



COMMUNITY HEALTH DATA BASE

An Information Service of Public Health Management Corporation

Data findings

HEART HEALTH AMONG ADULTS (18+) IN SOUTHEASTERN PENNSYLVANIA

February 2010

Since the late 1960s, the U.S. death rate for heart disease has decreased by 65% (1). Major medical advancements since that time have increased the number of treatment options for those affected by poor heart health. Despite this positive trend, heart disease remains the leading cause of death in the United States. (2) Coronary heart disease, which comprises the largest proportion of deadly heart disease, is a condition in which plaque builds up in within the coronary arteries.

Older adults, men, and children of parents with heart disease are more likely to be diagnosed with heart disease. Additional risk factors for poor heart health include high blood pressure, high blood cholesterol, diabetes, obesity and overweight, smoking, and insufficient physical activity. Medical interventions and lifestyle changes can reduce the risk level for those who are predisposed to heart disease. Furthermore, routine screenings for high blood pressure and high blood cholesterol can improve diagnosis, treatment, and monitoring of heart health.

In recognition of February as American Heart Month, this article presents information from the Community Health Data Base on heart health, risk factors, and screenings among adults 18 years of age and older residing in the five-county Southeastern Pennsylvania (SEPA) region. Most data presented here are from the 2008 Southeastern Pennsylvania Household Health Survey, a biennial, random digit dial telephone survey of over 10,000 households in the five county area of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. Heart disease mortality data are provided by the Division of Health Statistics at the Pennsylvania Department of Health.

Heart Disease Deaths

In the SEPA region, the average annualized (2003-2006) age-adjusted mortality rate for heart disease is 210 per 100,000 people. More specifically, Blacks (272 per 100,000) have a higher mortality rate associated with heart disease compared to Whites (201 per 100,000), and Asians (88 per 100,000). The mortality rate for heart disease among Hispanics is 148 per 100,000.

Heart Problems

Currently, 10.4% of adults in the SEPA region have been told by a healthcare professional at some point in their lives that they have heart disease, including angina, congestive heart failure, a heart attack or other heart



problems, which represents approximately 307,100 adults in the region. Some demographic indicators are linked to differences in regional adults' likelihood of having a heart problem:

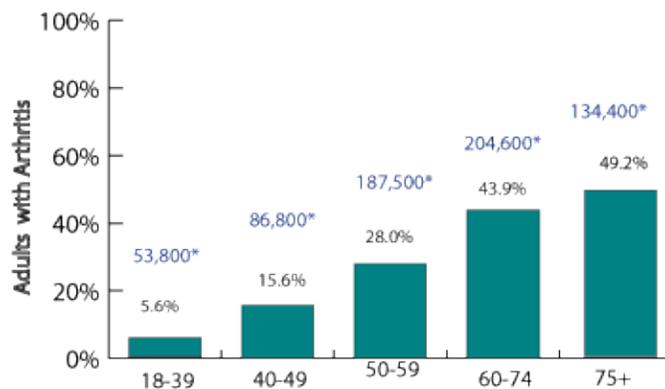
- An increase in age is met with an increase in the percentage of adults who have ever had a heart problem: 3.4% (18-39 yrs), 5.7% (40-49 yrs), 9.2% (50-59 yrs), 20% (60-74 yrs), and 31.5% (75+ yrs) have ever had a heart problem.
- Males (12.4%) are slightly more likely than females (8.7%) to have ever had a heart problem.
- White (10.9%) and Black (11.1%) adults are almost equally likely to have ever had a heart problem, compared to 6.3% of Latino adults.
- Adults living in poverty (3) (16.5%) are more likely than adults living above poverty (9.7%) to have ever had a heart problem.

High Blood Pressure and High Blood Cholesterol

Adults who have high blood pressure or high blood cholesterol are at higher risk for heart disease. In Southeastern Pennsylvania, almost one-third of adults (30.2%) have been told by a healthcare professional that they have high blood pressure, representing 890,100 adults. More than one-quarter of adults (26.9%) have been diagnosed with high blood cholesterol, which corresponds to 786,700 adults in the region.

- As age increases, the percentage of adults who have ever been told that they have high blood pressure also increases: 10.8% (18-39 yrs), 22% (40-49 yrs), 35.5% (50-59 yrs), 54.3% (60-74 yrs), and 62.2% (75+ yrs). Similarly, the percentage of adults who have ever been told that they have high blood cholesterol also increases with age: 9.5% (18-39 yrs), 24.4% (40-49 yrs), 34.3% (50-59 yrs), 45.0% (60-74 yrs), and 44.6% (75+ yrs).
- Males (31.5%) and females (29.2%) are about equally as likely to have high blood pressure. The same is true for high blood cholesterol (27.8% and 26%, respectively).
- Black adults (40.4%) are more likely to have high blood pressure than their racial/ethnic counterparts: 28.1% (White adults), 24.3% (Latino adults), and 8.6% (Asian adults). However, White adults (28.9%) are more likely than Black (24.2%), Latino (18.6%), and Asian (15.2%) adults to have been diagnosed with high blood cholesterol.
- The proportion of poor adults (39.1%) who have high blood pressure is about 10 percentage points higher than the proportion of non-poor adults (29.2%). However, poor and non-poor adults are about as equally likely to have been diagnosed with high blood cholesterol (27.2% and 26.8%, respectively).

