

The Burden of Heart Disease and Stroke in New Hampshire



Introduction

According to the Centers for Disease Control and Prevention (CDC), more than 1 of 3 (83 million) U.S. adults currently live with one or more types of cardiovascular disease, and more than one-third (33.6%) of all U.S. deaths are due to cardiovascular diseases.

In New Hampshire (NH), heart disease and stroke are the second and fourth leading causes of death, accounting for 2,268 and 499 deaths in 2009, respectively. About 80% of deaths from diseases of the heart and blood vessels in New Hampshire are from coronary heart disease, heart attack, congestive heart failure and stroke.

The estimated cost for cardiovascular disease and stroke in 2009 in the U.S. was \$312.6 billion. This figure included health expenditures (direct costs) and loss of productivity resulting from morbidity and mortality (indirect costs). From that number, \$195.2 billion were for heart disease and \$38.6 billion for stroke.

The remaining cost was for hypertensive disease and other circulatory conditions.

Along with addressing the prevalence and death data, this brief will address the following risk factors: high blood pressure, high cholesterol, smoking, diabetes, physical inactivity, and overweight and obesity.

The goal of the Heart Disease and Stroke Prevention Program is to reduce the burden of cardiovascular disease in New Hampshire through mobilizing partnerships, building capacity, enhancing surveillance and developing and implementing strategies that address risk factors for heart disease and stroke in New Hampshire.

What is the Prevalence and Incidence of Heart Disease and Stroke in New Hampshire?

According to the 2010 NH Behavioral Risk Factor Surveillance System (BRFSS) survey, 4.4% of adults in NH indicated that

Table 1. Top 10 Leading Causes of Deaths in New Hampshire, 2009

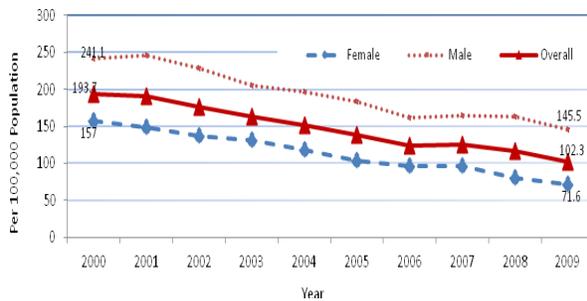
<i>Causes of Deaths</i>	<i>Deaths</i>	<i>Age-adjusted Death Rates per 100,000</i>	<i>Percentage of Total Deaths</i>
1- Malignant Neoplasms	2,562	170.4	25.4
2- Heart Disease	2,268	150.1	22.5
3- Chronic Lower Resp. Disease	652	44.5	6.5
4- Cerebrovascular Disease	499	33.3	4.9
5- Unintentional Injury	482	34.3	4.8
6- Alzheimer's Disease	367	24.3	3.6
7- Diabetes Mellitus	276	18.3	2.7
8- Influenza Pneumonia	194	12.8	1.9
9- Suicide	166	11.7	1.6
10- Nephritis	165	11.1	1.6
All Others Causes	2,469		24.4

Adapted From: Web-based Injury Statistics Query and Reporting System, Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics, National Vital Statistics System

they were told by a health professional that they had angina or coronary heart disease (CHD). Age-adjusted death rates for CHD decreased by 47% from 193.7 deaths to 102.3 deaths per 100,000 population between 2000 and 2009.

Figure 1. Trends in Age-Adjusted Death Rates from Coronary Heart Disease in New Hampshire, Overall and by Sex, 2000–2009

