

Office of Health Equity

Veterans Health Administration

Department of Veterans Affairs



RATES OF HYPERTENSION BY RACE OR ETHNICITY IN VETERANS RECEIVING CARE AT VA

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is racially and ethnically diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achievement of health equity for all Veterans.

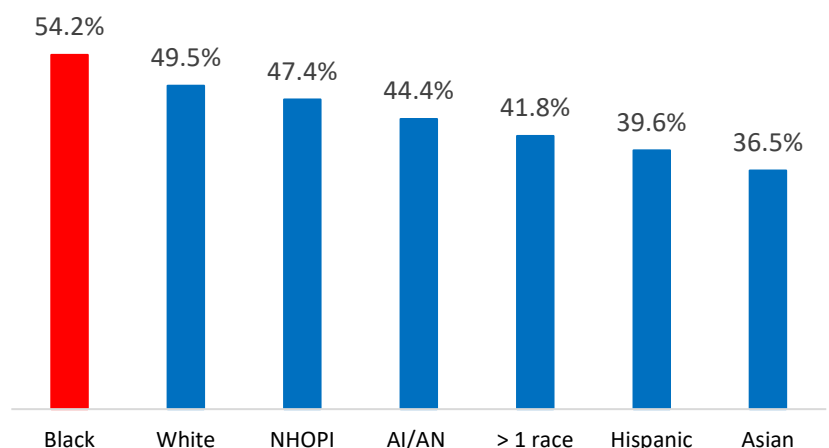
HEART DISEASE HEALTH DISPARITIES

Cardiovascular disease (CVD), which includes both heart disease and stroke, is the leading cause of death for American men and women, most racial and ethnic subgroups, and Veterans. Hypertension, defined as a systolic blood pressure ≥ 130 mmHg or a diastolic blood pressure ≥ 80 mmHg or taking medication for hypertension, contributes directly to stroke, heart disease and other vascular disease.

[The National Veteran Health Equity Report 2021](#) provides information regarding disparities in patient experiences and health care quality for Veterans who obtain health care services through the Veterans Health

Administration (VHA). In Fiscal Years (FY) 2016-2019, 48.2% of all Veterans receiving care at the VHA had diagnosed hypertension. Black Veterans who receive care through VHA have the highest rates of hypertension (54.2%). White Veterans have the next highest rate of hypertension (49.5%) followed by Native Hawaiian or Other Pacific Islanders (NHOPI, 47.4%), American Indian and Alaska Native (AI/AN, 44.4%), more than one race (41.8%), and Hispanic Veterans (39.6%). Asian Veterans receiving care at VHA have the lowest rate of hypertension (36.5%).

Percent of Veteran VHA Patients with Hypertension by Race or Ethnicity, FY16-FY19



From [The National Veteran Health Equity Report 2021](#)



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ADDRESSING RISK FACTORS FOR HYPERTENSION

VA is focused on providing Veterans with the resources they need to help manage their blood pressure. This includes interventions to help Veterans make healthy lifestyle changes and efforts to improve the care Veterans receive.

JOURNEYS WITH HIGH BLOOD PRESSURE

In addition to avoiding tobacco use, engaging in healthy lifestyle behaviors can help manage blood pressure. A VA research team created [a series of videos](#) that highlights Veterans discussing their experiences with high blood pressure and offering tips to take medications, talking to their health care providers, and making other healthy lifestyle changes. Veterans who watched the videos, compared to those who did not watch the videos, reported greater intentions to make healthy lifestyle changes to help manage their hypertension.

IMPROVING HYPERTENSION CARE TO REDUCE RACIAL DISPARITIES IN BLOOD PRESSURE CONTROL

Health system leaders, clinicians, and health services researchers at 9 VAMCs identified that Black Veterans had a significantly higher risk of having severe hypertension (i.e., systolic ≥ 160 or diastolic ≥ 100 mmHg) compared to White Veterans. They collaborated on a 12-month quality

improvement project to determine what strategies could improve blood pressure control and reduce this disparity.

VAMCs implemented multiple and varied strategies including providing Veterans with tailored education on how to manage their blood pressure, follow-up phone calls and reminder letters and providing health care providers with education about how best to manage patients with severe hypertension. VAMCs also implemented strategies to make improvements at the facility level such as ensuring that providers worked closely with pharmacists, increasing the use of nurses as case managers, and increasing use of existing clinics or creating shared clinic visits where a Veteran met with a multidisciplinary team.

Across the VAMCs, the QI project significantly reduced the proportion of Black Veterans with severe hypertension and reduced racial disparities in BP control over time. The team found a significant association between the number of strategies used by facilities and a reduction in the proportion of patients with severe hypertension; the more strategies a VAMC implemented, the greater improvement in blood pressure control.

For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>

References

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