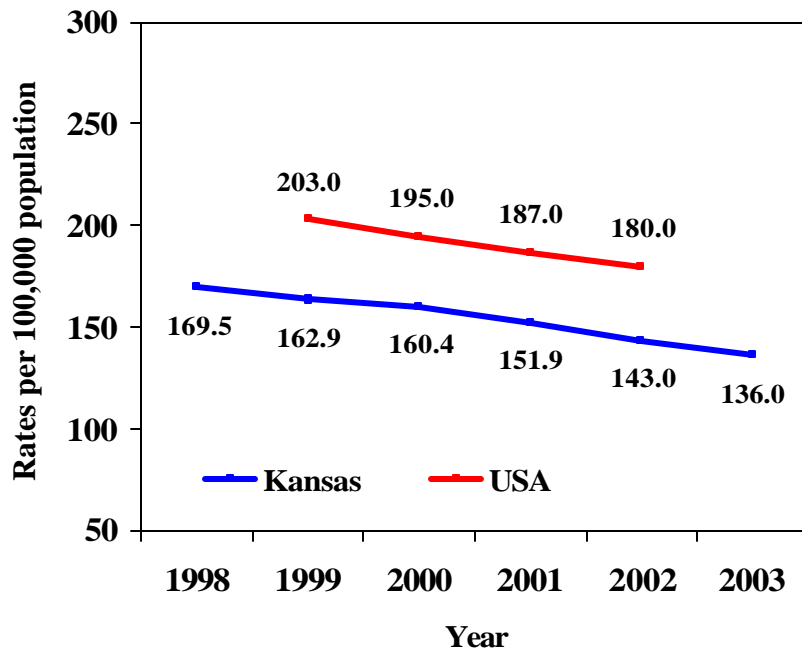

Cardiovascular Disease

Healthy Kansans 2010

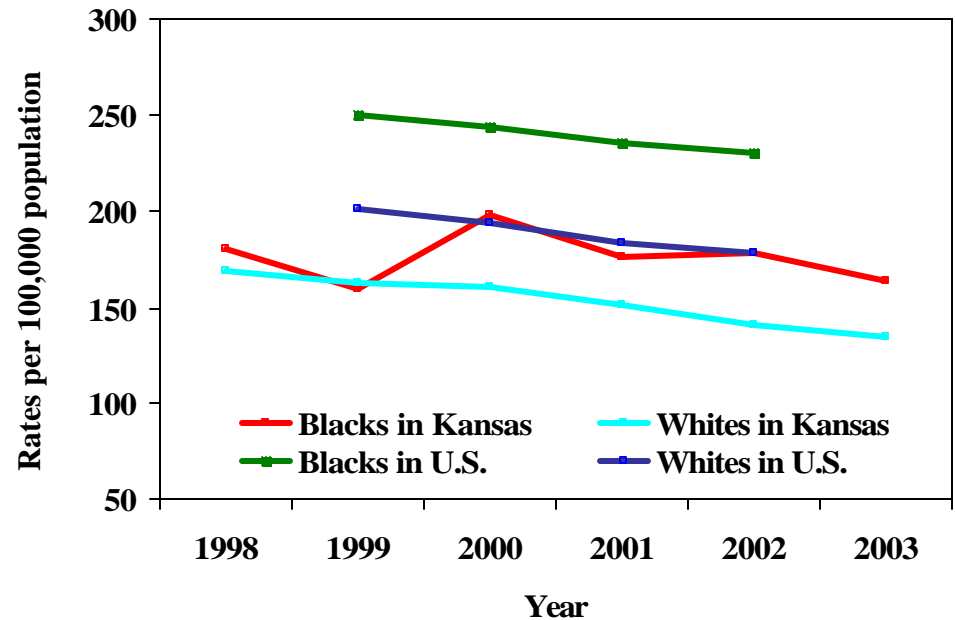
Steering Committee Meeting

April 22, 2005

Age-Adjusted Mortality Rate of CHD, Kansas and U.S. 1998-2003



Age-Adjusted Mortality Rate of CHD among Blacks and Whites, Kansas and U.S. 1998-2003



- The Kansas age adjusted mortality rate for CHD is lower than the national rate. CHD mortality rate is declining for both Kansas and the U.S.
- Blacks have higher death rates from CHD than whites for both Kansas and the U.S.

