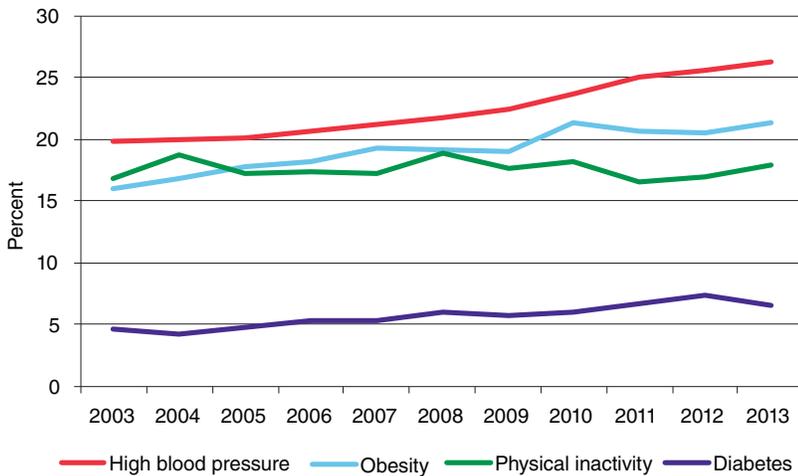


High Blood Pressure Awareness in Colorado

Facts for Action: Chronic Diseases and Related Risk Factors in Colorado

Percent of adult Coloradans with high blood pressure and selected risk factors for high blood pressure, 2003-2013.



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

21% were obese.

18% were physically inactive.

7% had diabetes.

1 in 5 U.S. adults with high blood pressure are undiagnosed.¹



1 in 3 U.S. adults has “pre-hypertension” - blood pressure that is slightly higher than normal, which increases the risk of developing high blood pressure.¹



From 2003 to 2013 the prevalence of high blood pressure increased significantly.

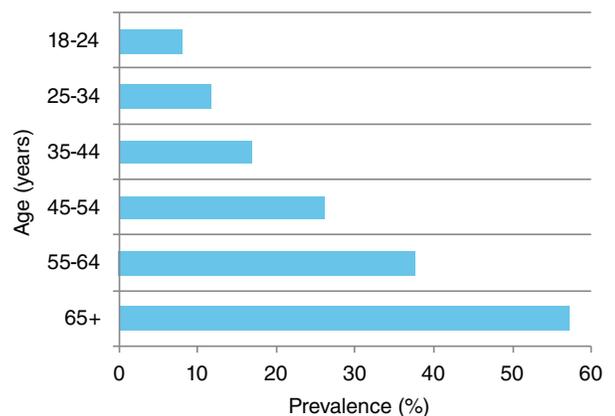
The prevalence of high blood pressure (awareness)* was significantly higher among adults who had health care insurance and adults with a regular health care provider.



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.

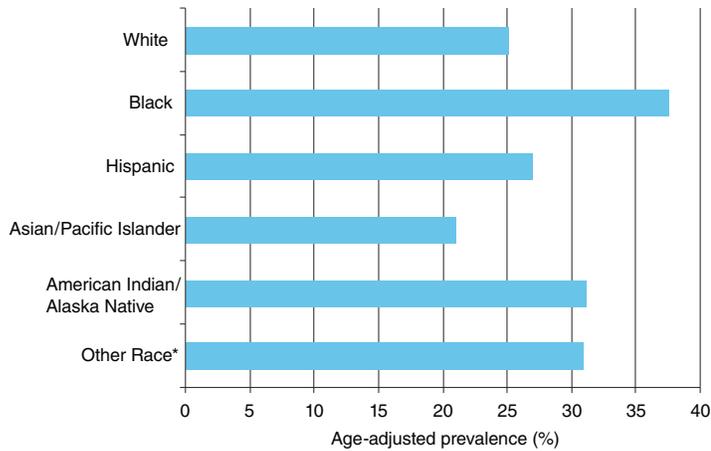
Percent of adult Coloradans with high blood pressure by age, 2013.



