

AHRQ Data Spotlight: Hypertension Control in Health Resources and Services Administration Health Centers



Hypertension in the United States

Hypertension, defined as abnormally high blood pressure, affects 1 in 3 adults in the United States.¹ Although hypertension is a major contributing risk factor for heart failure, heart attack, stroke, chronic kidney disease, and death,² only about half of those with the condition have it under control¹ (defined as blood pressure below 140/90 mmHg). Further, since hypertension can lack signs and symptoms, approximately 1 in 5 adults do not realize they have it.¹

The Health Resources and Services Administration Health Center Program

- ◆ The Health Resources and Services Administration (HRSA) promotes blood pressure control through its Health Center Program.
- ◆ HRSA health centers (HCs) deliver care across the country to underserved and vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.
- ◆ In 2018, HCs provided comprehensive primary healthcare services to more than 28 million patients,³ 4.5 million of whom were diagnosed with hypertension.⁴
- ◆ As a requirement of participating in the Health Center Program, HCs are required to report their performance on hypertension control annually through the Uniform Data System (UDS).

Improving Blood Pressure Control Through the Health Center Program

- ◆ To help prevent hypertension-related diseases among HC patients, HRSA promotes blood pressure control for patients diagnosed with the condition. HRSA examines how many patients achieve blood pressure control based on measures set by the Million Hearts initiative hypertension clinical quality measure (CQM) and the Healthy People (HP) 2020 hypertension objective.

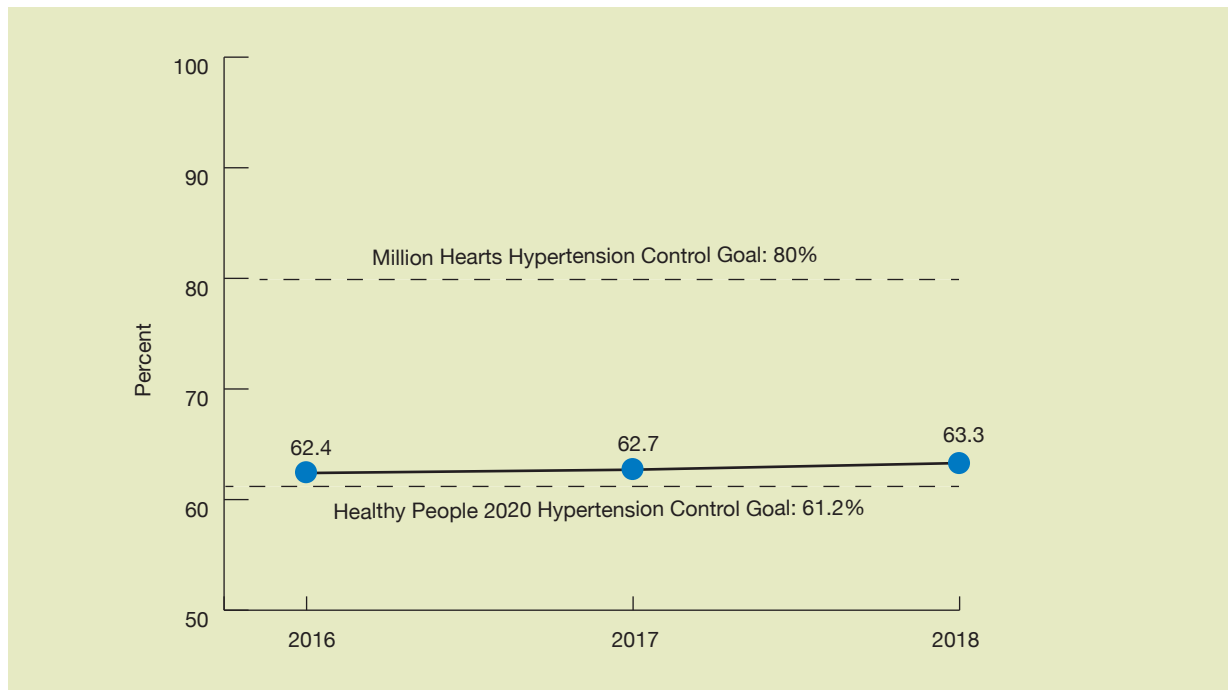


- ◆ These measures calculate the percentage of patients ages 18-85 years with blood pressure below 140/90 mmHg among those with a diagnosis of hypertension during the measurement period. HCs and healthcare providers can use the CQMs and HP 2020 measures to identify opportunities to improve the quality of hypertension-related care.

