


# Coronary Heart Disease in Stanislaus County

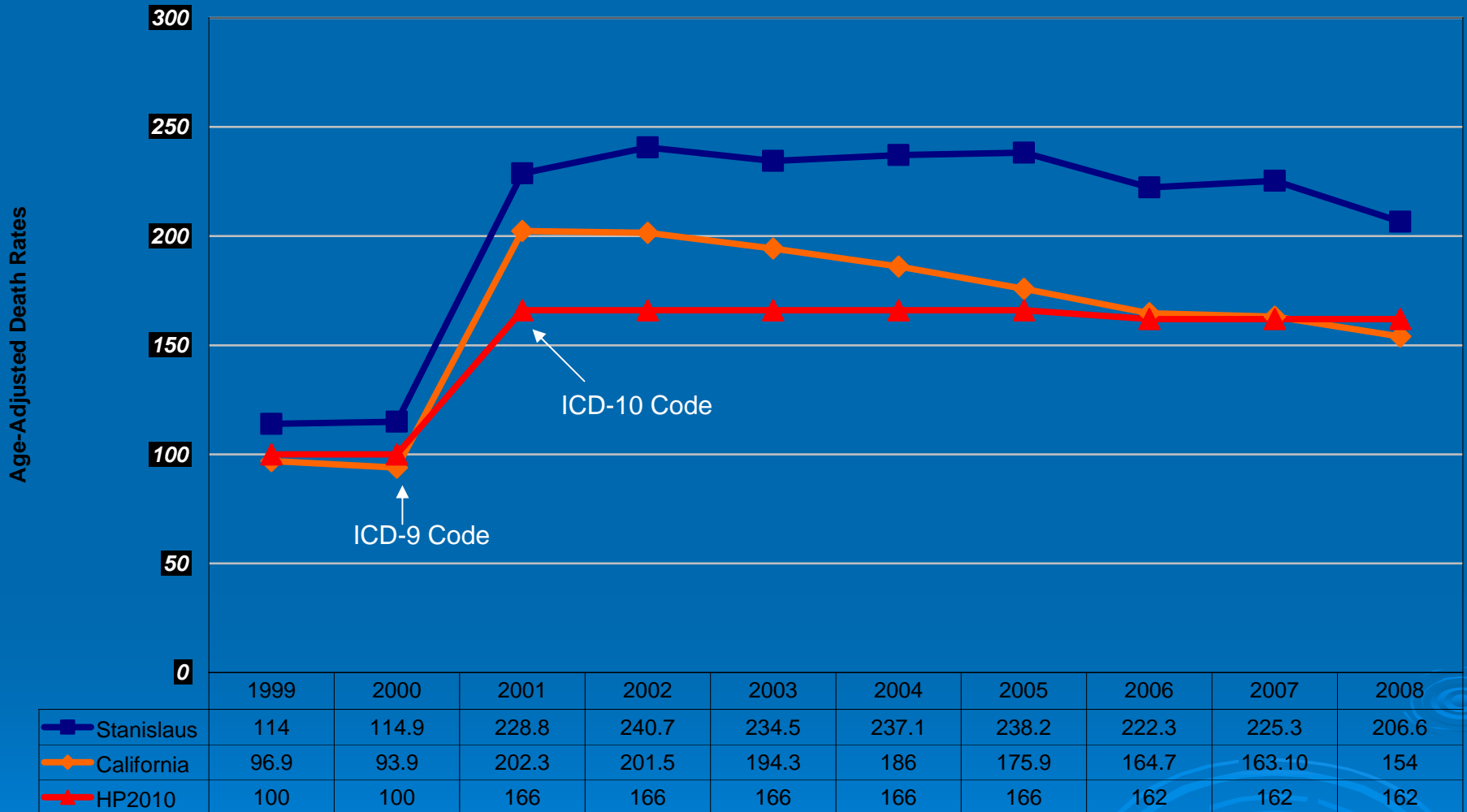
Olivia Tong  
Epidemiologist

The background features several sets of concentric circles in a lighter shade of blue, resembling ripples in water, scattered across the lower half of the slide.

