ECHOES | Evaluating Control of Hypertension: Effect of Social Determinants

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This unprecedented natural experiment will study the effect of state-level Medicaid expansion on rates of hypertension incidence, screening, treatment, and management. Access to care may be insufficient to reduce barriers to hypertension care. Thus, other individual- and community-level factors may differentially affect the relationship between gaining insurance and receiving hypertension care. We will use electronic health record (EHR) data from the ADVANCE clinical data research network linked to community-level social determinants of health. From this dataset, we will collect detailed information on changes in hypertension incidence, screening, treatment, and management, comparing states that expanded Medicaid, and those that did not.

**Potential Impact**

Hypertension is the most common chronic condition among adults in the United States. Uninsured adults are more likely to have undiagnosed hypertension, less likely to receive regular screening, and less likely to have their hypertension under control than insured adults. Little is yet known about how ACA Medicaid expansions are impacting hypertension care. It is hypothesized that the ACA’s Medicaid expansion could substantially improve access to essential preventive services for previously uninsured patients and facilitate better access to routine health care for those who gain new health insurance. The 2012 US Supreme Court ruling that made ACA Medicaid expansion optional for states created a natural experiment to answer this important question.