Hypertension Among Health Center Patients

- ◆ Although the total number of HC patients diagnosed with hypertension increased each year from 2016 to 2018 (Table 1), the percentage of patients with controlled blood pressure remained relatively constant over time (Figure 1).
- ◆ The Million Hearts initiative and HP 2020 blood pressure control targets (80% and 61.2% of those with hypertension achieving blood pressure control, respectively) serve as high achievement benchmarks for HCs.
- ◆ From 2016 to 2018, average hypertension control across all HCs met or exceeded the HP 2020 target (Figure 1). In 2018, nearly 1 of every 25 HCs met or exceeded the Million Hearts initiative target for blood pressure control.³

Figure 1. Adult health center patients with controlled hypertension compared with national benchmarks, 2016-2018



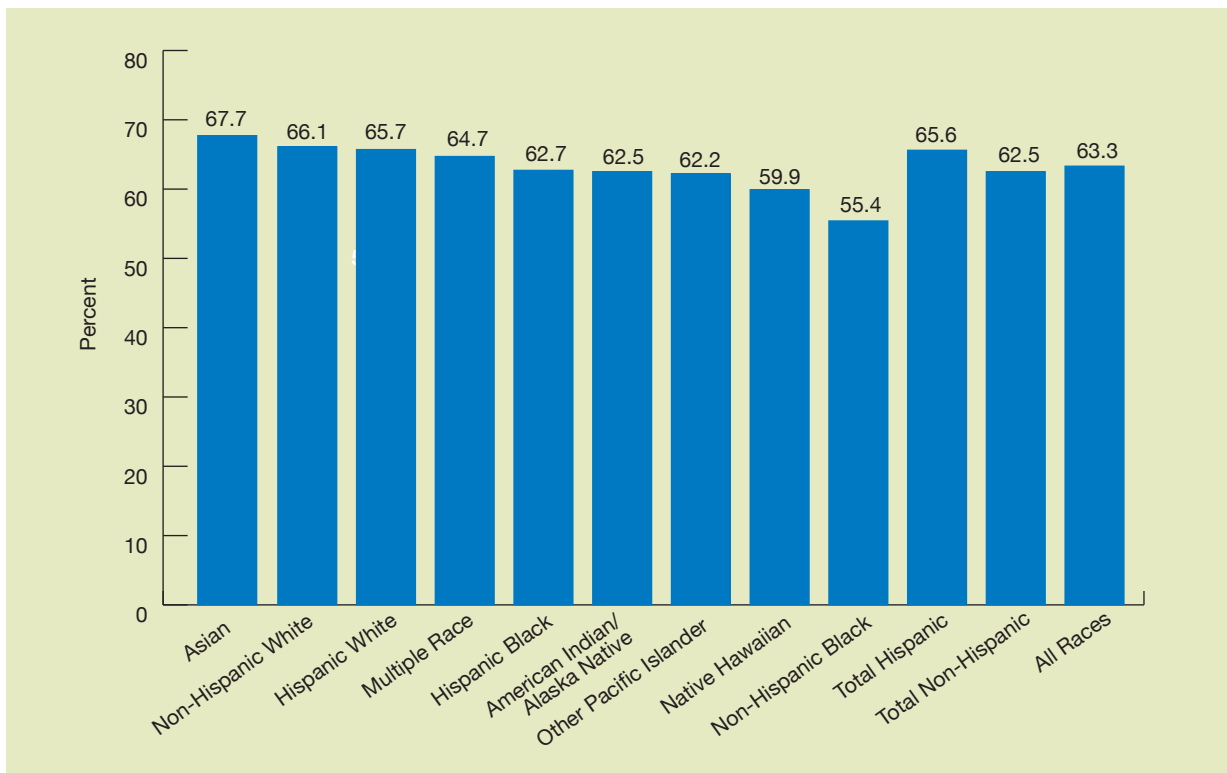
Source: Health Resources and Services Administration, Uniform Data System, 2016-2018.

Note: Measure is the percentage of patients ages 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (below 140/90 mmHg) during the measurement period.