# Statistics

- In 2005, heart disease was the leading cause of death in California and in Stanislaus county
- 25% of deaths were due to coronary heart disease (CHD)
- Diabetes was a leading contributing cause of death
- 95% of those who died of CHD were White
- 8% were Hispanics

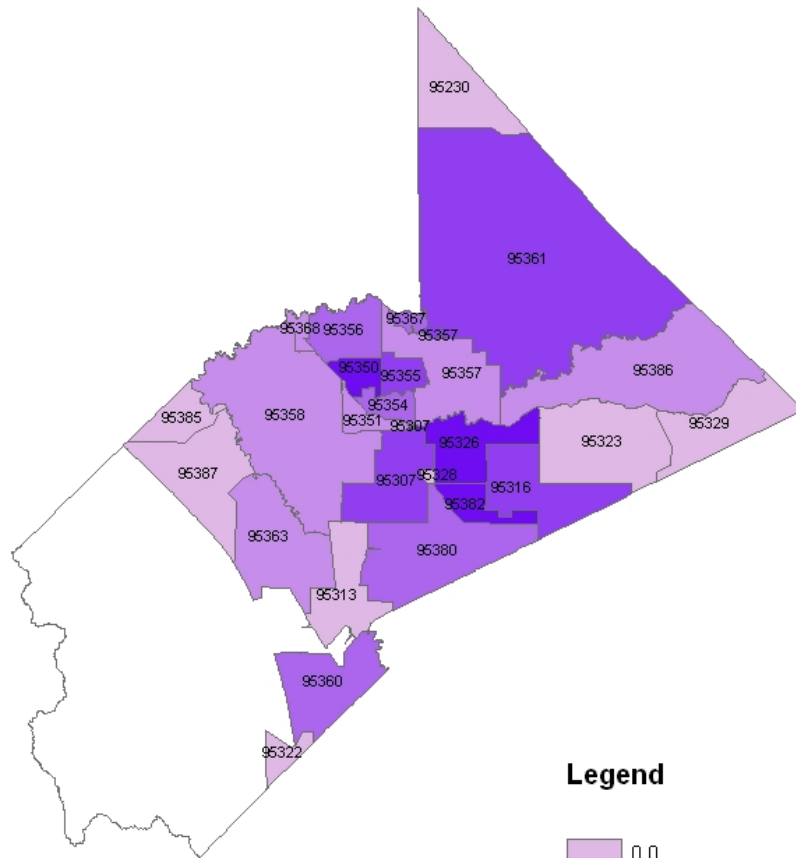
## Age-Adjusted Death Rates Due To Coronary Heart Disease, 1999-2008



