health strategies to effectively control BP in patients with increased risk of cardiovascular morbidity and mortality.