

The Maine CDC/DHHS Cardiovascular Health Program (MCVHP) works to reduce death and disability due to heart disease and stroke among Maine residents. We have developed this fact sheet to help you understand the burden of cardiovascular disease in Maine and your community by presenting key data.

KEY FINDINGS

- Compared to all Maine residents, persons in Aroostook District are more likely to be hospitalized for major CVD, coronary heart disease, heart attack, and stroke.
- Compared to all Maine residents, persons in Aroostook District are more likely to die from major CVD.

Major cardiovascular diseases (heart disease and stroke) are the leading cause of death among men and women in the United States and in Maine, accounting for roughly 33 percent and 28 percent of all deaths, respectively, in 2005¹. Some risk factors that you can change for cardiovascular disease include lack of physical activity, poor nutrition, tobacco use, high blood pressure, high blood cholesterol, overweight, and diabetes. Data related to high blood pressure and high blood cholesterol are included in this fact sheet. In addition, we present data on knowledge about warning signs and symptoms for heart attack and stroke, as well as death and hospitalization rates for selected cardiovascular diseases.

Prevalence of Cholesterol Indicators Among Adults – Aroostook District, 2005

High levels of cholesterol in the blood can lead to blockage of the arteries and cause diseases such as coronary heart disease, heart attack and stroke.

Cholesterol Screening

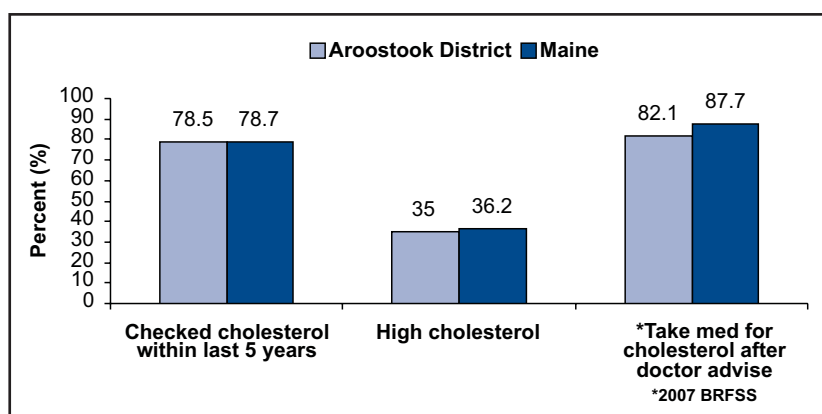
In 2005, nearly 79 percent of adults in Aroostook District said their blood cholesterol was checked within the previous five years. This is similar to the percent of Maine adults who had their cholesterol checked. More women than men had their cholesterol checked. Adults with college education or high household income are more likely to have had their cholesterol checked.

High Cholesterol

In 2005, 35 percent of adults in Aroostook District were told they had high cholesterol. This is similar to the percent of Maine adults who have high cholesterol. Fewer women have high cholesterol than men. Adults with low household income or less than college education are more likely to have high cholesterol levels.

Cholesterol Control

In 2007, about 82 percent of adults in Aroostook District with high blood cholesterol said they were following their doctor's advice to take prescribed medication to control their cholesterol levels. This is similar to the percent of Maine adults with high cholesterol who said they were taking the same action following physician advice. There were no differences between men and women. Adults with household income of less than \$25,000 or less than a high school education are more likely to take medications to control blood cholesterol levels.



Prevalence of Blood Pressure Indicators Among Adults – Aroostook District, 2005

High blood pressure is known to increase the risk of heart disease and stroke.

Blood Pressure Screening

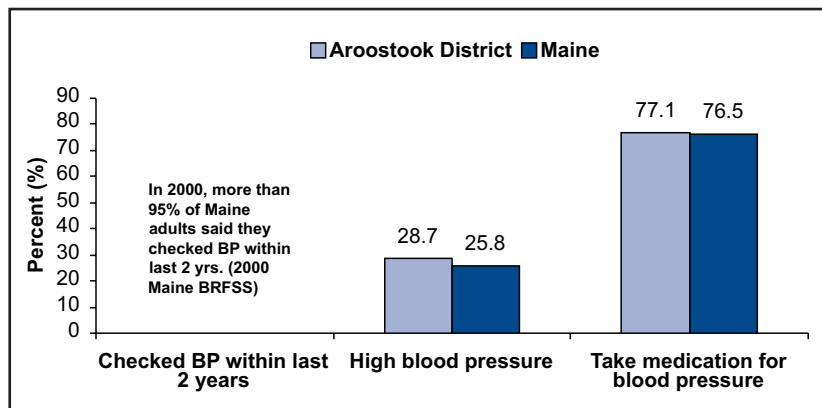
According to data from the 2000 Maine BRFSS, most adults in Maine check their blood pressure at least once every two years with no apparent evidence of disparities across subpopulations.

