

World Health Day — April 7, 2013

World Health Day and the 50th anniversary of the World Health Organization (WHO) will be observed April 7. The focus of World Health Day this year is high blood pressure (hypertension). Although preventable, high blood pressure remains a leading risk factor for heart disease and stroke and a major cause of morbidity and mortality worldwide (1). Globally, prevalence of hypertension among adults is 40% (2), and ischemic heart disease and stroke are the first and third leading causes of premature death (3).

CDC is working to help persons control blood pressure in multiple ways, including the Million Hearts initiative. Million Hearts aims to prevent 1 million heart attacks and strokes by 2017. In addition, CDC recently released a guide to strategies to improve blood pressure control for public health practitioners (available at http://millionhearts.hhs.gov/docs/mh_smbp.pdf) and Spanish-language materials to improve health among Hispanics (available at <http://millionhearts.hhs.gov/resources/toolkits.html#spanishtoolkit>).

Additional information on World Health Day is available at <http://www.who.int/world-health-day/en>. Additional information regarding hypertension and CDC's sodium reduction initiative is available at <http://www.cdc.gov/bloodpressure>, <http://millionhearts.hhs.gov>, and <http://www.cdc.gov/salt>.

References

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2. Mendis S, Puska P, Norrving B, eds. Global atlas on cardiovascular disease prevention and control. Geneva, Switzerland: World Health Organization; 2011. Available at http://whqlibdoc.who.int/publications/2011/9789241564373_eng.pdf.
3. Murray CJ, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012;380:2197–223.

Self-Reported Hypertension and Use of Antihypertensive Medication Among Adults — United States, 2005–2009

Hypertension affects one third of adults in the United States (1) and is a major risk factor for heart disease and stroke (2). A previous report found differences in the prevalence of hypertension among racial/ethnic populations in the United States; blacks had a higher prevalence of hypertension, and Hispanics had the lowest use of antihypertensive medication (3). Recent variations in geographic differences in hypertension prevalence in the United States are less well known (4). To assess state-level trends in self-reported hypertension and treatment among U.S. adults, CDC analyzed 2005–2009 data from the Behavioral Risk Factor Surveillance System (BRFSS). The results indicated wide variation among states in the prevalence of self-reported diagnosed hypertension and use of antihypertensive medications. In 2009, the age-adjusted prevalence of self-reported hypertension ranged from 20.9% in Minnesota to 35.9% in Mississippi. The proportion reporting use of antihypertensive medications among those who reported hypertension ranged from 52.3% in California to 74.1% in Tennessee. From 2005 to 2009, nearly all states had an increased prevalence of self-reported hypertension, with percentage-point increases ranging from 0.2 for Virginia (from 26.9% to 27.1%) to 7.0

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Continuing Education examination available at http://www.cdc.gov/mmwr/cme/conted_info.html#weekly.