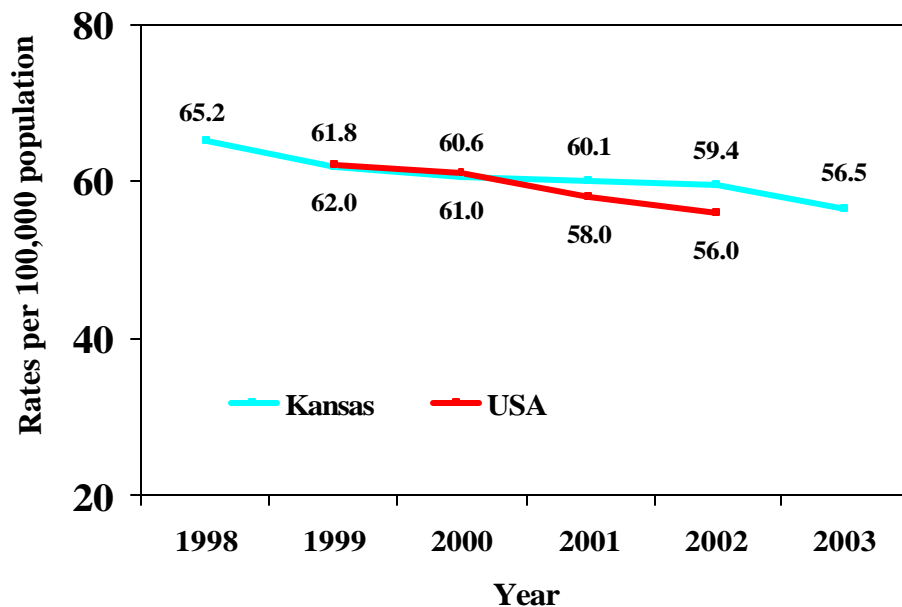
Rates per 100,000 standard U.S. 2000 population estimates. Please note that U.S. data is for four years only.

Source: 2000 U.S. standard population estimates was derived from Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S population. Health People Statistical Note, no 20. Hyattsville, Maryland. National Center for Health Statistics. January 2001.

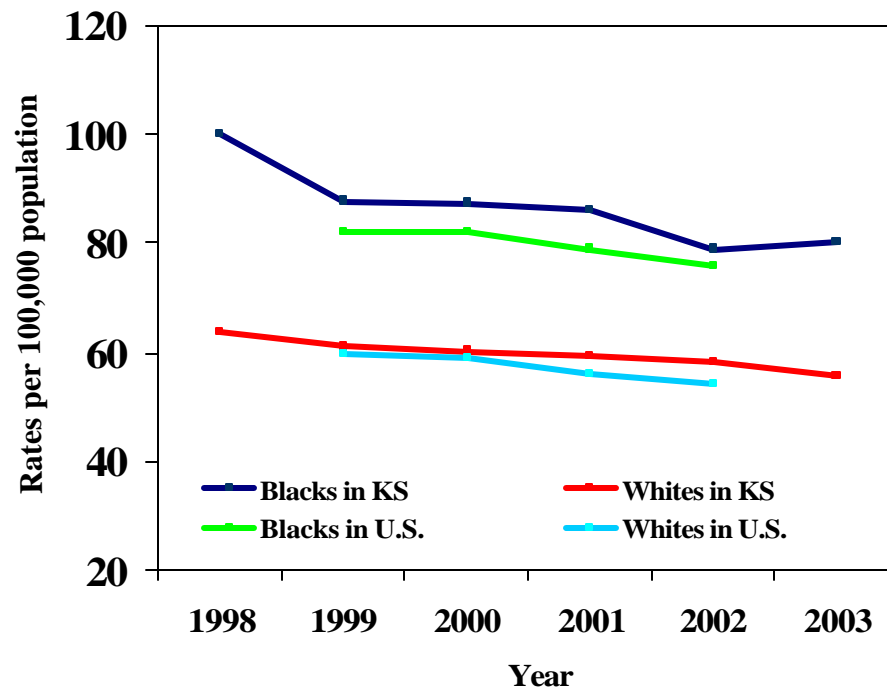
Kansas Source: 1998-2003 Vital Statistics Data. Center for Health and Environmental Statistics, KDHE. National Source: Healthy People 2010 Database. CDC Wonder. <http://wonder.cdc.gov/scripts/broker.exe>. Accessed on 04/09/2005.

Residence Data : Number of deaths compiled on the basis of the usual place of residence of the person(s) to whom the death occurred.

Age-Adjusted Mortality Rate of Stroke, Kansas and U.S. 1998-2003



Age-Adjusted Mortality Rate of Stroke among Blacks and Whites, Kansas and U.S. 1998-2003



- The Kansas age adjusted mortality rate for stroke is similar to the national rate. Stroke mortality rate is declining for both Kansas and the U.S.
- Blacks have higher death rates from stroke than whites for both Kansas and the U.S.

Rates per 100,000 standard U.S. 2000 population. Please note that U.S. data is for four years only.

Source: 2000 U.S. standard population estimates was derived from Klein RJ, Schoenborn CA. Age adjustment using the 2000 projected U.S population. Health People Statistical Note, no 20. Hyattsville, Maryland. National Center for Health Statistics. January 2001.

Kansas Source: 1998-2003 Vital Statistics Data. Center for Health and Environmental Statistics, KDHE. National Source: Healthy People 2010 Database. CDC Wonder.

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Residence Data : Number of deaths compiled on the basis of the usual place of residence of the person(s) to whom the death occurred.