Figure 1. Adults with Arthritis by Age Group, SEPA 2008.



Source: PHMC's Community Health Data Base 2008 Southeastern Pennsylvania Household Health Survey
 * Approximate number of adults with arthritis within each age range.

Additional Risk Factors for Poor Heart Health

In addition to high blood pressure and high blood cholesterol, several health conditions and health behaviors can impact a person's risk for heart disease, including diabetes, overweight/obesity, smoking, and low physical activity. One in ten (10.4%) adults in SEPA have been diagnosed with diabetes. The majority (61.7%) of SEPA adults are overweight or obese according to their body mass index level. One in five (20.4%) adults in the region smoke, and 30.8% of adults have 30 minutes of exercise less than three days a week.

Heart Health Screenings

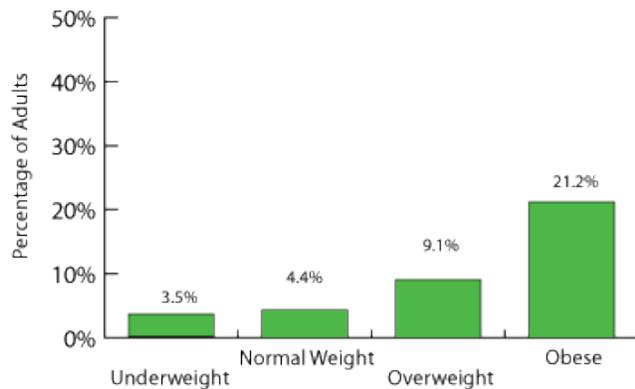
In the SEPA region, while 10.7% of adults have not had a blood pressure screening within the past year, a larger percentage of adults (26.8%) have not received a blood cholesterol screening within the past year.

- As age increases, the percentage of adults who have not had a blood pressure screening within the past year decreases: 15.9% (18-39 yrs), 13.9% (40-49 yrs), 8.3% (50-59 yrs), 4.1% (60-74 yrs), and 2.4% (75+ yrs). Similarly, as age increases, the percentage of adults who have not received a blood cholesterol screen within the past year decreases as well: 43.4% (18-39 yrs), 29.7% (40-49 yrs), 21.3% (50-59 yrs), 10.8% (60-74 yrs), and 6.2% (75+ yrs).
- While males (13.1%) are more likely than females (8.6%) to have not had a blood pressure screen within the past year, the percentage of males and females who have not had a blood cholesterol screen within the past year is the same (26.8%).
- Almost one in five Latino adults (19.7%), compared to 17.3% of Asian adults, 9.9% of White adults, and 9.3% of Black adults have not received a blood pressure screen within the past year. While Latino adults (37%) are also more likely than Whites (27.1%) and Blacks (21.5%) to have not had a blood cholesterol screening in the past year, Asian adults (40.9) are the most likely among the four groups.
- One-third of adults without public or private health insurance coverage (33%), compared to 8.7% of adults with health insurance coverage, have not received a blood pressure screen within the past year. Furthermore, adults without health insurance coverage (57.8%) are twice as likely as adults with health insurance coverage (24.2%) to have not received a blood cholesterol screen within the past year.

Conclusion

The U.S. Department of Health and Human Services Healthy People 2010 initiative has placed targets on some of the major risk factors associated with heart disease, namely blood pressure and cholesterol levels. The Healthy People 2010 campaign aims to reduce the proportion of adults with high blood pressure to 16% as well as reduce the proportion of adults with high blood cholesterol levels to 17% by this year—the current percentages among Southeastern Pennsylvania adults (30.2% and 26.9%, respectively) are remarkably higher

Figure 2. SEPA Adults Diagnosed with Diabetes by Weight, 2008



Source: PHMC's Community Health Data Base 2008 Southeastern Pennsylvania Household Health Survey



than the Healthy People 2010 targets. In order to reduce the proportion of local adults who have poor heart health, significant work must be done to increase access to prevention and intervention efforts.

For information regarding PHMC's Community Health Data Base 2008 Southeastern Pennsylvania Household Health Survey, or to learn more about heart health among adults in the region, please contact CHDB Research Associate Amanda Innes Dominguez at ainnes@phmc.org.

(1) National Institutes of Health, 2009. National Heart, Lung, and Blood Institute. Morbidity & Mortality: 2009 Chart Book on Cardiovascular, Lung, and Blood Diseases. Available at: http://www.nhlbi.nih.gov/resources/docs/2009_ChartBook.pdf (accessed 1/25/10).

(2) Centers for Disease Control and Prevention, 2009. National Center for Health Statistics. Mortality Tables. Available at: http://www.cdc.gov/nchs/nvss/mortality_tables.htm (accessed 1/25/10).

(3) Poverty status is defined as below or above 100% of the Federal Poverty Level. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of \$21,200 in 2008 was considered living in poverty.