



## **Video Transcript:** Hypertension: Screen, Start, Connect

**Speaker 1:** Hypertension: Screen, Start, Connect. RHNTC. The Reproductive Health National Training Center.

**Dr. Raegan:** Hi, Dr. Raegan here.

**Description Narrator:** Dr. Raegan McDonald-Mosley. MD, MPH, and CEO of Power to Decide.

**Dr. Raegan:** Did you know that one in every five women will die of heart disease? Or that, nearly half of all adults in the US have hypertension, a major preventable risk factor for heart disease. And did you know that hypertension is on the rise among young people, or that a third of people of reproductive age have it and don't even know? Because it may have no symptoms at all, hypertension is sometimes called the silent killer, but even if a person knows they have it, if left untreated and uncontrolled, hypertension decreases life expectancy and increases a person's risk of developing, not just heart disease, but kidney disease and dementia as well. Plus hypertension is one of the leading and most preventable contributors to maternal mortality.

A 2019 study found that hypertension affects 16.5% of women aged 20 to 44, and complicates almost 9% of pregnancies. And the CDC estimates that 60% of all pregnancy-related deaths are preventable. So screening for and treating hypertension is essential to eliminate one of the most common maternal health conditions experienced during pregnancy. The same social and structural determinants of health that affect a person's maternal health, also impact the likelihood that they will develop hypertension, including economic stability, access to quality education, access to quality health care, social and community context, and neighborhood environment.

Harm from hypertension does not impact all people equally. The intersection of race and ethnicity with social determinants of health is well documented. So it's not a surprise that while hypertension is common, some groups are more likely to have it than others and experience more harm from it. For example, hypertension control rates are lowest among black people. Compared to their non-black peers, the risk of death due to untreated hypertension is nearly double. Black women between 20 and 44 are more than twice as likely to have hypertension than people of the same age but a different race or ethnicity. And they also have a higher risk of dying from hypertensive disorders while pregnant.

While many factors that affect blood pressure and pregnancy outcomes exist outside the provider-patient interaction, providers should remain aware of the impact of chronic exposure to racism, poverty, hostility, and emotional stress on patients. Keeping these outside factors in mind is critical to guide you as a provider as you discuss a patient's health and potential treatments or lifestyle adjustments. There are some things that providers and patients can do today to lower hypertension risk factors and improve the overall health of those who are pregnant or considering becoming pregnant soon.

Title X providers in particular are uniquely poised to reduce the prevalence of, and disparities around, hypertension in maternal mortality. Many of the millions of clients Title X clinics serve are from populations disproportionately affected by preventable causes of maternal mortality and morbidity, and may have limited access to other healthcare services outside of the Title X network.

As a provider, you can: screen everyone you see for hypertension, refer people with hypertension to a primary care provider, inform patients with mildly elevated blood pressure of their increased risk for developing hypertension, counsel patients around small lifestyle changes they can make, and model

healthy behaviors to control blood pressure, and ask patients of reproductive age about their reproductive goals, and offer clients centered counseling and services based on their answer.

Patients can: eat wholesome foods and drink water to nourish the body, get regular sleep, find healthy ways to reduce stress and address mental health, reduce or eliminate substance use, and talk to a health care provider about setting a health goal.

As providers, we can't solve all the problems our patients face, but we can help them through the prevention or early detection of preventable health problems, such as hypertension. Screen all your patients for hypertension. Start them on the appropriate treatment plan based on their blood pressure and other factors, and connect patients to other services they may need that you or your office can't provide. It all starts with you. Screen. Start. Connect. Learn more about how to screen for hypertension, start treatment, and connect patients to specialized care at [RHNTC.org](http://RHNTC.org)

**Speaker 1:** Developed by RHNTC. The Reproductive Health National Training Center and Power to Decide.