

Disparities in High Blood Pressure Awareness in Colorado

High blood pressure is common among all adults.

26% of adult Coloradans were aware of having high blood pressure in 2013: About 1,000,000 people were affected.

26%

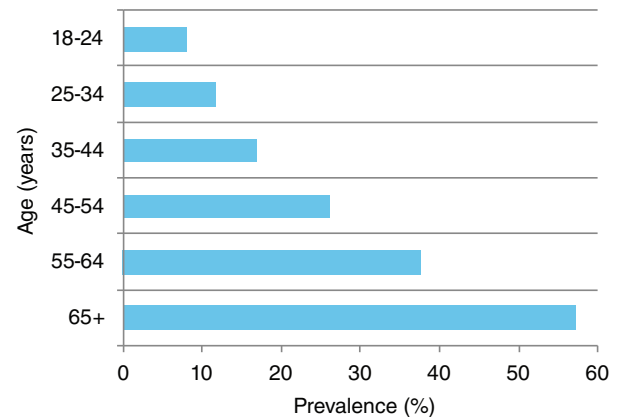
- ↑ From 2003 to 2013 the prevalence of high blood pressure increased significantly, from 19.8% to 26.3%.
- The prevalence of high blood pressure (awareness)* was significantly higher among adults who had health care insurance and adults with a regular health care provider.



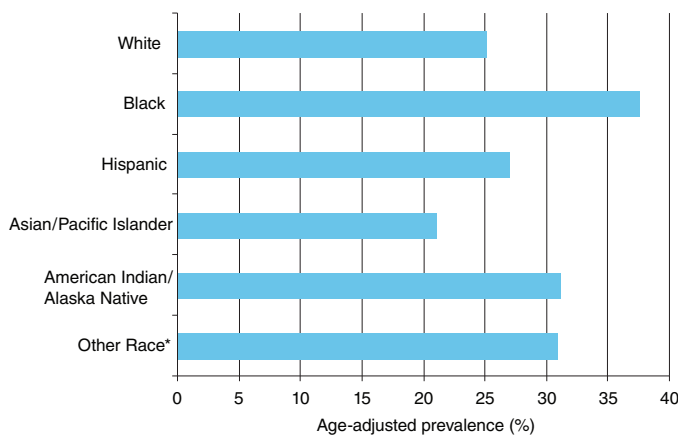
Disparities in high blood pressure awareness exist.

- High blood pressure prevalence increased significantly with increasing age.
- After adjusting for age differences between groups, disparities still persist among males, Blacks, and adults with lower incomes or less education. These populations had the highest prevalence of high blood pressure.
- In 2013, there was no significant difference in high blood pressure prevalence by sexual orientation.

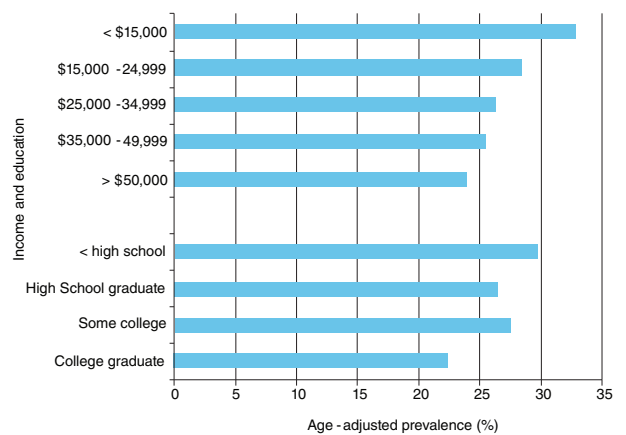
Percent of adult Coloradans with high blood pressure by age, 2013.



Percent of adult Coloradans with high blood pressure by race/ethnicity, 2013.



Percent of adult Coloradans with high blood pressure by household income and education, 2013.



* Other race group includes individuals who identified themselves as other race and/or multiracial. Terminology for racial/ethnic groups matches that used during data collection.

*High blood pressure and diabetes prevalence estimates represent survey respondents' report that a health care provider ever told them that they had the condition.

