

Commentary on Current Literature

Richard A. Johnson, MD

A Clinic and Community-Based Approach to Hypertension Control for an Underserved Minority Population: Design and Methods

Ward HJ, Morisky DE, Lees NB, Fong R.

Am J Hypertens. 2000;13:177-183.

This paper describes the design and methodology of the Community Hypertension Intervention Project (CHIP). CHIP is investigating the environmental and psychosocial factors related to treatment adherence and examining the effects of combining usual hypertension care with the effects of 3 interventions designed to improve patient compliance with treatment for high blood pressure in a high-risk, underserved minority population. Thirteen hundred sixty-seven inner-city hypertension patients (75% black and 25% Hispanic) have agreed to participate in the 4-year longitudinal study. These participants were randomized to usual care or 1 of 3 intervention groups: individualized counseling sessions; home visits/

discussion groups; or computerized appointment-tracking system. Participants are representative of the surrounding, predominantly low-income minority community and are treated in a hospital-based clinic and in a private clinic in the community. About 65% have blood pressure levels considered to be out of control. It was concluded that structural changes at the clinic site, along with the targeted interventions, would improve patient satisfaction, increase treatment adherence, and improve blood pressure control.

Copyright © 2000 *American Journal of Hypertension, Ltd.*

COMMENTARY

The investigators must be congratulated for designing a study to evaluate pragmatic interventions for treating hypertension in an underserved population so that true evidenced-based conclusions can be reached. In efforts to improve the health care of underserved and underrepresented populations, ideas are all-too-often proposed and implemented without any justification on the basis of data. Rather, the dynamics of “political correctness” and “social intuition” seem to influence the process. Although these dynamics are a healthy component of any political discussion, they may not be appropriate for medical decisions. This study in progress by Ward et al will help policy makers determine which additional interventional strategies for blood pressure control produce better outcomes. These outcome differentials can then be quantified and reviewed against the incremental resources used for each intervention. This appears to be a rational use of investigational resources, given the disparity in hypertension treatment that currently exists in certain underserved and minority populations.

Commentary on Current Literature

Richard A. Johnson, MD

Factors Influencing Unawareness of Hypertension Among Older Mexican Americans

Satish S, Markides KS, Zhang D, Goodwin JS.

Prev Med. 1997;26:645–650.

BACKGROUND: The objective of the study was to identify factors associated with unawareness of hypertension among Mexican Americans age 65 years and older.

METHODS: This was a population-based survey of 3050 older Mexican Americans conducted in 5 Southwestern states in 1993–1994. An in-home interview included sociodemographics, review of medications, and blood pressure measurements.

RESULTS: Sixty percent of all subjects were hypertensive, and 37% of these were unaware of their diagnosis. Unaware hypertensives had significantly higher mean blood pressures than did aware hypertensives (145.7/86.2 mm Hg vs 142.4/83.1 mm Hg). While 77% of aware hypertensives were treated, only 10% of unaware hypertensives were treated. In multivariate

analyses, factors associated with unawareness included male gender (odds ratio [OR = 1.8]), being married (OR = 1.6), having Medicaid (OR = 1.6), having made fewer than two visits to a doctor in the past year (OR = 2.8), having a history of heart disease (OR = 0.57) or stroke (OR = 0.37), and having poor self-reported health (OR = 0.43).

CONCLUSION: Despite 3 decades of hypertension detection and education programs, unawareness of hypertension remains high among older Mexican Americans. There is a continued need for community-based education programs for hypertensives who are unaware of their diagnosis, and also there is need for programs to increase access to primary care physicians.

Copyright © 1997 Academic Press.

COMMENTARY

This is a well-done population-based survey by Satish et al that correlates a multitude of medical and sociodemographic variables with knowledge of hypertensive status in older Mexican Americans. Contrary to intuition, knowledge of one's hypertension status did not strongly correlate with income, insurance, or language status. Unfortunately, poor health status—including the presence of stroke and heart disease—strongly correlated with hypertension awareness, but these patients are well past beneficial improvements in health with proper blood pressure control. Additionally, being male or married was weakly associated with lack of hypertension awareness; these traits are unlikely to be amenable to much change. On a positive note, ≥ 2 physician visits per year was the parameter most strongly associated with awareness. This parameter should be fairly easily achieved and is easily quantified. Based on data from this survey, social and political planners would be well served to design interventions that would test the cost and effectiveness of increasing patient visits to their physicians, rather than utopian attempts to change the nature of the existing health care infrastructure.