

# Blood pressure out of control at safety-net clinics

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Federally funded safety-net clinics for the uninsured lag behind other health care providers in controlling blood pressure among the low-income patients who rely on them for care, a new Michigan State University analysis suggests.

[High blood pressure](#), or hypertension, is a major risk factor for [cardiovascular complications](#) including heart disease and stroke, and is especially common and dangerous for patients with diabetes, said lead researcher Adesuwa Olomu, associate professor in the MSU Department of Medicine.

In recent decades, a growing share of the 67 million Americans with a history of hypertension have reined in their blood pressure through exercise, medication or other measures. National Health and Nutrition Survey data from 2003 to 2010 showed about half those patients had successfully moved their blood pressure back within a safe range, compared to 27 percent nearly two decades prior.

But just 38 percent of hypertensive patients had their blood pressure under control at a mid-Michigan safety-net clinic where Olomu and colleagues reviewed medical records from 2006 to 2008. Of the patients who also had diabetes, only 31 percent had the condition in check. Hypertension causes cardiovascular complications in many [diabetes patients](#).

The clinic where the study was conducted is a Federally Qualified Health

Center, which is a government-funded nonprofit facility that provides services to patients on Medicaid and Medicare and those without insurance.

"What our findings highlight is the need to design interventions that focus on these safety-net clinics where minority and low-[income populations](#) receive their care," Olomu said.

The patients whom the clinics typically serve are more likely than the general population to be obese, to smoke or have other [risk factors](#) for hypertension, Olomu said. They also suffer disproportionately from complications such as [heart attack](#) or stroke.

Olomu and her team will use their findings as the baseline for testing interventions to improve blood pressure control at safety-net clinics in mid-Michigan.

"These groups face a lot of barriers to get the care they need," she said. "For example, many of them have difficulty finding transportation to the clinic. And there's a problem of adherence to their medication, so we have to find ways to help people take their medicine as prescribed."

The study appears in the *Journal of Clinical Hypertension*.

Provided by Michigan State University

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