

Laura Gordon: We'll hear from our member organizations. From the Centers for Disease Control and Prevention, we'll have Dr. Betsy Thompson, who is Director of the Division for Heart Disease and Stroke Prevention there.

John Clymer: Now, I want to pass the microphone to Rear Admiral and Dr. Betsy Thompson, who is Director of the Division of Heart Disease and Stroke Prevention at CDC, where they are sharpening their focus and I know blood pressure is among your priorities, Dr. Thompson, so please fill us in.

Betsy Thompson: Thank you, John. Yeah, it's not just among, it is our top priority.

I want to thank the National Forum, too, for organizing this webinar and celebrating World Hypertension Day. I also wanted to echo our support of the theme for World Hypertension Day of knowing your numbers and the goal of increasing high blood pressure awareness in all populations around the world, which ties directly to our work at CDC.

You know, as has been alluded to, 1 in 3 U.S. adults, that's over 78,000,000 people, has stage 2 hypertension. And unfortunately, as the folks from Brigham and Women's stated, more than half of these people don't have their blood pressure under control. In fact, about 13,000,000 aren't even aware they have high blood pressure, much less have it under control. And this is using stage 2, 140/90 as the benchmark.

And uncontrolled hypertension is the leading cause of heart disease and stroke, which in turn, are the leading causes of death in the country. So, that's why hypertension is, indeed, our number one priority. Unfortunately, rates of hypertension control have been really stagnant for a number of years now at that 48 percent control. And even more alarming is some of the outcomes related to hypertension have—the declines have either, the declines in mortality, for example, have either stalled and in some cases they're even worsening. For example, among younger adults, 35 to 64-year-olds, deaths due to cardiovascular disease are actually on the rise for the first time in four decades.

So, our goal at CDC is to increase the proportion of individuals with controlled hypertension nationally to at least 70 percent by 2022. And this is an ambitious target when you're talking about the entire nation, no doubt, but we do believe it's attainable. Several of our speakers today have demonstrated that.

At the core of our work, we have several programs that bring together state and local public health agencies as well as health systems, clinicians, and community organizations to do this type of work. We actually fund about \$100,000,000.00 to heart disease and stroke prevention activities, with the primary focus on hypertension, to all 50 states, the District of Columbia, 12 tribes as well as 23 tribal serving organizations, 5 cities and counties, and 2 groups of city and county health departments.

In addition to that programmatic work, you're all familiar, I think, with our Million Hearts initiative that enhances all of these programs that we have and also seeks to prevent 1,000,000 heart attacks and strokes within five years, by 2022. And we're doing that by focusing on a small set of priorities that are selected exactly for their ability to really impact and reduce heart disease, stroke, and related conditions, most notably hypertension.

I'm therefore very happy to be presenting after the Surgeon General's interview of one of our 2018 Million Hearts Hypertension Control Champions from Tennessee. At this point, we have champions from 35 states that have served 15,000,000 patients, 5,000,000 of whom have hypertension.

But we're doing other work, too. CDC is engaging partners currently with a real focus on employers and insurers and others in the private sector to help develop national action for hypertension control, going beyond what we've traditionally done and asking for specific and actionable commitments from each of the participating partner organizations.

These types of commitments, coupled with our existing federal, state, and local resources and programs will help us move the needle and reach that goal of increasing the proportion of individuals with controlled hypertension to 70 percent.

Before I end, I do want to just give a nod to the fact that May is Women's Health Month, so the Division has been shining a light on cardiovascular disease in women and promoting messages and resources to help women know, talk, and act to prevent heart attack and stroke and stay healthy at every age.

The know, talk, and act refer to know your risk for heart disease and stroke, talk to your family about the history of heart disease and stroke in your family and to your health care team about how to manage your risk, and (3) act early to establish and sustain heart healthy habits that can lower the risk of heart disease and stroke.

One in three women has high blood pressure, and nearly half do not have it under control—even though, as I've said, high blood pressure is a leading risk factor for stroke, heart disease, and heart attack.

In closing, I don't want to end on a down note. It will take focus and collaborative efforts to improve hypertension control rates nationwide, and we look forward to continuing our work in this field. We can do this, as our speakers today have demonstrated, and I want to thank all of you for what you're doing currently and will be doing in the future to help us increase hypertension awareness, prevention, and control. Thanks.

John, I'll turn it back over to you for Q&A.

John Clymer:

Dr. Thompson, thank you very much. That was very informative, and we certainly understand why the Division is so focused on hypertension control. It's the silent killer, and it's an enormous challenge that we face, as well as an enormous opportunity for improving the health of large numbers of people, so thank you for your work and for your leadership.

Since you ended there on women's health, I know that the symptoms of heart attacks are different for women than they are for men. What about hypertension? Are the rates—I know you did talk about the rates for women, but are they similar or different for men and are there strategies that may work better for women than ones that we use with men?

Betsy Thompson:

You know, the control rates, as I said, are really pretty similar. There are differences by age in terms of—gender differences in hypertension prevalence by age. I don't really wanna get into those specifics so much, but I think—I wanted to re-emphasize what others have already said really works in terms of control. And this is what we focus on in our programs as well as in Million Hearts, and it's great to hear folks on the phone saying this.

But it's (1) a team based approach, (2) it's using electronic information in different ways. Things were mentioned like data transparency, feedback to providers, there's also remote monitoring. There's a number of things that—where we can really use electronic health information effectively. And then the third is the community clinical linkages, whether it's—Healthy BR had a couple of those. They didn't call it that, but they had several, and I think all of the other sites did as well. Because, it's not just what's done in the clinic; it really does matter what's going on in the

community, whether it's in a barbershop or the YMCA or a church. I mean, there's many different community settings.

So, I'd say those three things as well as seizing the opportunities where they exist. The catalyst that was mentioned in Tennessee, which was a very unfortunate one with a death, but they seized that as an opportunity to make it personal and more meaningful for their community.

John Clymer:

Great, thank you. That's really helpful. Thank you very much.