Healthy Maine Partnerships
Maine Cardiovascular Health Program

Cardiovascular Health Central District

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

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 2005[1]. 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 – *Central 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

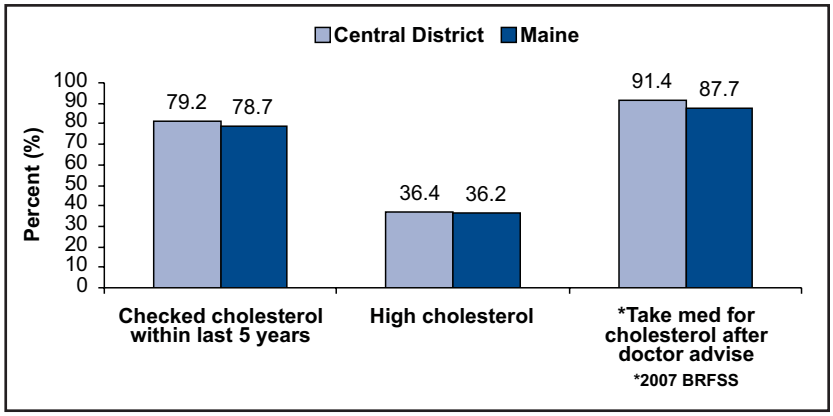
In 2005, more than 79 percent of adults in Central District said their blood cholesterol was checked within the previous five years. This is similar to the percent of Maine adults who had their cholesterol checked. More women than men had their cholesterol checked. Adults with college education or high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

High Cholesterol

In 2005, more than 36 percent of adults in Central 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, more than 91 percent of adults in Central District with high 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 low household income or less than a high school education are more likely to take medications to control cholesterol levels.



2005 Maine Behavioral Risk Factor Surveillance System

Prevalence of Blood Pressure Indicators Among Adults – *Central District, 2005*

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

Blood Pressure Screening

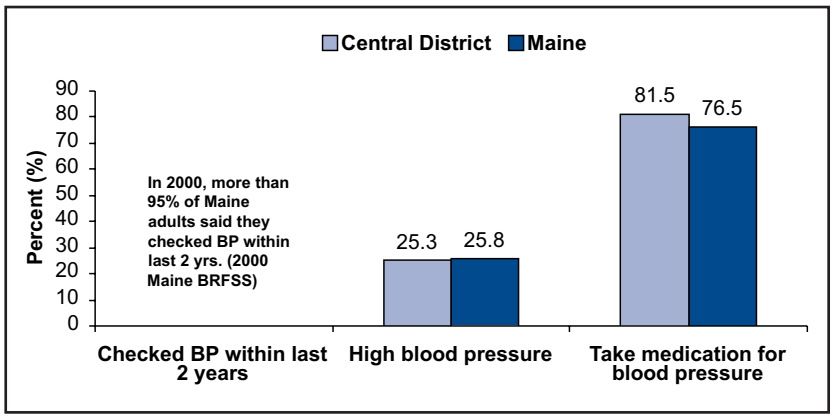
According to data from the 2000 Maine BRFSS, most adults in Maine check their blood pressure at least once every two years with no apparent evidence of disparities across subpopulations.

High Blood Pressure

In 2005, more than 25 percent of adults in Central 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, nearly 82 percent of adults in Central 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 hypertensive adults who 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 – *Central District, 2005*

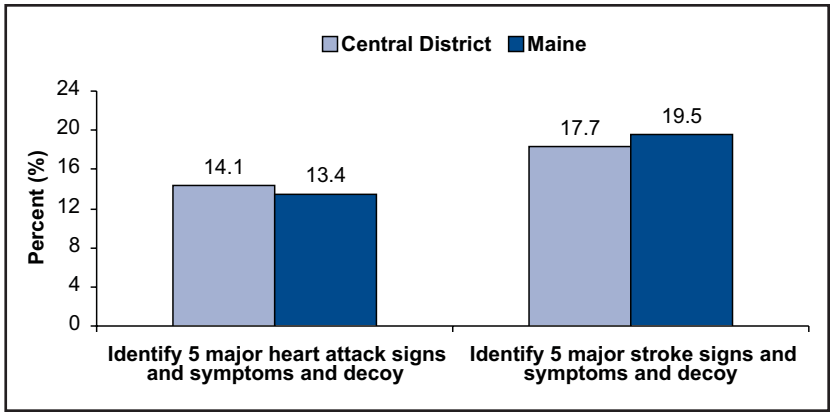
Early recognition of the warning signs and symptoms of heart attack or stroke by patients and by bystanders are vital to timely access to emergency care and receiving of lifesaving treatment. [2,3]

Warning Signs and Symptoms for Heart Attack

In 2005, more than 14 percent of adults in Central District were able to correctly identify the major signs and symptoms of heart attack. This is comparable to the percent of Maine adults who were able to perform the same task. 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, about 18 percent of adults in Central 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 – *Central District, 2005*

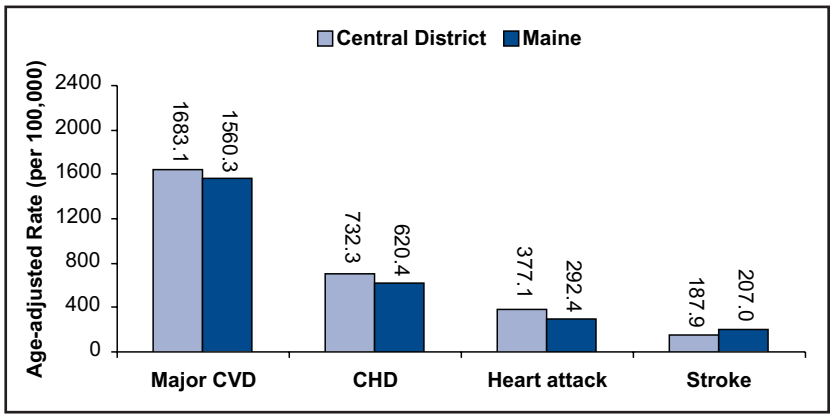
Hospitalization rates for CVD are a measure of disease burden. Hospitalizations can be minimized with early detection and appropriate management of CVD.

