

Health Disparities in the Medi-Cal Population

Hypertension Management

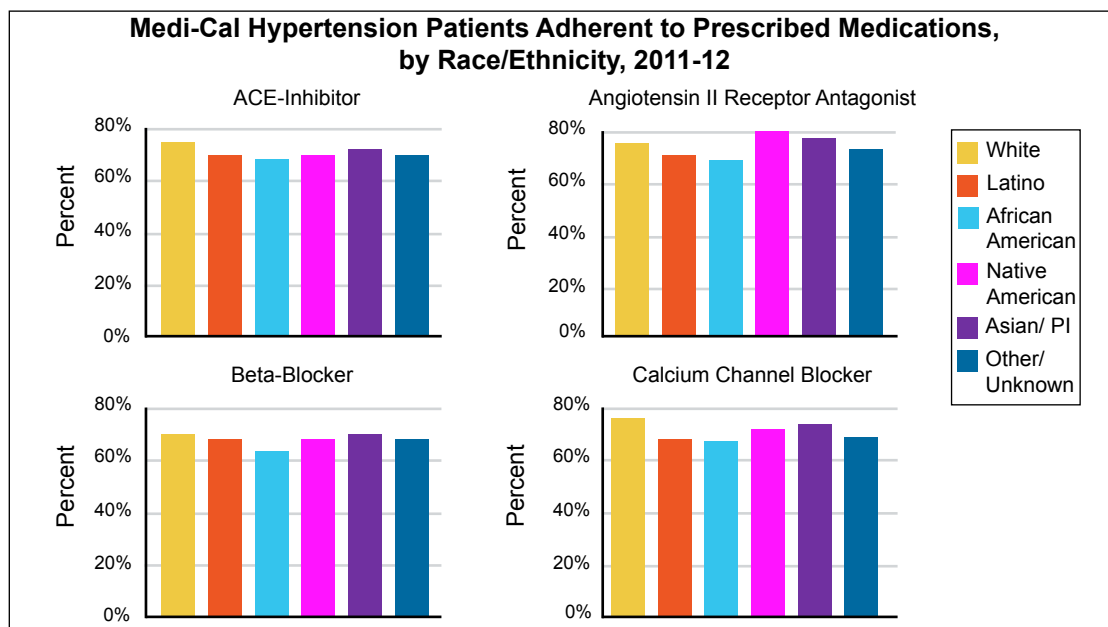


High blood pressure (hypertension) is a common condition that increases the risk of diseases such as heart disease and stroke.¹⁻² In addition, recent research has shown that hypertension may be linked to some types of dementia.³ Risk factors for hypertension include smoking, obesity, heavy alcohol consumption, and genetics.⁴ Fortunately, many of the risk factors are modifiable, and thus people can improve their blood pressure with lifestyle changes.⁵⁻⁶ Medications are also very effective at controlling high blood pressure.⁷ The *Let's Get Healthy California Task Force Final Report* showed that between 50% to 79% of people with high blood pressure control it successfully.⁸



Medi-Cal claims and encounter data suggested that about 7.23% of all members had an episode of care related to hypertension between July 1, 2011 and June 30, 2012. To identify possible disparities by race/ethnicity, the Figure below shows the percent of hypertensive Medi-Cal members adherent to four types of prescribed medications used to manage hypertension. Whites and Asians/Pacific Islanders were slightly more likely to adhere to ACE-Inhibitors, Beta-Blockers, and Calcium Channel Blockers, while Native Americans and Asians/Pacific Islanders were slightly more likely to adhere to Angiotensin II Receptor Antagonists.

Figure



Source: Medi-Cal MIS/DSS and Symmetry EBM Groupers, Version 8.0; July 1, 2011 - June 30, 2012.
 Note: Members eligible for both Medicare and Medicaid were excluded; ACE = angiotensin-converting enzyme; PI = Pacific Islander.

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Link to Data Sources and Methods