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

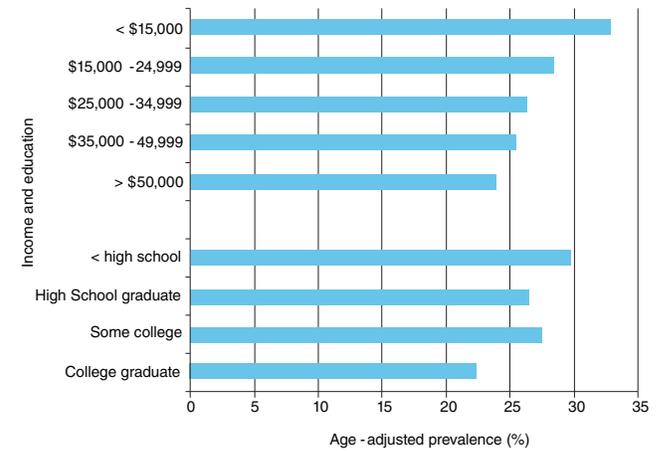
Data source: Behavioral Risk Factor Surveillance System.

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

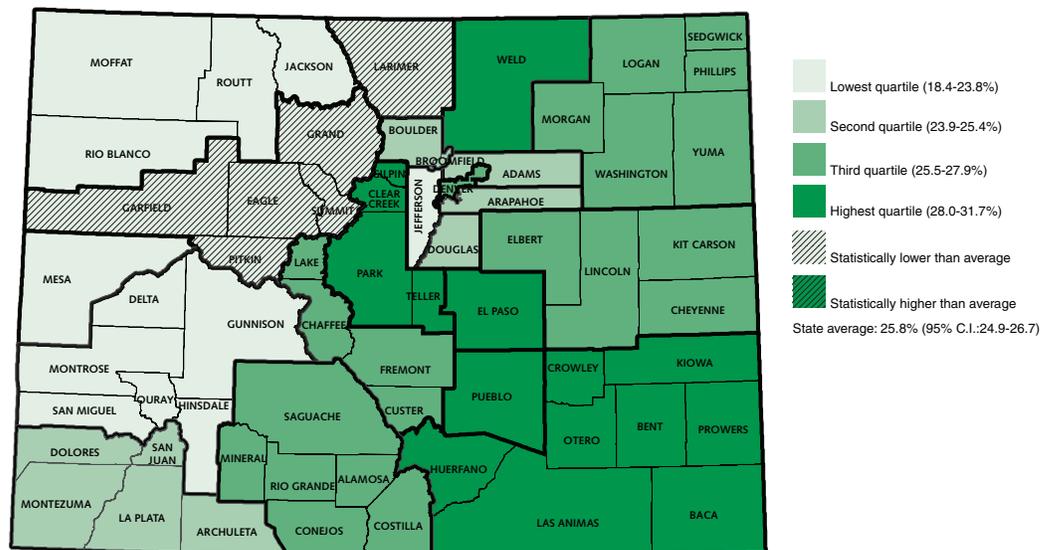
Percent of adult Coloradans with high blood pressure by household income and education, 2013.



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.



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

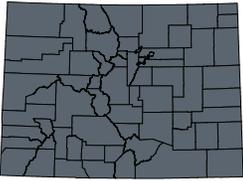
Nationally:¹

- 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

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



In Colorado:

- Cardiovascular disease, including high blood pressure, cost Colorado \$4.4 billion in 2010.
- In 2013, the hospital discharge rate for high blood pressure was 2,709 hospitalizations per 100,000 population.
- High blood pressure is a major risk factor for heart disease and stroke, the 2nd and 5th leading causes of death in Colorado in 2013. High blood pressure itself was the 17th leading cause of death.

- In 2013, the death rate for high blood pressure was 5 deaths per 100,000 population.
- Hospital discharge rates for high blood pressure decreased and death rates did not change from 2003 to 2013.
- Across Colorado’s counties in 2010-2012, the hospital discharge rate for high blood pressure ranged from 704 to 5,315 per 100,000 population & the death rate for high blood pressure ranged from 6 to 99 per 100,000 population.
- Hospital discharge rates for high blood pressure varied substantially by poverty level of area of residence; rates increased with increasing levels of poverty.