Major Cardiovascular Diseases

In 2005, nearly 3,460 residents of Central District were hospitalized for major CVD. The unadjusted hospitalization rate was about 2002 per 100,000. The age-adjusted hospitalization rate is higher than the statewide rate.

Coronary Heart Disease

In 2005, about 1,515 residents of Central District were hospitalized for coronary heart disease. The unadjusted hospitalization rate was 878 per 100,000. The age-adjusted hospitalization rate is higher than the statewide rate.



Maine Health Data Organization

Heart Attack

In 2005, about 777 residents of Central District were hospitalized for acute heart attack. The unadjusted hospitalization rate was about 450 per 100,000. The age-adjusted hospitalization rate is higher than the statewide rate.

Stroke

In 2005, about 380 residents of Central District were hospitalized for stroke. The unadjusted hospitalization rate was about 222 per 100,000. The age-adjusted hospitalization rate is comparable to the statewide average.

Deaths Due to Major Cardiovascular Disease (CVD), Coronary Heart Disease (CHD), Heart Attack, and Stroke – *Central 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

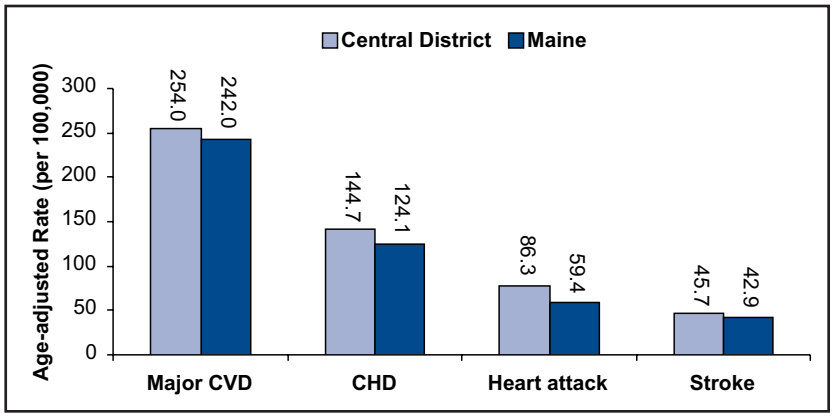
More than 520 residents of Central District died of major CVD in 2005. This corresponds to an unadjusted death rate of 302 per 100,000. The age-adjusted death rate is higher than the statewide average.

Coronary Heart Disease

Nearly 300 residents of Central District died of coronary heart disease in 2005, representing an unadjusted death rate of 173 per 100,000. The age-adjusted death rate is higher but comparable to the statewide average.

Heart Attack

180 residents of Central District died of acute heart attack in 2005, representing an unadjusted death rate of about 104 per 100,000. The age-adjusted death rate is higher than the statewide average.



Maine Office of Data, Research and Vital Records

Stroke

About 90 residents of Central District died of stroke in 2005, representing an unadjusted death rate of about 54 per 100,000. The age-adjusted death rate is comparable to the statewide average.

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.

Prevalence of cholesterol indicators among adults – *Central District, 2005*

	Checked cholesterol within last 5 years	High cholesterol
Kennebec	80.4	36.0
Somerset	76.6	37.3
Central District	79.2	36.4
Maine	78.7	36.2

Prevalence of blood pressure indicators among adults – *Central District, 2005*

	High blood pressure	Take medication for blood pressure
Kennebec	26.1	81.3
Somerset	23.6	82.2
Central District	25.3	81.5
Maine	25.8	76.5

Prevalence of knowledge about heart attack and stroke among adults – *Central District, 2005*

	Identify 5 major heart attack signs and decoy	Identify 5 major stroke signs and decoy
Kennebec	15.4	17.4
Somerset	11.1	18.2
Central District	14.1	17.7
Maine	13.4	19.5

Age-adjusted hospital discharge rates due to major CVD, coronary heart disease (CHD), heart attack, and stroke – *Central District, 2005*

	Major CVD	CHD	Heart Attack	Stroke
Kennebec	1555.7	636.7	356.0	188.0
Somerset	1978.0	951.5	425.0	188.2
Central District	1683.1	732.3	377.1	187.9
Maine	1560.3	620.4	292.4	207.0

Age-adjusted death rates due to major CVD, coronary heart disease (CHD), heart attack, and stroke – *Central District, 2005*

	Major CVD	CHD	Heart Attack	Stroke
Kennebec	257.6	145.8	84.4	47.4
Somerset	244.5	142.8	90.6	41.1
Central District	254.0	144.7	86.3	45.7
Maine	242.0	124.1	59.4	42.9

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 Department of Health and Human Services

John E. Baldacci, Governor *Brenda M. Harvey, Commissioner*

Printed under appropriation #013-10A-2626-032.