

When it comes to health disparities, place matters more than race

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Blacks and Whites living in an integrated, low-income urban area had similar rates of treatment and management of hypertension, or high blood pressure, finds a new study in *Ethnicity & Disease*.

"In this racially integrated low income urban sample, where you live has an impact on race disparities in hypertension, management and control," said lead author Roland J. Thorpe, Jr., Ph.D., assistant professor in the Department of Health Behavior and Society, and Director of Program for Research on Men's Health in the Hopkins Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health.

In the cross-sectional study's sample, Blacks were more apt to be aware of their hypertension, defined as being diagnosed by a doctor, compared to Whites. However, among people who were aware of their hypertension, Blacks and Whites had similar odds of being treated for and controlling their hypertension. "This is partially a result of the high rates of [uncontrolled hypertension](#) among Whites in the sample," Thorpe said. "The [health](#) profile of Whites (in the sample) was just as bad as or worse than African Americans."

Thorpe and his colleagues analyzed feedback from in-person interviews and surveys from a sample of 949 hypertensive adult participants over age 20 living in integrated communities in southwest Baltimore, Maryland. The sample included about 60 percent Black and about 40 percent non-Hispanic Whites.

Patrick McBride, M.D., Ph.D., assistant director of preventive cardiology, professor of medicine and family medicine at the University of Wisconsin School of Medicine and Public Health, commented on the well designed and controlled study and added that it was surprising to see research where a minority group achieves equality.

"Social context is vital in understanding health care, especially prevention," he said. When people have similar socioeconomic standing and access to care, they will have similar control of their [blood pressure](#) and similar health outcomes in most cases. Many health differences attributed to race and [ethnicity](#) are likely due to socioeconomic and access to health care issues, beyond cultural issues."

McBride further noted, "In my experience, people who have lower socioeconomic standing, lower educational achievement, and less access to health care are less aware of [high blood pressure](#) and other health issues, regardless of race or ethnicity."

McBride said he would hope this study would motivate everyone to recognize that health education and health care access, as well as the opportunity to improve socioeconomic standing, are vital to health status. "It is important to continue to replicate important findings like this in other populations."

Thorpe added, "Social context should be considered in public health interventions and health promoting strategies focused on [hypertension](#) awareness and management."

More information: Roland J. Thorpe, Jr, PhD; Janice V. Bowie, PhD, MPH; Jenny R. Smolen, BA; et al. "Racial Disparities In Hypertension Awareness And Management: Are There Differences Among African Americans And Whites Living Under Similar Social Conditions?" *Ethnicity & Disease* (2014;24[3]:269–275): www.ishib.org/ED/journal/24-3/ethn-24-03-269.pdf

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