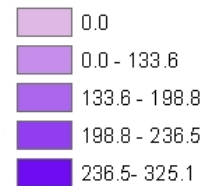
Year

■ Stanislaus 
 ◆ California 
 ▲ HP2010

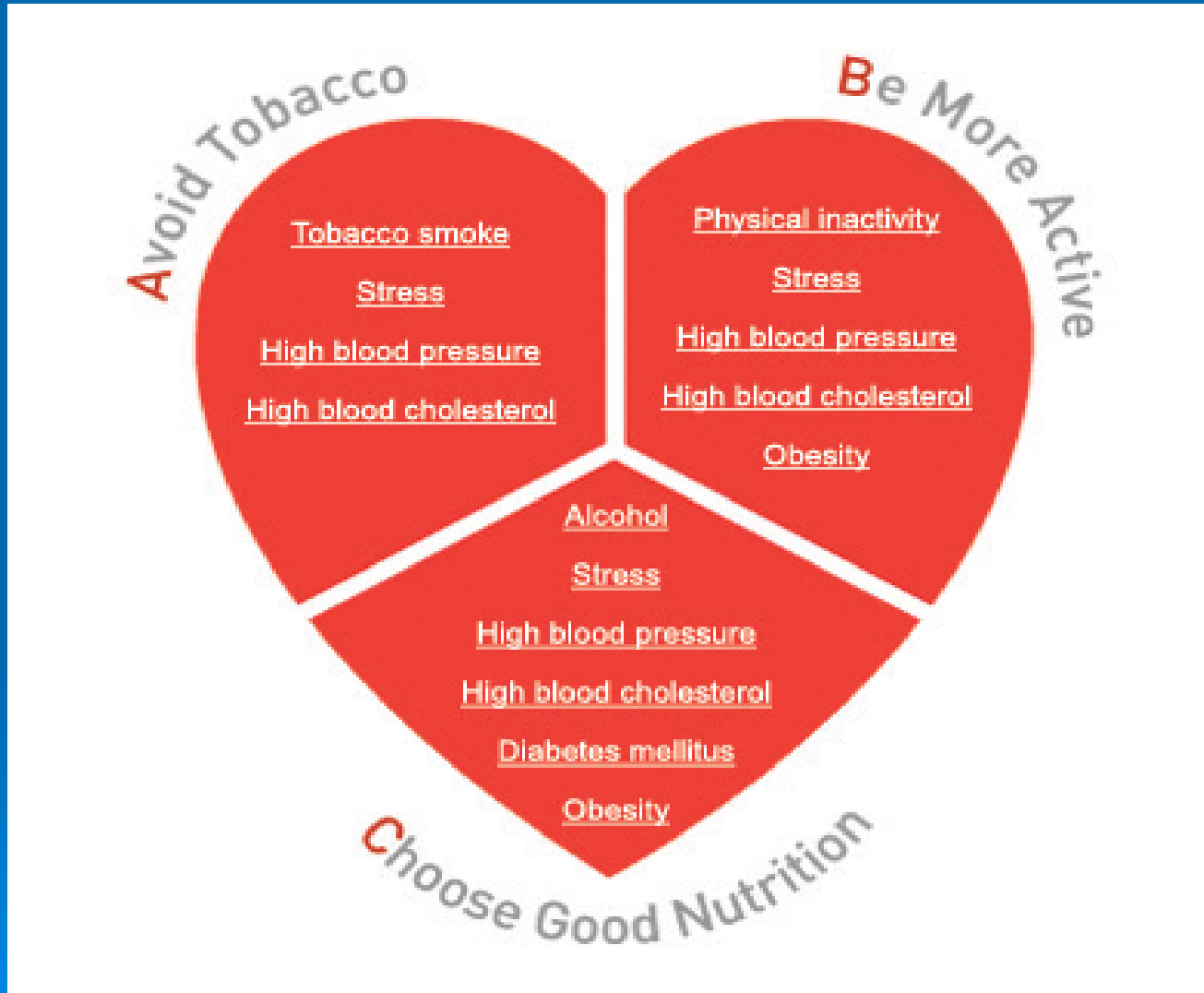
# Death Rate due to Coronary Heart Disease Stanislaus County, 2005



## Legend



# Traditional Risk Factors



# Determinants of Health and Health Outcomes

## Stressors

Catastrophic Events  
Racism  
Daily hassles  
Chronic stressors

## Determinants of Health<sup>1</sup>

Social  
Economic  
Physical



## Stress Reactions

Physical  
Emotional  
Behavioral



\* Image from Total Health Break Through

# Data from the last Community Health Assessment

## ➤ Community Health Concerns

- Coronary heart disease ranked 7<sup>th</sup>
- Diabetes ranked 5<sup>th</sup>

## ➤ Health Behaviors, Comorbidities

- *Alcohol consumption*
- 35% drank alcohol within the last month
- 56% of the above binge drank at least once the previous month

# Data from the last Community Health Assessment

## ➤ Health Behaviors, Co-morbidities

### ➤ *Obesity/Nutrition*

➤ 62% of respondents exercised <3x a week

### ➤ *Tobacco use*

➤ Over 30% of the respondents were current tobacco users

### ➤ *Diabetes*

➤ 10% of respondents were diabetic

➤ 60% of them did not modify their diet; 12% did nothing to control their condition

# Cardiovascular Disease in the Hispanic Community

- Fastest growing ethnic minority in the US, as in our county
- Although CVD death rates were not high in our Hispanic population
- The prevalence of other CVD risk factors are most likely high (i.e. obesity, suboptimal control of high blood pressure, hypertension, diabetes)
- Cultural and economic barriers
- Hispanics are not well represented in clinical trials

# Gender disparity

- Study 1: Sex Disparities in Treatment of Cardiac Risk Factors in Patients with Type 2 Diabetes<sup>2</sup>
- Study 2: Does quality of care for cardiovascular disease and diabetes differ by gender for enrollees in managed care plans?<sup>3</sup>
- Study 3: Patient characteristics and inequalities in doctor's diagnostic and management strategies relating to cardiovascular disease<sup>4,5</sup>

