

Continuity of Care and Blood Pressure Control Among Elderly African Americans and Whites with Hypertension.

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Purpose: To determine whether racial differences exist between continuity of medical care and blood pressure (BP) control over time among elderly, hypertensive African Americans and whites.

Methods: Participants included 1,469 African Americans and 1,080 whites from the Piedmont Health Survey of the Elderly who were hypertensive (SBP >140 mmHg, DBP >90 mmHg, or physician diagnosis) at baseline (1987). Continuity of care was assessed based on self-reported receipt of physician care at each wave and categorized as continuous (care at each wave), inconsistent (care at some, but not all waves), and no care (no care at any wave). BP control was defined as SBP < 140 mmHg and DBP < 90 mmHg at subsequent waves of participation (1990, 1994, 1998). Repeated measures regression was used to longitudinally assess the association between continuity of care and BP control.

Results: African Americans had less favorable sociodemographic and health characteristics and significantly less continuous care over time ($p < 0.0001$). In analyses adjusted for socio-demographic factors, participants with inconsistent or no care had lower odds of BP control (OR=0.69, 95% CI: 0.61, 0.78 and OR=0.64, 95% CI: 0.47, 0.87) than those with continuous care and these associations persisted after adjustment for health insurance and co-morbidities.

Conclusions: Inconsistent and no care were both associated with uncontrolled BP in this elderly population and these associations did not differ by race, although greater levels of inconsistent or no care among African Americans suggest disparities in health care access remain.