People with high blood pressure have disease management needs.

Nationally, less than half of people with high blood pressure have the condition under control (47%) which can have serious health implications.¹

In 2009, Americans visited their health care providers more than 55 million times to treat high blood pressure.³

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

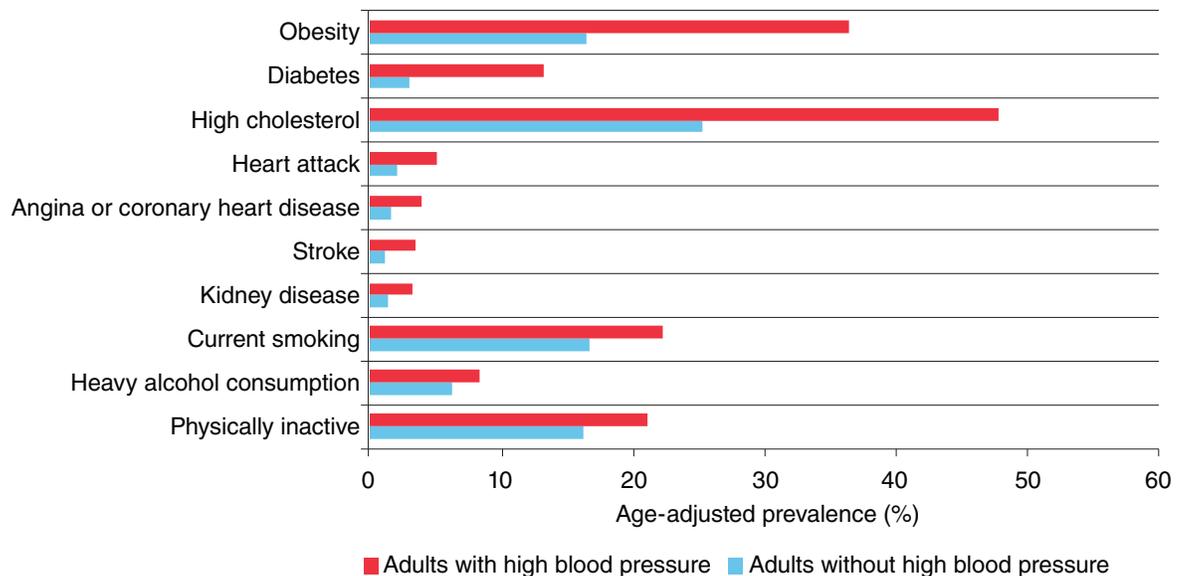
- 70% were changing their eating habits
- 79% were reducing or not using salt
- 71% were reducing or not using alcohol
- 71% were exercising
- 69% were taking medication

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



People with high blood pressure also have other health conditions and behavioral risk factors.

Percent of adult Coloradans with select conditions and risk factors by high blood pressure status, 2013.



In 2013, after adjusting for age differences between groups, these conditions and behaviors were more common among adults with high blood pressure than those without high blood pressure.

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

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1. Centers for Disease Control and Prevention. High Blood Pressure Facts [internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2014 [cited 2014 September 6]. Available from: <http://www.cdc.gov/bloodpressure/facts.htm>
 2. Davila EP, Kuklina EV, Valderrama AL, Yoon PW, Rolle I, Nsubuga P. Prevalence, management, and control of hypertension among US workers: Does occupation matter? *J Occup Environ Med*. 2012 August 9 [Epub ahead of print].
 3. Go AS, Mozaffarian D, Roger VL, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013;127:e6-245.
 4. Centers for Disease Control and Prevention. Vital Signs: Food Categories Contributing the Most to Sodium Consumption – United States, 2007-2008 [internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2012 [cited 2014 September 6]. Available from: <http://www.cdc.gov/vitalsigns/sodium/index.html>