High Blood Pressure

In 2005, nearly 29 percent of adults in Aroostook District had high blood pressure. This is similar to the percent of Maine adults who have high blood pressure. Fewer women than men have high blood pressure. Adults with low household income or less than college education are more likely to have high blood pressure.

Blood Pressure Control

In 2005, more than 77 percent of adults in Aroostook District with high blood pressure also said they were taking prescribed medications to control their blood pressure. This is comparable to the percent of Maine adults take medications to control their blood pressure. More women than men take medications for blood pressure control. Adults with low household income or less than college education are more likely to take medications to control their blood pressure.



2005 Maine Behavioral Risk Factor Surveillance System

Prevalence of Knowledge About Heart Attack and Stroke Among Adults – Aroostook District, 2005

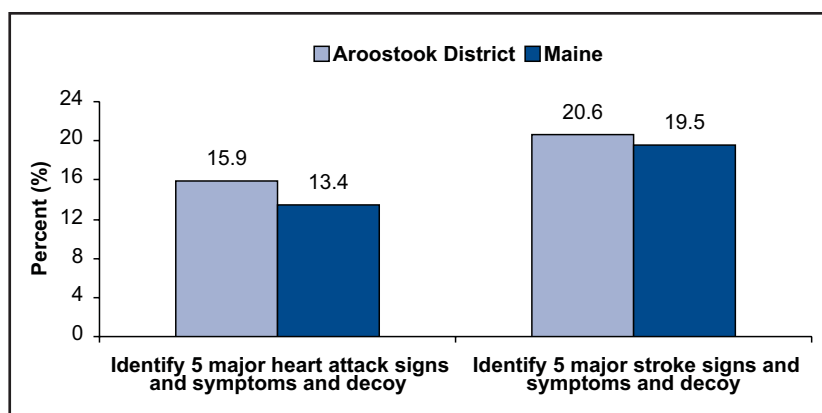
Early recognition of the warning signs and symptoms of heart attack or stroke by patients and by bystanders are vital to timely access to emergency care and receiving of lifesaving treatment.^{2,3}

Warning Signs and Symptoms for Heart Attack

In 2005, nearly 16 percent of adults in Aroostook District were able to correctly identify the major signs and symptoms of heart attack. This is higher but comparable to the percent of Maine adults who were able to identify the same set of signs and symptoms. Compared to men, more women are able to identify the signs and symptoms of heart attack. Generally, adults between the ages of 35 and 64 years are more likely to correctly identify the signs and symptoms of heart attack compared to those 18 to 34 or 65 and older.

Warning Signs and Symptoms for Stroke

In 2005, nearly 21 percent of adults in Aroostook District were able to correctly identify the major signs and symptoms of stroke. This is similar to the percent of Maine adults who identified the same set of signs and symptoms. Women appear more knowledgeable about the warning signs and symptoms of stroke. Adults between the ages of 35 and 64 years are more likely to correctly identify the signs and symptoms of stroke compared to those younger than 35 or 65 and older.



2005 Maine Behavioral Risk Factor Surveillance System

Hospitalizations Due to Major Cardiovascular Disease (CVD), Coronary Heart Disease (CHD), Heart Attack, and Stroke – Aroostook District, 2005

Hospitalization rates for CVD are a measure of disease burden. Hospitalizations can be minimized with early detection and appropriate management of CVD.

Major Cardiovascular Diseases

In 2005, nearly 2,290 residents of Aroostook District were hospitalized for major CVD. The unadjusted hospitalization rate was about 3,131 per 100,000. The age-adjusted hospitalization rate is higher than the statewide rate.

