

REDUCING RACIAL DISPARITIES IN BLOOD PRESSURE CONTROL IN VETERANS WITH SEVERE HYPERTENSION

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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.

OHE supports efforts across VA to reduce health disparities by targeting interventions aimed at Veteran groups at higher risk for poor health outcomes. Consistent with these efforts, OHE partnered with researchers at the Center for Health Equity Research and Promotion (CHERP), a VA Center for Innovation focused on detecting, understanding, and reducing disparities in health and health care in vulnerable populations. CHERP researchers engaged in an equity-focused quality improvement (QI) initiative to address disparities in VA.

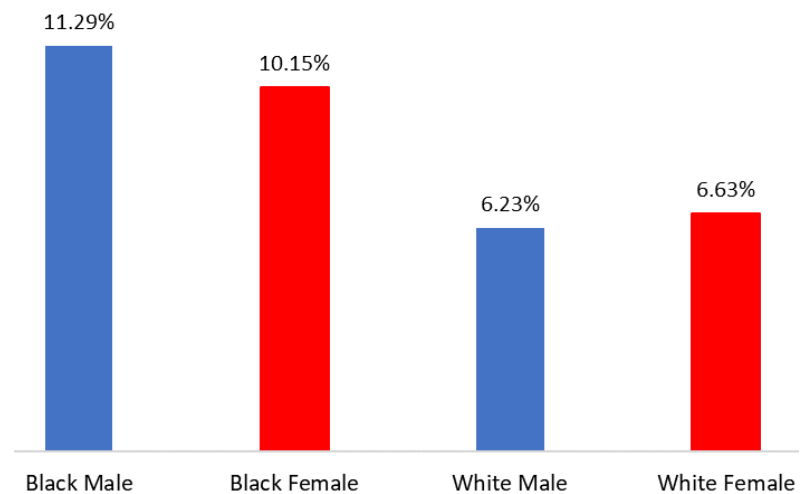
HEALTH DISPARITIES IN HYPERTENSION

Black individuals are more likely than Whites to have severe hypertension and long-term complications from this condition. For the QI initiative, hospital administrators, health care providers, and researchers in VISN 4 initiated a

VISN-wide QI initiative to reduce racial disparities in BP control. The initiative focused on Black Veterans with severe hypertension (i.e., systolic ≥ 160 or diastolic ≥ 100 mmHg) to concentrate QI efforts on patients at highest risk of medical complications.

Among the Veterans at the 9 participating VA Medical Centers (VAMCs) with a diagnosis of hypertension at the start of the initiative, 9913 Veterans had severe, uncontrolled hypertension; one in four of whom were Black. Among Veterans with severe hypertension, Black Veterans were significantly younger, more likely to be female, have a VA service connection, and less likely to be married (p 's < 0.001).

Percent of Hypertensive Veterans who Have Severe Hypertension



QUALITY IMPROVEMENT INITIATIVE

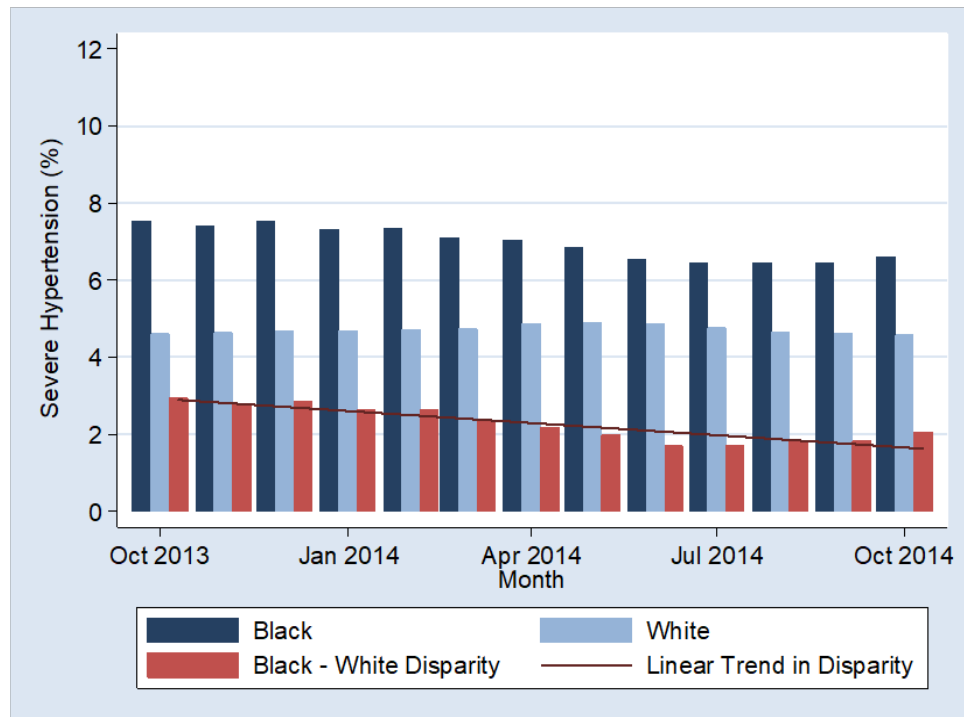
VAMC's used multiple strategies to improve BP control. Researchers at CHERP assessed project implementation and examined changes in the proportion of Black and White Veterans with severe hypertension over time. As part of the evaluation, the researchers interviewed leaders at each facility to identify implementation strategies and barriers to implementing these strategies to reduce disparities in severe hypertension.

Facilities were most likely to implement strategies to address patient no-shows, medication non-adherence, and shortcomings in BP measurement and recording. Researchers identified 16 unique patient-, provider-, and system-level barriers to implementation. The most common patient-level barriers were no-shows for scheduled appointments and medication non-adherence. The most frequent provider-level barrier was failure to properly

measure or record multiple BP readings during clinic visits. The most common system-level barrier was inadequate time and resources for providers.

Over the course of the project, the proportion of Black Veterans with severe hypertension decreased significantly ($p = 0.002$). Additionally, the racial disparity at the VAMC's between Black and White Veterans with severe hypertension was reduced.

Severe Hypertension among Black and White Veterans and Racial Disparities in Severe Hypertension Over Time



From Burkitt, K. H., et al., 2021.

For more information about CHERP visit: <https://www.cherp.research.va.gov/>

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

References

Burkitt, K. H., et al. 2021. Evaluation of a collaborative VA network initiative to reduce racial disparities in blood pressure control among veterans with severe hypertension. *Healthcare*. 8:100485.