## ...other issues

- 1. Inadequate attention to the manifestation of cardiovascular disease in women<sup>6</sup>
  - Results in coronary heart disease being more advanced in women than men at time of diagnosis
- 2. Cardiovascular disease is different in men than in women<sup>7</sup>
  - Research suggested that diabetes is a greater risk factor in women than in men
  - Level of HDL cholesterol is a stronger predictor of heart disease in women than in men

## ...other issues

- 3. Research on CHD has concentrated mostly on men<sup>8</sup>
  - Lack of research on women may have resulted in failure to develop diagnostic criteria + treatments that are appropriate for females
- 4. Failure of physicians to consistently comply with evidence-based guidelines
- 5. Health plans - women's health activities are focused on gender-specific needs, i.e. mammography, prenatal care<sup>4</sup>

# Strategies for Action



# Life Course Perspective

- Need to revive emphasis
- Chronic conditions have modifiable precursors and risk factors that arise during childhood<sup>9,10</sup>

Social + Physical Hazards



Behavioral, Biological, Psychosocial processes

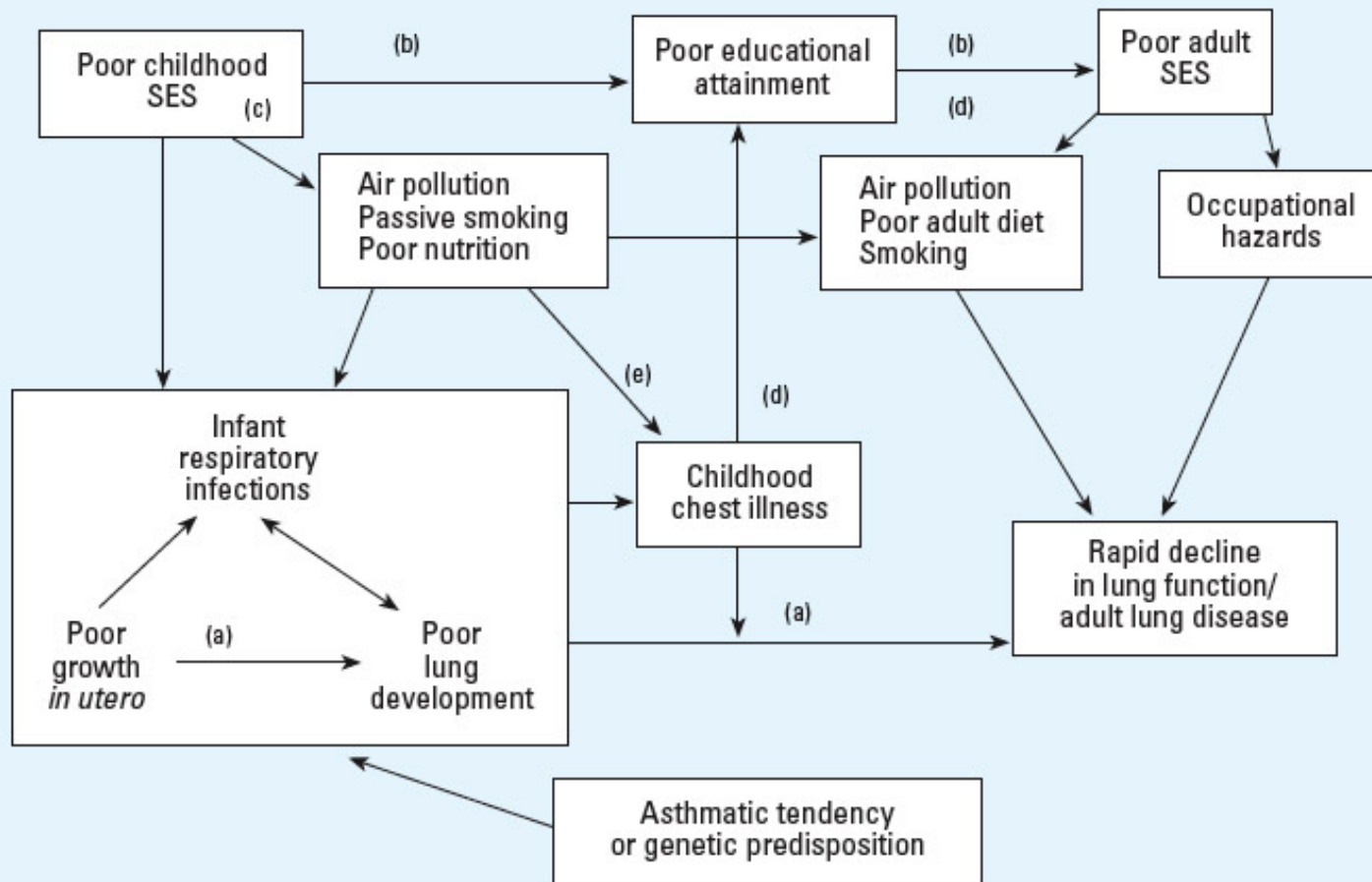


Gestation

Infancy  
Childhood

Adolescence

Adulthood



**Figure 2.** Conceptual model for assessing chronic respiratory effects. SES, socioeconomic status. Included are biological and psychosocial exposures acting across the life course that can influence the health outcome; letters indicate predominant pathway type: (a) biological, (b) social, (c) sociobiological, and (d) biosocial. Reproduced from Ben-Shlomo and Kuh (2002) with permission from Oxford University Press.

# Life Course Policy/Recommendation

Childhood Precursor	Target Environment	Specific Recommendations
Nutritional intake	Home	Cook healthy meals with children; ensure stable family life through effective and positive parenting
	School	Ban junk food vending machines (Canada) <sup>11</sup> ; healthier school lunches by incorporating salad bar (LA Unified School District) <sup>12</sup> ; The Healthy School Lunch Program
	Community	Zoning bylaws to reduce density of fast food restaurants; community vegetable gardens <sup>13</sup>

# Other approaches

Approach	States/Coalitions
Implement nationally recognized guidelines for 1 <sup>o</sup> and 2 <sup>o</sup> prevention of heart disease <sup>14</sup>	Arkansas Wellness Coalition, Maine Taskforce on CVD Prevention, Maine Cares Coalition
