

Alaska Health Status Indicators

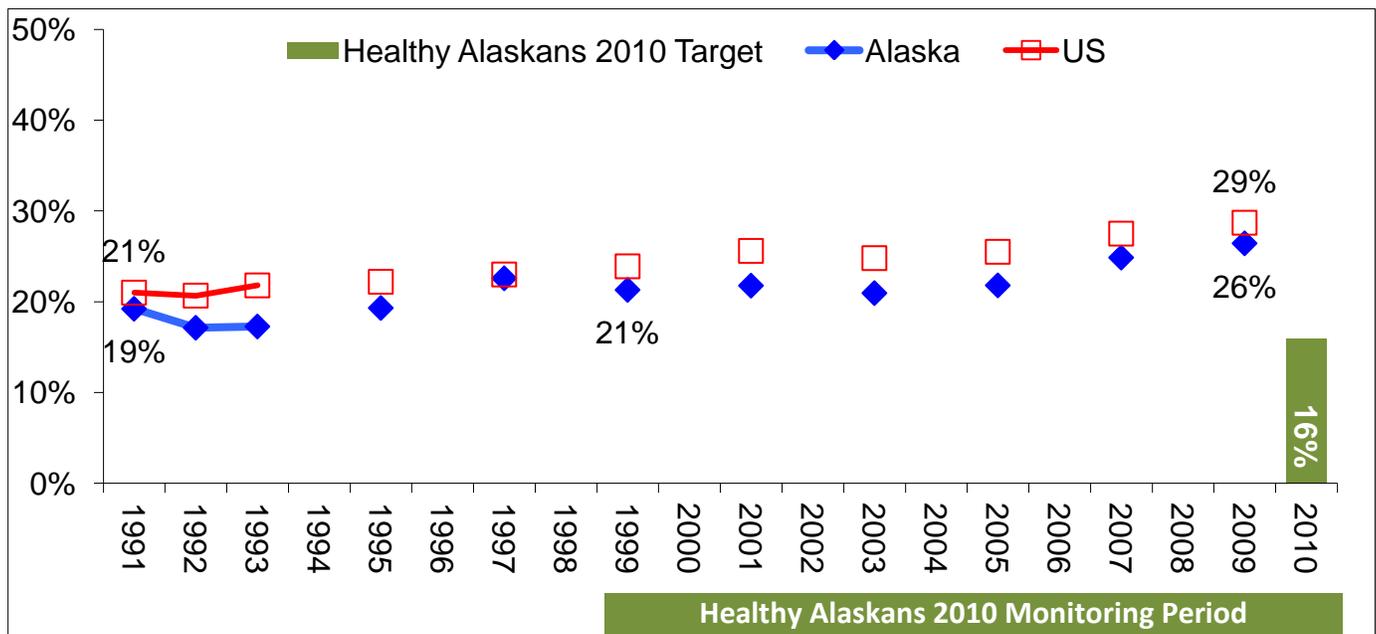
Indicator: *Adult High Blood Pressure*

Why is this important?

High blood pressure is most often an asymptomatic condition¹ and is called “the silent killer” because people do not notice or feel damage until more serious illness develops. Studies show people with hypertension are less likely to take medications than those with more noticeable conditions². The consequences of not controlling high blood pressure include loss of vision, kidney failure, aneurysms, heart failure, heart attack, and stroke. Our challenge is to motivate those with high blood pressure to take their medications even though they may not feel ill.

How are we doing?

Percentage of Adults with High Blood Pressure: Alaska and the U.S.



The percentage of Alaska adults who were told by their healthcare provider that they had high blood pressure has increased over the past two decades from 19% in 1991 to 26% in 2009.

❖ How is Alaska Doing Relative to the *Healthy Alaskans 2010 Target*?

The *Healthy Alaskans 2010* target for the prevalence of high blood pressure is 16% or lower. The percentage of Alaska adults who were told by their healthcare provider that they had high blood pressure increased from 21% to 26% during the *Healthy Alaskans 2010* monitoring period. **The *Healthy Alaskans 2010* target of 16% has not been met.**

❖ How does AK compare with the US?

The prevalence of high blood pressure is consistently slightly lower in Alaska compared to the US.

❖ How are different populations affected?

There are no significant differences in high blood pressure prevalence by race, region, education, or income level. (Source: 2009 BRFSS)

Alaska Health Status Indicators

What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners in the Take Heart Alaska Coalition³, the Heart Disease and Stroke Prevention Program implements Alaska's Cardiovascular Health Plan. Program activities include increasing the number of health care providers who are aware of and use current blood pressure guidelines. The guidelines are described in the seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. The Program tracks blood pressure treatment through the Behavioral Risk Factor Surveillance System. Future activities include working with a subgroup within the National Association of Chronic Disease Director's Cardiovascular Health Council specializing in physician adherence to hypertension protocols. The program is also researching the need for and use of establishing a cardiovascular disease registry which would potentially track prescription and use of hypertension medication. Additional information on current hypertension prevention and control efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/chp/>.

Indicator Definition and Notes

Percentage of adults aged 18 years and older who answer "Yes" to the following question: *Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?* Note that this excludes women who report a history of pregnancy-related high blood pressure.

Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS survey from 1991 to 1993, in odd years from 1995 to 2003 and 2007 to 2009, and from the Standard and Supplemental AK BRFSS surveys combined in 2005. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

References

1. American Heart Association, High Blood Pressure. http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp.
2. Harmon G., J. Lefante, and M. Krousel-Wood. "Overcoming barriers: the role of providers in improving patient adherence to antihypertensive medications." *Curr Opin Cardiol*. 2006 Jul;21(4):310-5.
3. Take Heart Alaska: www.takeheart.alaska.gov



Available at: <http://www.hss.state.ak.us/dph/chronic/>