Hypertension Outcomes by Race/Ethnicity

- ◆ Existing literature underlines the importance of examining racial differences in hypertension care and outcomes.⁵⁻⁷ Hypertension data in the UDS are reported by race and ethnicity, which allows HRSA to identify potential health disparities and to develop innovative solutions to address them.
- ◆ From 2016 to 2018, among the adult HC population, Asians, Hispanic and non-Hispanic Whites, and individuals who reported multiple races had the highest percentages of controlled hypertension. Conversely, non-Hispanic Blacks and Native Hawaiians had the lowest percentages of controlled hypertension (Figure 2 and Table 1).

Figure 2. Adult health center patients with controlled hypertension (below 140/90 mmHg), by race/ethnicity, 2018



Source: Health Resources and Services Administration, Uniform Data System, 2018.

Note: Measure is the percentage of patients ages 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (below 140/90 mmHg) during the measurement period.

Table 1. Health center patients with controlled hypertension control (140/90 mmHg), by race and ethnicity, 2016-2018

	2016	2016	2017	2017	2018	2018
Race	Total Hypertensive Patients	% With Controlled Hypertension	Total Hypertensive Patients	% With Controlled Hypertension	Total Hypertensive Patients	% With Controlled Hypertension
Asian	140,353	67.27%	154,403	67.66%	167,242	67.68%
White	2,273,584	64.76%	2,464,154	65.34%	2,616,804	65.89%
Hispanic	665,561	64.80%	721,205	65.22%	781,565	65.68%
Non-Hispanic	1,608,023	64.76%	1,742,949	65.39%	1,835,239	66.09%
Multiple Race	68,145	66.33%	74,983	63.28%	79,253	64.69%
African American/Black	1,000,384	56.00%	1,068,643	55.74%	1,107,260	59.09%
Hispanic	30,428	60.50%	29,491	62.34%	31,020	62.74%
Non-Hispanic	969,956	55.98%	1,039,152	55.53%	1,076,240	55.44%
American Indian/Alaska Native	40,626	60.23%	43,133	60.92%	45,689	62.50%
Other Pacific Islander	20,843	62.03%	24,413	60.05%	25,272	62.16%
Native Hawaiian	7,154	58.41%	7,881	59.27%	8,211	59.94%
	2016	2016	2017	2017	2018	2018
Ethnicity	Total Hypertensive Patients	% With Controlled Hypertension	Total Hypertensive Patients	% With Controlled Hypertension	Total Hypertensive Patients	% With Controlled Hypertension
Hispanic	1,004,225	64.85%	1,087,099	64.96%	1,179,659	65.59%
Non-Hispanic	2,849,772	61.66%	3,083,507	61.94%	3,237,091	62.47%
Total	3,920,129	62.39%	4,240,467	62.71%	4,497,046	63.26%

Source: Health Resources and Services Administration, Uniform Data System, 2016-2018.

Note: Measure is the percentage of patients ages 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (below 140/90 mmHg) during the measurement period.

Initiatives To Reduce Hypertension Disparities

- ◆ HCs that made at least a 10% improvement toward the HP 2020 targets from previous years in at least one or more racial/ethnic groups are eligible to receive performance-based supplementary funding through HRSA's [Quality Improvement Awards](#). In fiscal year 2019, 298 health centers received the HRSA Health Disparities Reducers Award.⁸

- ◆ Hypertension research and publications based on HRSA-funded HCs and HC UDS data are key to building the knowledge base, facilitating learning, identifying gaps, and increasing public awareness. HC hypertension-related publications can be accessed via the HRSA [health center website](#).
- ◆ The U.S. Department of Health and Human Services' Million Hearts initiative is co-led by the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services, along with 120 official partners and 20 other Federal agencies, including (AHRQ). This initiative works to prevent 1 million cardiovascular events (heart disease, stroke, and other cardiovascular diseases such as hypertension) in 5 years. Million Hearts has developed [resources](#), such as treatment protocols, tools, and action guides that clinicians can use to improve their patients' cardiovascular health.
- ◆ In alignment with the goals of Million Hearts®, AHRQ developed its EvidenceNOW initiative to help small- and medium-sized practices implement the ABCS to improve heart health for patients at risk for heart disease and identify effective methods for increasing practices' capacity for understanding and using findings from patient-centered outcomes research and other types of medical evidence.

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