

## **TRANSCRIPT**

**HOST:** Hypertension is a major risk factor for cardiovascular disease. Lowering blood pressure to normal levels has been shown to decrease the incidences of stroke, heart attack, and heart failure. Hypertension was the 13<sup>th</sup> leading cause of death in the United States in 2018, responsible for nearly 36,000 deaths nationwide. That number has more than doubled since 1999. Death rates from hypertension have increased over 43% in that time. In four states plus D.C., hypertension was the 10<sup>th</sup> leading cause of death in 2018, and in three states – New York, California and Nebraska – hypertension was the 9<sup>th</sup> leading cause of death.

There are also major disparities along race/ethnic lines related to hypertension. Death rates from hypertension are twice as high for the non-Hispanic black population as they are for the Hispanic or white population. Other data, captured in a report issued by NCHS this week, shows that the percentage of visits to doctors' offices, in which hypertension was diagnosed, is much greater among non-Hispanic black adults than other groups.

NCHS health statistician Danielle Davis:

**DANIELLE DAVIS:** Overall, I guess, there was about 35.7% of visits by non-Hispanic white adults that had documented hypertension in the medical record. There was about 47.3% of visits by non-Hispanic black adults that had documented hypertension and there was about 34.6% of visits by Hispanic adults that had documented hypertension.

**HOST:** Danielle is the lead author on the new report that was released on November 12, which focuses on urban and rural differences in office-based physician visits by adults with hypertension.

In 2017, the American College of Cardiology, and the American Heart Association, issued an updated definition of hypertension, by lowering the previous threshold levels of 140 over 90 millimeters of mercury to 130 over 80. As a result of this change, a greater percentage of people in the U.S. are now categorized as having hypertension. The 2017-2018 National Health and Nutrition Examination Survey – or NHANES - documented that over 45% of adults have hypertension, according to the new lower threshold. Over half of men and about 40% of women have hypertension, according to the study. And the new definition does not change the disparities along race/ethnic lines: 57% of non-Hispanic black adults have hypertension, according to the new lower threshold, compared with

approximately 44% of Hispanic or white adults. Overall, the trend in hypertension prevalence has been shifting: Two decades ago, in 1999-2000, 47% of adults had hypertension. That percentage declined to less than 42% in 2013-2014 – but has increased since that time. And now, there is an even greater urgency to keep hypertension under control, as 2020 provisional data through October show that hypertension contributed to more than one-fifth of all COVID-19 deaths in the U.S.

### **(MUSIC TRANSITION)**

On November 12, NCHS released its latest monthly estimates of drug overdose deaths in the country. This release captured data through April of 2020, at the early height of the spike in pandemic deaths. Drug overdose deaths had been going up over the previous several months, but in the one-year period ending in April of 2020, the number of drug overdose deaths increased more than 13 percent from the same period a year before, according to provisional data. There were nearly 78,000 overdose deaths in the U.S. during this period.

Another report was released by NCHS earlier this week, on November 10, featuring 2015-2018 data from NHANES. The study focused on fruit and vegetable consumption among children and adolescents in the U.S. The data

show that almost three-quarters of children and adolescents ages 2 to 19 consume fruit on a given day, and that more than 9 in 10 children and adolescents consume vegetables on a given day.

Finally, November 11 was Veterans Day in the United States. While NCHS has not conducted many analyses on veterans health, last summer, the Center released a report describing hearing difficulty, vision trouble, and balance problems among male veterans and comparing those findings to nonveterans. The report showed male veterans were significantly less likely to have excellent or good hearing than nonveterans and were more likely to have a little or moderate trouble hearing. Male veterans were also more likely to have dual sensory impairments and balance problems in comparison to male nonveterans.