Coronary Heart Disease

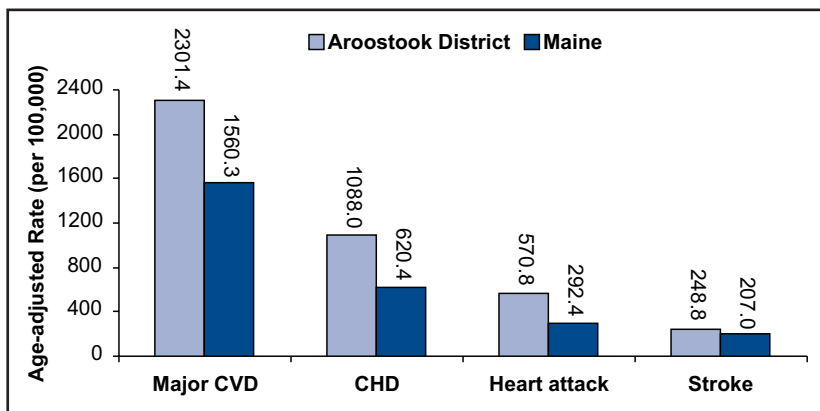
In 2005, about 1,080 residents of Aroostook District were hospitalized for coronary heart disease. The unadjusted hospital discharge rate was 1,480 per 100,000. The age-adjusted hospitalization rate is higher than the statewide rate.

Heart Attack

In 2005, 570 residents of Aroostook District were hospitalized for acute heart attack. The unadjusted hospitalization rate was about 778 per 100,000. The age-adjusted hospitalization rate is higher than the statewide rate.

Stroke

In 2005, about 250 residents of Aroostook District were hospitalized for stroke. The unadjusted hospitalization rate was about 344 per 100,000. The age-adjusted hospitalization rate is higher than the statewide average.



Maine Health Data Organization

Deaths Due to Major Cardiovascular Disease (CVD), Coronary Heart Disease (CHD), Heart Attack, and Stroke – Aroostook District, 2005

CVD death rates are another measure of disease burden. Death from CVD can be minimized through primary prevention, early detection, appropriate management of CVD, and timely access to quality care for acute events.

Major Cardiovascular Diseases

More than 290 residents of Aroostook District died of major CVD in 2005. This corresponds to an unadjusted death rate of 397 per 100,000. The age-adjusted death rate is higher than the statewide average.

Coronary Heart Disease

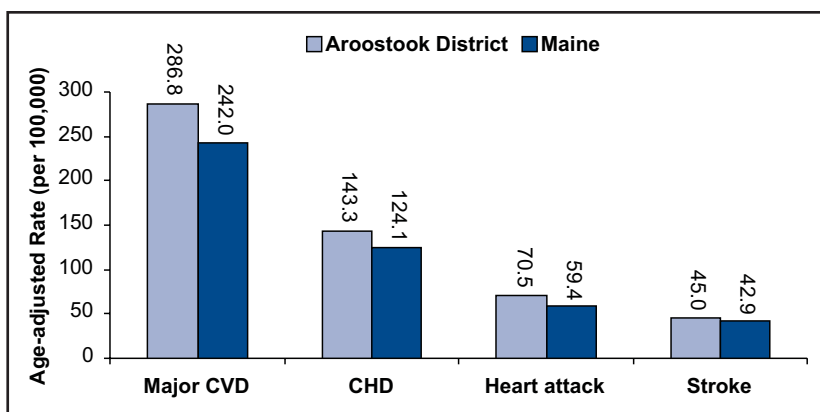
Nearly 150 residents of Aroostook District died of coronary heart disease in 2005, representing an unadjusted death rate of 199 per 100,000. The age-adjusted death rate is higher but comparable to the statewide average.

Heart Attack

About 70 residents of Aroostook District died of acute heart attack in 2005, representing an unadjusted death rate of about 98 per 100,000. The age-adjusted death rate is higher but not significantly different from the statewide average.