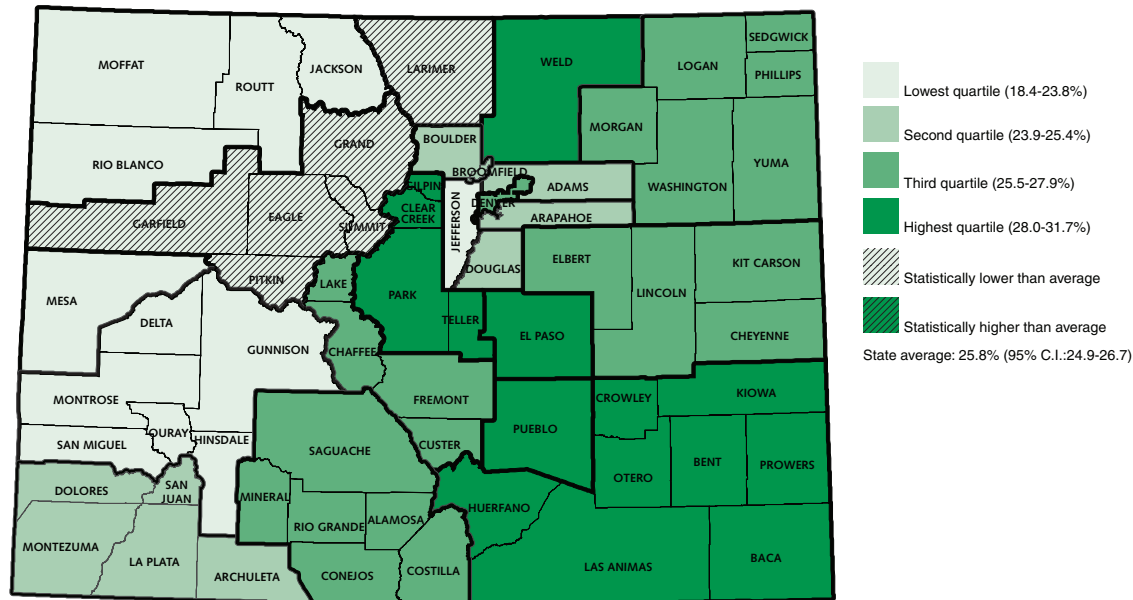
Data source: Behavioral Risk Factor Surveillance System.

Prevalence of high blood pressure varied by regions in 2013.

Percent of adult Coloradans with high blood pressure by region, 2013.

The prevalence of high blood pressure ranged from 18% to 32% in regions of Colorado.

In general, the prevalence of high blood pressure was highest in Eastern Colorado.



- Hospital discharge rates for high blood pressure varied substantially by poverty level area of residence; rates increased along with increasing levels of poverty.



High blood pressure is costly in terms of health care expenditures, missed work days, hospitalizations and deaths.

Nationally:¹

- High blood pressure **costs the nation \$47.5 billion each year**. This total includes the cost of health care services, medications to treat high blood pressure and missed days of work.
- Those with high blood pressure are **3x more likely to die from heart disease and 4x more likely to die from a stroke**.
- High blood pressure contributes to **-1,000 deaths per day**.



Awareness, treatment and control of high blood pressure varies by occupation. In the United States, protective service workers (e.g., police officers and firefighters) had the second highest prevalence of high blood pressure (26%) among occupational groups, yet they had some of the lowest rates of awareness (51%), treatment (79%) and control (48%).²

High blood pressure can be prevented and controlled.



Reducing the average amount of salt or sodium that people eat from 3,400 milligrams (mg) to 2,300 mg per day – the level recommended in the Dietary Guidelines for Americans, 2010 – may reduce cases of high blood pressure by **11 million** and **save 18 billion health care dollars every year**.⁴



In 2013, most adult Coloradans with high blood pressure reported taking action to help control their condition:

- 70% were changing their eating habits
- 79% were reducing or not using salt
- 71% were reducing or not using alcohol
- 71% were exercising
- 69% were taking medication

Data sources: Behavioral Risk Factor Surveillance System; Colorado Hospital Discharge Data; Vital Statistics.