Partnering with Emergency Medical System <sup>14</sup>	Maine Heart Safe Communities, Tri-State Stroke Network (NC, SC, GA)


# Other approaches

Approach	State/Coalition
Partnered with community-based organizations, community health care centers <sup>14</sup>	Fulton county in GA, Missouri Cardiovascular Health (CVH) Program
Using community health workers (CHW) <sup>15,16</sup>	West Baltimore City, Alabama

# Possible Ideas

- Explore the feasibility of community garden
- <http://www.csgn.org/page.php?id=30> (grants for funding school gardens)
- Establish walking paths with designated mile markers (build on our existing walking club)
- Utilize our established promotora network and community health workers
- Add module to health education class to teach women strategies on grocery shopping
- Increase public awareness of the signs + symptoms of heart attack + stroke; need to call 9-1-1

# Things to Keep in Mind

- Risk factor screening<sup>17</sup>
  - Make healthy food choices
    - Include fish 2-3x per week
  - Blood pressure control
    - Reduce sodium intake to <2300 mg/day
  - Blood lipid management
  - Physical activity
  - Diabetes management
  - Weight management
- 

# Be informed and proactive in managing your health

The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying <http://www.hrsa.gov/womenshealth/mybrightfuture/menu.html>. The browser's title bar reads "My Bright Future: Physical Activity and Healthy Eating - Microsoft Internet Explorer". The website content is as follows:

U.S. Department of Health and Human Services  
**HRSA MY BRIGHT FUTURE: PHYSICAL ACTIVITY AND HEALTHY EATING**  
Health Resources and Services Administration  
FOR YOUNG WOMEN

This is the online version of the Physical Activity and Healthy Eating Guide and Wallet Card for Young Women. It is meant to be viewed on-screen. Please print from the text-only or PDF versions listed below.

- [Text-only Guide and Wallet Card](#)
- [PDF Guide](#)
- [PDF Wallet Card](#)

Download the free [Acrobat Reader](#)

**This booklet will help you learn about healthy eating and physical activity. With the help of your health care provider, it will also show you what areas might need some improvement and how to set and reach your goals. Here's what you'll find inside:**

