

High Blood Pressure among Nebraska Adults

Introduction

The health consequences of high blood pressure, including increased risk for heart disease and stroke, are serious (CDC). As a result, the CDC emphasizes the importance of early detection, treatment, and control of high blood pressure (CDC). In 2002, an estimated 65 million U.S. adults (or 1 in every 3) had high blood pressure while nearly 50,000 Americans died from it (AHA). Unfortunately, of those with high blood pressure, 30 percent do not even know they have it while an additional 25 percent are on medication but do not have their high blood pressure under control (AHA).

High Blood Pressure among Nebraska Adults, 2003

Chronic Disease Indicator 57

Prevalence of High Blood Pressure Awareness Among Adults Aged ≥ 18 years represents the percentage of respondents aged ≥ 18 who report having been told by a doctor, nurse, or other health professional of having high blood pressure.

Nebraska HP2010 Objective: 16 percent (#12-9)

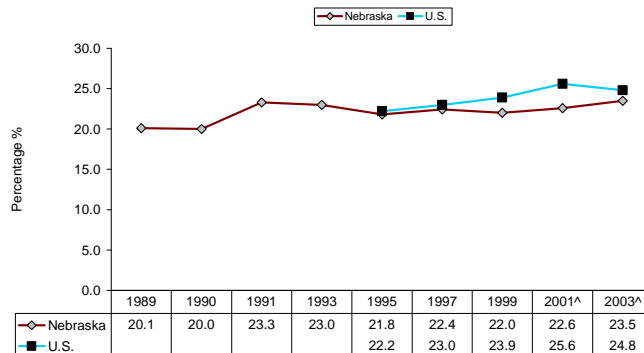
2003 Highlights

- Nearly 1 in every 4 Nebraska adults (23.5%), an estimated 294,000, have been diagnosed with high blood pressure during their lifetime.

Trends

- Between 1989 and 2003, the trend in lifetime diagnosis of high blood pressure among Nebraska adults has remained virtually unchanged (Figure 1).

Figure 1: Percentage of Nebraska and U.S. Adults with a Lifetime Diagnosis of High Blood Pressure*, 1989-2003



*Adults who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure
[^]The 2001 & 2003 surveys did not filter for blood pressure screening, making the denominator slightly different from other years
Source: Nebraska Behavioral Risk Factor Surveillance System; National Behavioral Risk Factor Surveillance System
<www.cdc.gov/brfss>

Compared to the Nation in 2003

- Nebraska adults ranked 16th lowest, among 54 U.S. states and territories, in the percentage who have been diagnosed with high blood pressure (indicating that they were within the middle 50 percent of all states/territories; interquartile range 23.3% to 27.8%).
- Compared to bordering states in 2003, Nebraska adults were less likely than adults in Missouri (27.5%) but more likely than adults in Colorado (19.8%) to have been diagnosed with high blood pressure.

Descriptive Analysis of Diagnosed High Blood Pressure, 2003

Age

- Among Nebraska adults in 2003, as age increased the percentage of adults with a lifetime diagnosis of high blood pressure increased, until adults reached the age of 85 (where the percentage declined slightly, but not significantly) (Figure 2).

Gender

- Lifetime diagnosis of high blood pressure did not differ between men and women in 2003, 23.8 percent and 23.3 percent, respectively.

Education & Income*

- The age-adjusted percentage for lifetime diagnosis of high blood pressure is higher among Nebraska adults with low education and income (29.2%) than it is among those with medium (22.9%) and high (19.1%) education and income.

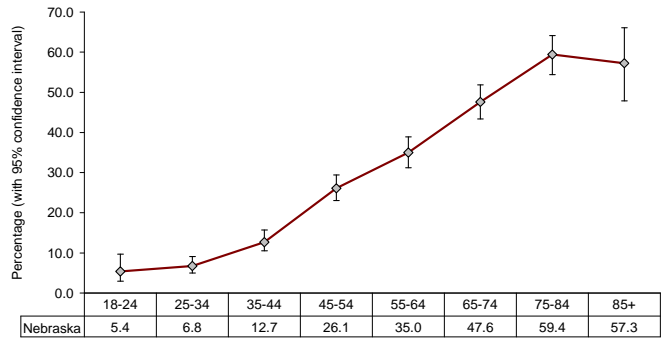
Race/Ethnicity

- Roughly 1 in every 3 African Americans (34.7%, age-adjusted) had been diagnosed with high blood pressure compared to less than 1 in every 4 Whites (22.7%, age-adjusted); a percentage that is 1.5 times higher among African Americans (Figure 3).
- Nebraska adults who identified themselves as multi-racial (they did not have a signal preferred race) were also more likely than Whites to have been diagnosed with high blood pressure, age-adjusted percentages of 33.8 and 22.7, respectively.

Urban/Rural

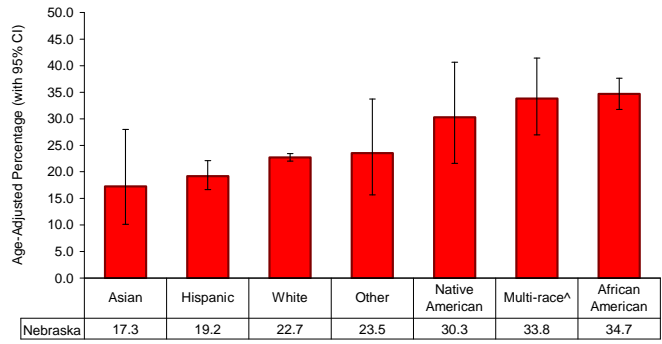
- The age-adjusted percentage for lifetime diagnosis of high blood pressure did not differ between any of the four urban/rural county classifications in Nebraska during 2003; indicating that there was little regional difference.

Figure 2: Percentage of Nebraska Adults with a Lifetime Diagnosis of High Blood Pressure* by Age, 2003



*Adults who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure
 Note: Confidence intervals that do not overlap are determined to be statistically different from one another
 Source: Nebraska Behavioral Risk Factor Surveillance System

Figure 3: Age-Adjusted Percentage of Nebraska Adults with a Lifetime Diagnosis of High Blood Pressure* by Race/Ethnicity, 2001 & 2003 Combined



*Adults who have ever been told by a doctor, nurse, or other health professional that they have high blood pressure
 ^Individuals who identified more than one race but did not specify a preferred race
 Note 1: Race/ethnicity categories are non-overlapping; Hispanics can be of any race
 Note 2: Confidence intervals that do not overlap are determined to be statistically different from one another
 Source: Nebraska Behavioral Risk Factor Surveillance System & Nebraska Minority Behavioral Risk Factor Surveys Combined

Note: All statements referring to statistical significance refer to $p < .05$.

*Education and income categories: low=education \leq H.S. and income $<$ \$25,000; medium=neither low nor high education and income; high=education $>$ H.S. and income \geq \$50,000.