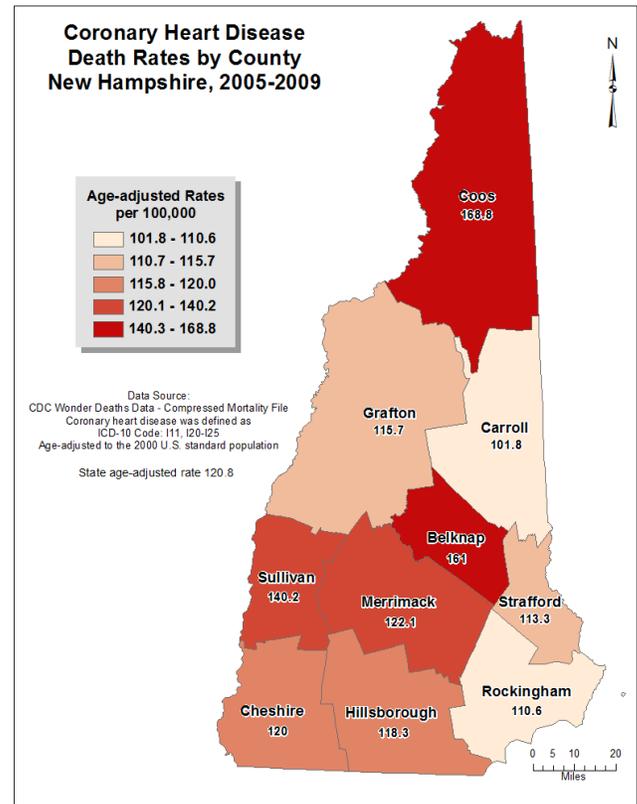


However, more males and more people aged 75 and older died from CHD than females and people younger than 75. At the county level, Coos County registered the highest age-adjusted death rate per 100,000 for the period 2005-2009 combined, whereas Hillsborough County experienced the highest actual number of deaths.

In 2010, 4% of adults had been told they had a heart attack or myocardial infarction and regarding hospitalizations for heart attack, the age-adjusted rates decreased by 29%, from 26.1 in 2000 to 18.6 per 10,000 population in 2008. There were more hospitalizations among men. Adjusted death rates for heart attack decreased by 52%, from 58.8 deaths per 100,000 population in 2000 to 28.1 deaths in 2009. Regarding stroke, in 2010, about 2% of adults had been told they had stroke and stroke prevalence increased with age but was inversely related to income and education. Age-adjusted hospitalization rates for stroke decreased by 18% from 21.7 in 2000 to 17.9 per 10,000 population in 2008. Lastly age-adjusted death rates from stroke decreased by 41%

from 56.4 deaths in 2000 to 33.3 deaths per 100,000 population in 2009.

Figure 2. Coronary Heart Disease in New Hampshire



Produced by the New Hampshire Department of Health and Human Services, Division of Public Health Services, Heart Disease and Stroke Prevention Program. For more information visit: <http://www.dhhs.nh.gov/dphs/cdpc/hdsp.htm>

What are the Risk Factors for Heart Disease and Stroke in New Hampshire?

The common modifiable risk factors for heart disease and stroke include: high blood pressure, high cholesterol, diabetes, obesity, smoking, physical inactivity and a diet lacking in fruits and vegetables. High blood pressure (HBP) increases the risk of stroke, coronary heart disease, heart attack and congestive heart failure.

Based on the 2009 BRFSS survey results, over one in four adults (28.6%) reported having been told that they have HBP and the prevalence of high blood cholesterol among

those screened in NH increased from 33.2% in 1999 to 38.6% in 2009.

Figure 3. Self-reported Prevalence of High Blood Pressure in New Hampshire, by Sex and Age, BRFSS, 2009

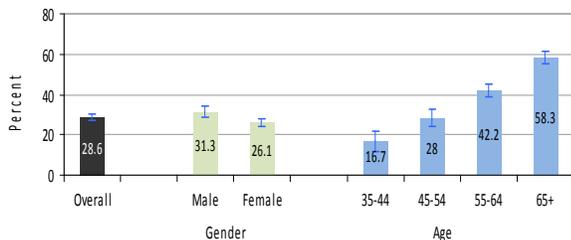


Figure 4. Self-reported Prevalence of High Blood Cholesterol among New England States, BRFSS, 2009



CT: Connecticut; VT: Vermont; RI: Rhode Island; MA: Massachusetts; ME: Maine; NH: New Hampshire, US: United States

According to the 2010 BRFSS survey, 7.9% of adults in New Hampshire reported having been told that they have diabetes and 16.9% of adults were current smokers. Regarding overweight and obesity, over one third (37.6%) of respondents were found to be overweight based on their BMI score and one fourth (25.5%) were found to be obese. Regarding physical activity, the results from the 2009 BRFSS survey indicated that 21.2% of New Hampshire adults were physically inactive.

References

Heart Disease and Stroke Prevention Burden Report, 2013, prepared by Jean A. Cadet, MD, MPH.

For More Detailed Information

Please see full report, [The Burden of Heart Disease and Stroke in New Hampshire, 2013](#).

Contact Information

Lia Baroodly, BS
 Program Coordinator
 Heart Disease and Stroke Prevention Program
 Telephone: 603-271-4544
 TDD Access Relay: 800-735-2964
 Fax: 603-271-2539
lbaroodly@dhhs.state.nh.us



NH Department of Health and Human Services
 Division of Public Health Services
 Bureau of Population Health and Community Services
 29 Hazen Drive
 Concord, NH 03301
<http://www.dhhs.nh.gov/>