



Reducing the Burden of Hypertension NACDD Policy Statement

Act Now- Investing in hypertension prevention and control programs saves lives, saves healthcare dollars and improves quality of life.

One in three adults has hypertension, a “neglected disease” according to the Institute of Medicine’s 2010 report. Hypertension is a major risk factor for stroke, heart disease, kidney disease and other chronic conditions. Hypertension may be prevented through healthy eating, physical activity, and healthy weight maintenance, and it is treatable with inexpensive medications. However, hypertension is not being effectively prevented, accurately measured, treated or controlled in the United States.

According to the American Heart Association, hypertension will cost the U.S. an estimated \$76.6 billion (direct and indirect costs) in 2010. Despite this high cost and the hypertension-associated illness and death, hypertension prevention and control is only one issue among many competing for the funding allocated to heart disease and stroke prevention at the Centers for Disease Control and Prevention.

State health departments are in a unique position to affect systems change at a statewide level and serve as a conduit for information to local communities across a state. The National Association of Chronic Disease Directors (NACDD) is a national public health organization for chronic disease program directors in each U.S. state and territory. NACDD Councils* representing groups most affected by hypertension developed these recommendations to guide federal, state and local policymakers toward improving health outcomes related to hypertension.

Recommendation #1: Fully Deploy State Health Department Capacity

Congress should appropriately fund every state health department to support hypertension surveillance and these comprehensive programs:

- Heart Disease and Stroke Prevention Programs to implement the recommendations contained in this Policy Statement.
- WISEWOMAN Program to provide cardiovascular risk assessment and links to community based risk reduction resources for low income, at risk women.

Recommendation #2: Build Healthy, Active Communities

State and local governments should:

- Direct their agencies to purchase foods that support diets meeting current Dietary Guidelines for Americans, as updated regularly, in order to meet dietary sodium and other nutrient targets.
- Require planning and zoning rules and other policies that support access to healthy food and physical activity.
- Coordinate nutrition, physical activity, tobacco and other chronic disease prevention and control programs within communities, with community participation and ownership.

Recommendation #3: Assure Health Equity and Address the Social Determinants of Health

Congress, states and local governments should:

- Commit to eliminating long-standing inequities associated with racism, discrimination, and poverty. Communities must have the means to provide individuals with access to a livable wage, affordable housing, quality education, quality health care, and safe and engaged neighborhoods.

- Assure access to affordable, healthy, reduced sodium foods, opportunities to be physically active, and access to health care prevention and treatment services.
- Assure the availability of transportation to health care facilities, grocery stores and farmers' markets, parks and playgrounds.
- Assure that farmers' markets have payment systems available for individuals participating in Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children Program (WIC), and other nutrition programs.
- Appropriately fund and locate community health centers.
- Mandate Medicaid payment for hypertension prevention and control services, including screenings, medications and health behavior counseling.

NACDD will work with national partners to assure health equity and combat hypertension.

Recommendation #4: Improve Health Care Delivery

Federal, State, and local governments should:

- Provide incentives to health care providers to work in underserved areas.
- Provide incentives (e.g., financial, technological) to health care providers to coordinate the care of patients with multiple chronic diseases or conditions.
- Partner with clinical and physician practices to develop hypertension control programs.
- Partner with clinical and physician practices to develop and disseminate culturally appropriate, easily understood messages about hypertension, including how to cope with stressors that affect blood pressure.

Facts Supporting the Recommendations

- Hypertension is the leading risk factor for heart disease, stroke and chronic kidney disease.
- The high-risk African American population and the population of all adults over sixty is growing, leading to a projected increase in hypertension-related illness and death over the next 20 years.
- Blood pressure control reduces the risk of cardiovascular disease (heart disease or stroke) among persons with diabetes by 33% to 50%, and the risk of microvascular complications (eye, kidney, and nerve diseases) by approximately 33%. In general, for every 10 mm Hg reduction in systolic blood pressure, the risk for any complication related to diabetes is reduced by 12%.
- High blood pressure can eventually cause changes in blood vessels in the eye and may result in impaired vision or loss of vision.
- Strong evidence indicates that reducing dietary sodium intake will prevent or delay the onset of hypertension, improve hypertension management, and likely result in significant health benefits, especially for vulnerable populations such as African Americans.

* Cardiovascular Health Council; Chronic Kidney Disease Council; Diabetes Council; Health Equity Council; Healthy Aging Council; Vision and Eye Health Council; WISEWOMAN Program Committee

Resources:

1. American Heart Association. <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.109.192667>
2. American Diabetes Association. http://care.diabetesjournals.org/content/26/suppl_1/s80.full
3. CDC, AARP, AMA. Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships. <http://www.cdc.gov/aging/services/index.htm>.
4. Institute of Medicine. *A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension and Strategies to Reduce Sodium Intake in the United States* <http://www.iom.edu/Reports/2010>.
5. National Institutes of Health: <http://kidney.niddk.nih.gov/kudiseases/pubs/highblood/>; <http://www.nhlbi.nih.gov/hbp/hbp/effect/effect.htm>; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582473/>; http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf
6. Supplemental Nutrition Assistance Program (SNAP) at Farmers Markets: A How-To Handbook, is available at: <http://www.ams.usda.gov/MarketingServicesPublications>.