Title: Cross Sectional Association of Frequency of Physician Visits with Blood Pressure

Abbreviated title: Frequency of C3re and BP


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Timeline: Immediately

Rationale:
It has long been recognized that socioeconomic status (SES) affect many aspects of a person's health. A number of underlying conditions associated with SES have been determined to affect health status in other studies. We hypothesize that access to care and health care utilization may be one of the mechanisms through which SES is related to health outcomes. Persons of low SES may not have the time off from work, the means to pay their co-payment for office visits, or have the knowledge of the importance of follow up visits. We will investigate whether frequency of health care (i.e. seeing a physician) may be a factor directly related to SES that affects certain health outcomes such as blood pressure.

Main Study Questions:
1. Does the reported length of time since last physician visit or frequencies of routine physical exams (as reported at visit 1) correlate with the level of blood pressure at visit 1 in all participants and in those with known hypertension?
2. Does the reported length of time since last physician visit or frequencies of routine physical exams (as reported at Visit 1) correlate with income, education, or occupation? Does the correlation persist after controlling for insurance? Does the length of time since last physician visit or the frequencies of routine physical exam correlate with presence of medical insurance?
3. Do the above questions vary by gender, race or study site? When we stratify by race we will be unable to correct for variation by site. To evaluate whether frequency of care varies by site, we will stratify by race and only compare the centers that have cohort members of that race. Therefore, for evaluation of care by sites, we can evaluate the variation in care at three centers with the white participants and the two centers with African-American participants.
4. In those who state they have been told they were hypertensive, do the numbers or type of anti-hypertensive medications correlate with frequency of doctor or clinic visits? Do the number or types of antihypertensive medications vary by race, or gender after controlling for other diagnoses such as diabetes? (Any rationale was that control of blood pressure with an increase in frequency of physician visits might be due to increase in anti-hypertensive medications. However, several co-authors have suggested that variation in medication use may be a topic sufficient for a separate paper. We will look at the data to see if evaluating types of anti-hypertensive medications is feasible.)
5. Do the above correlations remain after adjusting for income, education, BMI, smoking, level of physical activity, age, gender, and race?

Data (variables, source, inclusion/exclusion):
The following variables are needed for this analysis:
Visit 1: race, gender, age, income, education level, occupation, medications, BP, reported time since last seeing a physician for any reason, reported frequency of routine physical exams, whether participant has ever been told he had hypertension, BMI, smoking, level of physical activity, insurance information, and study site.