

# **Resolution 5: Addressing Hypertension Disparities Among African Americans**

**Sponsored by Rep. Laura Hall, Alabama**

## **NOBEL Women Resolution: Addressing Hypertension Disparities Among African Americans**

**Whereas** hypertension is a prevalent and serious public health challenge in the United States, affecting approximately 56% of African American adults compared to 48% of white adults, as reported by the CDC and American Heart Association;

**Whereas** African Americans are more likely to develop hypertension at younger ages and are at higher risk for uncontrolled blood pressure compared to other demographic groups;

**Whereas** African Americans face significantly higher rates of hypertension-related complications, such as stroke, heart disease, heart failure, chronic kidney disease, and premature death, with mortality rates attributable to hypertension notably higher than in white populations;

**Whereas** blood pressure control rates remain lower among African Americans, with only about 43% achieving control compared to 50% of white Americans, despite a higher prevalence of the condition;

**Whereas** disparities in hypertension by age reveal that African Americans experience elevated rates beginning in young adulthood, increasing further by middle age, and exceeding 80% of older adults, with distinct gender and regional differences that impact risk and control;

**Whereas** key contributors to these disparities include genetic predispositions, social determinants of health such as access to healthcare, income, and education, dietary factors such as higher sodium intake, and chronic psychosocial stressors;

**Whereas** the highest rates of hypertension in African Americans are recorded in the Southern United States—particularly the "Stroke Belt"—as well as among African Americans living in both urban areas with barriers to care and rural regions with limited healthcare resources;

**Whereas** African American women, especially after menopause, experience the highest hypertension prevalence of any demographic group in the United States, along with a greater risk of uncontrolled blood pressure and related complications;

**Whereas** these disparities represent a significant and urgent public health concern requiring targeted, evidence-based interventions;

**Therefore, be it resolved** that NOBEL Women recognizes the disproportionate burden of hypertension and hypertension-related outcomes among African Americans and commits to:

- Supporting and promoting culturally and regionally appropriate strategies for prevention, early detection, and management of hypertension in African American communities.

- Advocating for increased funding and resources to improve access to healthcare, blood pressure screening, and chronic disease management, particularly in high prevalence regions.
- Partnering with community organizations, health systems, patient advocates, and policymakers to address social determinants of health and barriers to care.
- Promoting education and awareness around healthy dietary practices and the importance of blood pressure control, particularly among high-risk subgroups—including young adults and women.
- Encouraging continuing research to better understand genetic, social, and environmental factors contributing to these disparities, and to develop innovative interventions for hypertension prevention and control.

**Be it finally resolved** that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.