Stroke

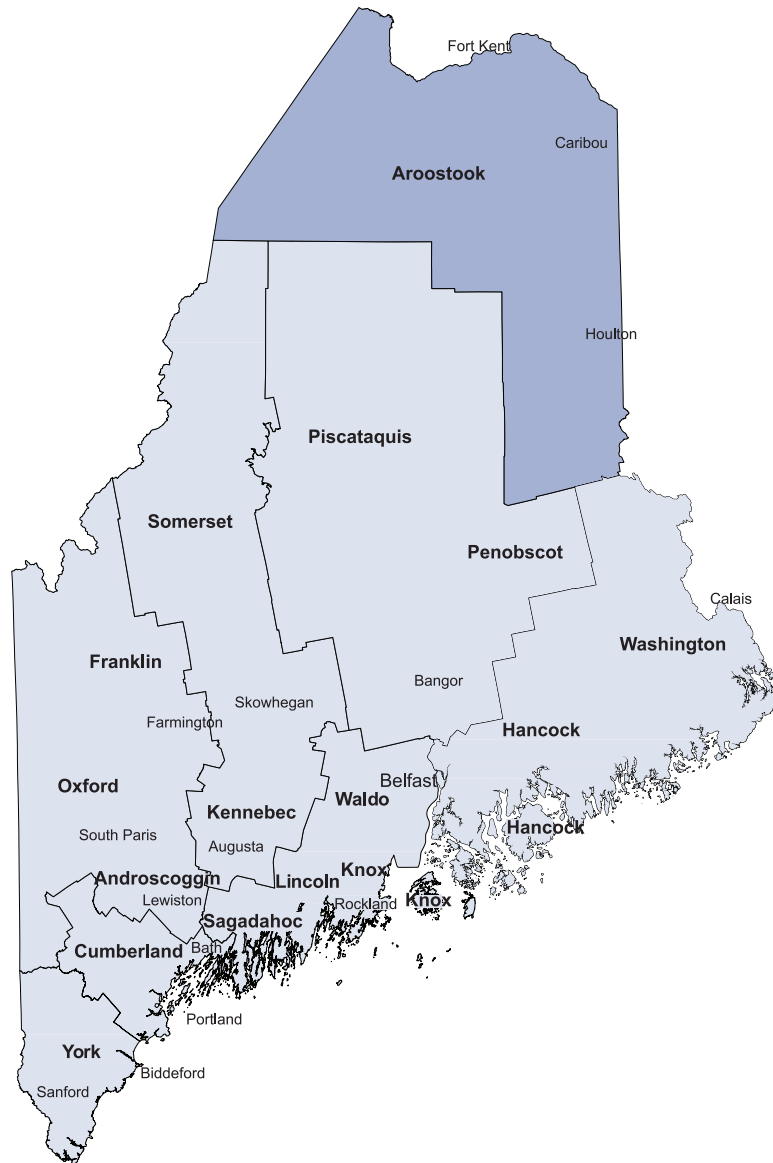
Nearly 50 residents of Aroostook District died of stroke in 2005, representing an unadjusted death rate of about 63 per 100,000. The age-adjusted death rate is comparable to the statewide average.



Maine Office of Data, Research and Vital Records

The Cost of Cardiovascular Disease

In 2005, national indirect cost of cardiovascular disease due to mortality was estimated at \$117 billion.⁴ Based on national figures, the indirect cost of cardiovascular disease mortality in Maine for 2005 was estimated at \$501 million.⁴ This figure includes the cost of lost productivity as a result of premature deaths.



- 1 H.C. Kung, Ph.D., D.L. Hoyert, Ph.D., J.X., M.D., S.L. Murphy, B.S. Deaths: Final Data for 2005. National vital statistics reports. Hyattsville, MD. National Center for Health Statistics, 2008.
- 2 W. Hacke, G. Donnan, C. Fieschi, et al. Association of outcome with early stroke treatment: pooled analysis of ATLANTIS, ECASS, and NINDS rt-PA stroke trials. Lancet 2004; 363: 768-774.
- 3 Fang, N. Keenan, S. Dai, C. Denny. Disparities in Adult Awareness of Heart Attack Warning Signs and Symptoms – 14 States, 2005. MMWR 2008; 57: 175-179.
- 4 American Heart Association: Heart Disease and Stroke Statistics 2005 Update. Dallas, TX: American Heart Association; 2008. Available at: <http://www.americanheart.org/downloadable/heart/1105390918119HDSStats2005Update.pdf>.

Technical Notes: Age-adjusted rates are adjusted to the year 2000 United States standard population. All subpopulation statements appearing in district level fact sheets are based on Maine data and do not reflect actual disparities, if any, within the district.



Maine Center for Disease
Control and Prevention

An Office of the
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