

## Health Disparities in Hypertension and Hypertension Control

Findings from the *CDC Health Disparities and Inequalities Report – United States, 2011*

*In recent decades, the United States has made substantial progress in improving our residents' health and reducing disparities, but ongoing economic, racial/ethnic, and other social disparities in health still exist.*

Now, the Centers for Disease Control and Prevention (CDC) has issued the *CDC Health Disparities and Inequalities Report – United States, 2011*, which is the first in a series of regular reports that focus on selected topics that are important to CDC's efforts to eliminate disparities.

Released as an *MMWR Supplement*, the report contains 22 topical essays that address disparities in health-care access, exposure to environmental hazards, mortality, morbidity, behavioral risk factors, and social determinants of selected health problems at the national level. The report provides an analysis of the recent trends and ongoing variations in health disparities and inequalities in selected social and health indicators. The data highlight the considerable and persistent gaps between the healthiest people and the least healthy. By documenting these gaps, CDC hopes to spur further action and attention to these issues at the federal, state and local levels.

### Key Findings in Hypertension and Hypertension Control Disparities

- The age-adjusted prevalence of hypertension among all U.S. adults 18 years and older was 29.9%, according to data from NHANES, 2005–2008.
- Among adults with high blood pressure, the overall percentage of adults who had controlled blood pressure was 43.7%.
- Older adults, non-Hispanic blacks, U.S.-born adults, and adults with lower family income, lower education, public health insurance, diabetes, obesity, or a disability had a higher prevalence of hypertension than their counterparts.
- Men, adults aged 18–44 years, Mexican Americans, foreign-born adults, non-obese adults, and adults without health insurance, diabetes, or a disability had a lower prevalence of hypertension control than their counterparts.

### What Can Be Done

A population-based policy and systems change approach to prevent and control hypertension is considered more effective than interventions designed for individuals. Policy and system changes could help individuals with hypertension by ensuring that they receive care consistent with current guidelines and receive effective antihypertensive medication if needed. Home blood pressure monitoring as a part of routine management of hypertensive patients could include the recommendation that patients be reimbursed for a monitor and that their health care provider be reimbursed for services related to patients using home blood pressure monitoring.



## What Can Be Done, continued

CDC will accelerate its efforts to eliminate health disparities with a focus on surveillance, analysis, and reporting of disparities and the identification and application of evidence-based strategies to achieve health equity.

CDC and its partners can use the findings in this periodic report to raise awareness and understanding of groups that experience the greatest health disparities. The findings also can help motivate increased efforts to intervene at the state, tribal, and local levels to address health disparities and inequalities.

## Recommended Actions to Reduce Health Disparities

1. Increase community awareness of disparities as persistent problems that represent some of the most pressing health challenges in the U.S.
2. Set priorities among disparities to be addressed at the federal, state, tribal, and local levels
3. Articulate valid reasons to expend resources to reduce and ultimately eliminate priority disparities
4. Implement the dual strategy of universal and targeted intervention strategies based on lessons learned from successes in reducing certain disparities (e.g., the virtual elimination of disparities in certain vaccination rates among children)
5. Aim to achieve a faster rate of improvement among vulnerable groups by allocating resources in proportion to need and a commitment to closing gaps in health, longevity, and quality of life



### For More Information

The *CDC Health Disparities and Inequalities Report – United States, 2011* is available online at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).