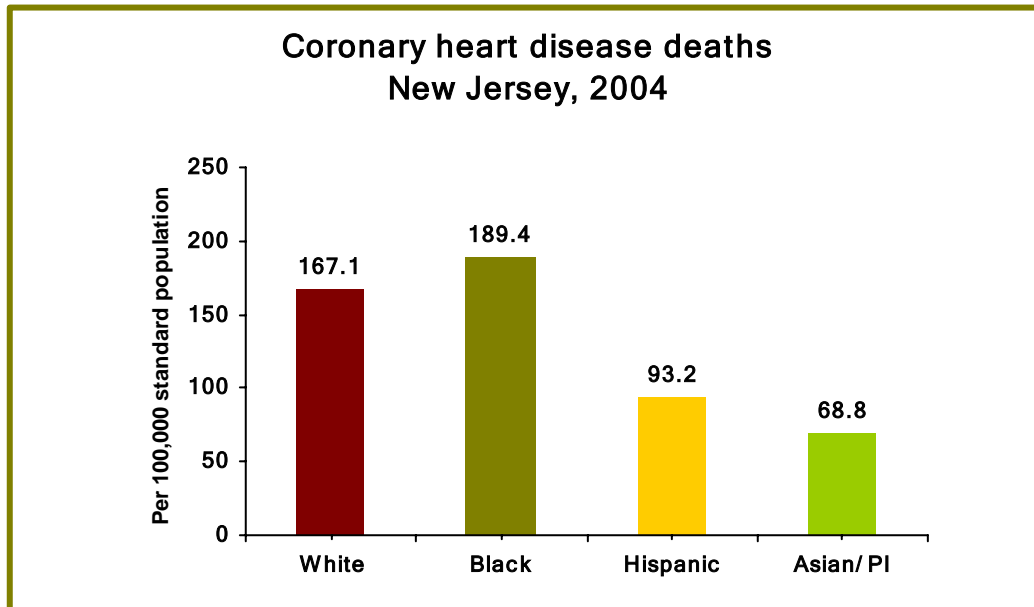


C. Area of Emphasis: Cardiovascular Disease

Background Data

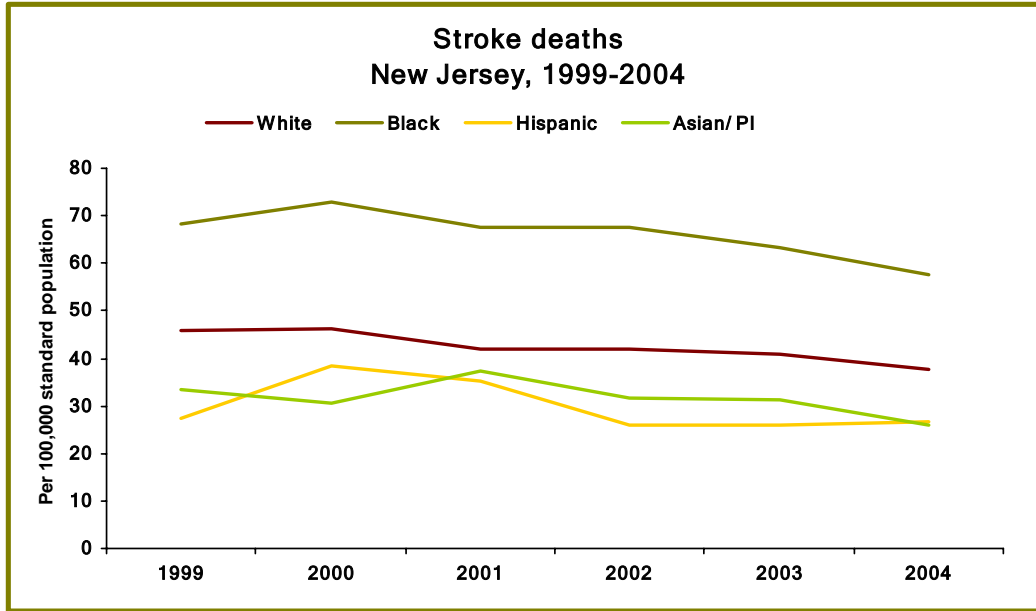
Heart disease is the leading cause of death in New Jersey. However, death rates due to coronary heart disease have been declining steadily in New Jersey for decades.

Differences in rates of death are apparent when comparing racial/ethnic groups and also when comparing age groups. Blacks and whites have much higher death rates than Hispanics and Asian/Pacific Islanders overall. The death rate for blacks is much higher in the 45-64 year old age group than for whites of the same age group. Among persons aged 65 and older, whites experience the highest rate of coronary heart disease deaths.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Stroke is the third leading cause of death among New Jerseyans. Blacks are more likely to die from stroke than whites, Hispanics, or Asian/Pacific Islanders. Though the rates are declining overall, whites have had the greatest percent decline as compared to other racial/ethnic groups. In recent years, Hispanics have had the lowest stroke death rates.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

The major risk factors for heart disease are overweight, physical inactivity, smoking, poor nutrition, high cholesterol, hypertension and diabetes. The NJBRFS collects data on each of these indicators by race/ethnicity. Blacks report higher levels for every risk area except for smoking and nutrition (eating less than five servings of fruits and vegetables per day) as compared to whites. Hispanics report lower rates of high cholesterol and high blood pressure diagnoses than whites.

| Heart disease risk factors by race and ethnicity, NJBRFS, 2005 | | | | |
|--|------------|------------|---------------|------------|
| Risk factor | Whites (%) | Blacks (%) | Hispanics (%) | Others (%) |
| Overweight | 21.6 | 32.5 | 22.2 | 11.1 |
| Physical Inactivity = less than 30+ minutes moderate physical activity for 5 or more days per week | 50.0 | 58.3 | 62.8 | 61.2 |
| Smoking | 18.3 | 17.5 | 19.6 | 9.1 |
| Nutrition=less than 5 fruits and vegetables per day | 73.8 | 71.7 | 78.0 | 69.4 |
| High Cholesterol | 28.3 | 29.1 | 21.3 | 19.5 |
| Hypertension | 26.2 | 34.7 | 18.7 | 17.8 |
| Diabetes | 6.9 | 13.1 | 8.0 | 5.7 |

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

Building on Success

- The Center for Health Statistics data systems provide vital information regarding the trends and patterns of cardiovascular disease and corresponding risk factors, thus effectively monitoring incidence and prevalence of cardiovascular disease as follows:
 - An interactive system called the *NJ State Health Assessment Data Query System* provides health data throughout the state;
 - The *NJ Health Statistics Report Series* summarizes deaths, births and population statistics; and
 - *Updated Healthy New Jersey 2010 (2005)* gives insight into the progress the State has made in addressing cardiovascular and other health issues.

- The New Jersey Comprehensive Tobacco Control Program encourages New Jerseyans to quit smoking while tracking their progress to date.

- The Office on Women’s Health is involved in a 20-month risk reduction initiative, “Take New Jersey Women to Heart,” a campaign that raises awareness and educates the general public about heart disease.

Goal: Reduce the number of deaths due to cardiovascular disease through organized outreach and education efforts.

Action Plan

Steps and Timeline

FY 2007- 2010

- Seek funding to create a centralized cardiovascular control program that addresses health disparities.
- Adopt administrative rules to implement licensing requirements for designation of stroke centers.

Outcome Measures

- Funding obtained to create a cardiovascular control program that addresses health disparities.
- Monitor primary stroke centers data reporting as part of its quality improvement process.