CHD & Stroke in Kansas

- CHD Pre-Transport Deaths* - 2003
 - 54.3% of the total CHD deaths were pre-transport deaths.
 - Almost half of the CHD deaths (47.2%) among aged 60 years or younger and more than half of the CHD deaths (55.3%) among those older than 60 years were pre-transport deaths.
 - Half of the CHD deaths (49.5%) among males and 60% of the CHD deaths among females were pre-transport deaths.
 - More than half of the CHD deaths among whites and blacks were pre-transport deaths (54.4% in whites & 53.7% in blacks).

*Pre-transport death is defined as deaths occurring in a nursing home, residence, or any place other than a hospital, clinic, or medical center.

Source: 2003 Kansas Vital Statistics data. Center for Health and Environmental Statistics, KDHE.

CHD & Stroke in Kansas

- Stroke Pre-Transport Deaths* - 2003
 - 56.7% of the total stroke deaths were pre-transport deaths.
 - 26.1% of the stroke deaths among aged 60 years or younger and more than half of the stroke deaths (58.8% among those older than 60 years were pre-transport deaths.
 - Almost half of the stroke deaths (48.1%) among males and 61.4% of the stroke deaths among females were pre-transport deaths.
 - More than half of the stroke deaths (57.2%) among whites and almost half of the stroke deaths (48.8%) among blacks were pre-transport deaths.

*Pre-transport death is defined as deaths occurring in a nursing home, residence, or any place other than a hospital, clinic, or medical center. Source: 2003 Kansas Vital Statistics data. Center for Health and Environmental Statistics, KDHE.

Risk Factors for CHD & Stroke in Kansas

- High Blood Pressure - 2003
 - Almost 1/4th (23.3%) of adult Kansans had high blood pressure.
 - Prevalence of high blood pressure increases with increasing age. 50% of adults aged 65 and older had hypertension.
 - Non-Hispanic blacks had the highest prevalence (29.2%) of hypertension.
- High Blood Cholesterol - 2003
 - Almost one-third (29.4%) of adult Kansans who had ever been tested for serum cholesterol levels were told by their health care provider that they have high serum cholesterol levels.
 - Prevalence was higher for whites as compared to blacks (30.5% and 25.1%, respectively).
- Tobacco Smoking - 2003
 - 20.4% of adult Kansans currently smoked cigarettes.
 - 1 in 5 high school students and 6.0% of middle school students reported smoking cigarettes.

Risk Factors for CHD & Stroke in Kansas

- Diabetes - 2003
 - 6.0% of adult Kansans had been diagnosed with diabetes.
 - Prevalence of diabetes increases with increasing age. 14.5% of adults aged 65 and older had diabetes.
 - The highest prevalence of diabetes was seen in non-Hispanic blacks (10.1%).
- Overweight & Obesity - 2003
 - 60.5% of adult Kansans were overweight or obese.
 - 22.6% of adult Kansans were obese in 2003 compared to 13.0% in 1992.
 - The highest prevalence of obesity was seen among non-Hispanic blacks (32.8%).
- Physical Inactivity - 2003
 - 25.9% of adult Kansans reported that they did not participate in any leisure time physical activity.
- Low Fruit and Vegetable Consumption - 2003
 - Only 1 in 5 adult Kansans attained the goal of eating at least 5 fruits and vegetables per day.

How Are We Addressing Cardiovascular Disease in Kansas Now?

- Developing worksite intervention model
- Presentations to healthcare providers to emphasize the importance of tobacco cessation
- Implementing American Heart Association's Get with the Guidelines for hospitals. The guidelines address: cholesterol, blood pressure, weight and lifestyle modifications
- Addressing tobacco and physical activity issues and diabetes care

What Are Kansas' Assets for Improving Cardiovascular Health Issues?

- As of 2001, funding available in Kansas from CDC to address secondary prevention of heart disease and stroke
- As of 2003, BRFSS surveillance is greatly expanded
- Best practices in clinical control of hypertension and cholesterol
- Strong Partnerships/Coalitions (American Heart Association, KU School of Medicine)
 - working to develop a statewide plan

What Are Barriers or Liabilities That Are Limiting Progress in Kansas?

- Geographic distribution of population
- Limited resources
- Changing individual and provider behaviors
 - Primary Prevention which includes lifestyle changes
 - Secondary Prevention which include compliance, treatment and lifestyle

Recommendations

- Emphasize proven tobacco interventions
- Emphasize proven physical activity interventions
- Better educate the public about early recognition and treatment of coronary heart disease and stroke
- Better educate physicians about the chronic disease care model and help them get this implemented in their practices and their communities

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Dean

Professor

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**Former Chairperson, Department of Preventive Medicine and
Public Health at KU (for 10 years)**

**National Institutes of Health Career Development Award in
Preventive Cardiology (1979-1984)**

MSPH in Cardiovascular Epidemiology (UNC)

**Board Chairperson, American Journal of Preventive Medicine
which has published parts of Guide to Community Preventive
Services**