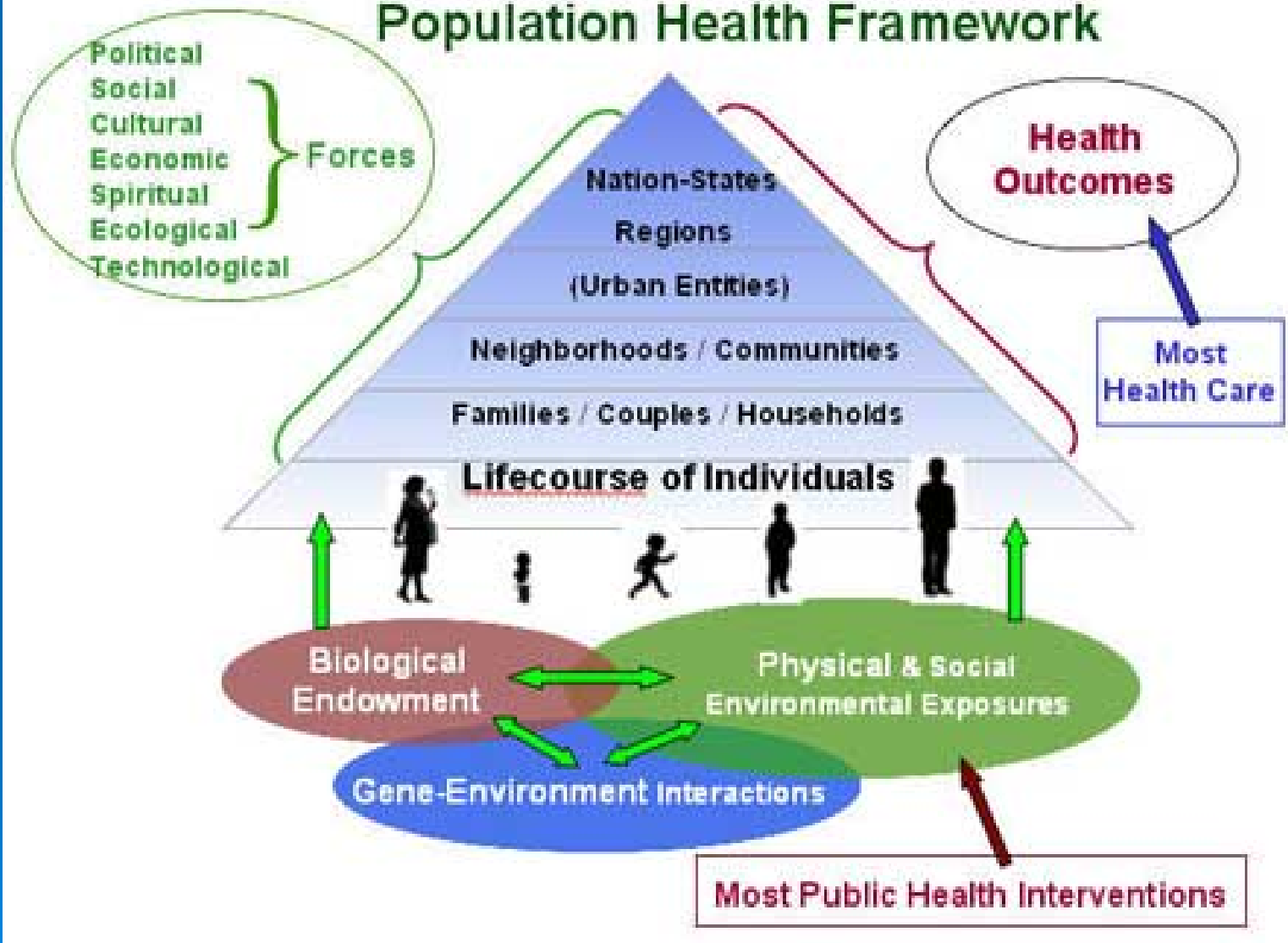
- [Getting Started](#) Questions to answer on your own and talk about with your health care provider.
- [Health Care Provider](#) Ideas on how to start a conversation with your health care provider and examples of questions you can ask.
- [My Health Care Visit](#) Section for your health care provider to fill out during your visit.
- [Setting My Goals](#) Charts for setting goals with your health care provider (or on your own).

[Let's Get Started >>>](#)

The browser's taskbar at the bottom shows several open applications: "My Bright Futur...", "Calendar - Micro...", "Heart Coalition", "WHO Life Cours...", and "Microsoft Power...". The system tray on the right shows the time as 11:47 AM.

Reference: Bright futures for women's health and wellness initiative. *US Department of Health and Human Services*. Retrieved on Sept 6, 2008 from <http://www.hrsa.gov/womenshealth/mybrightfuture/menu.html>

# Population Health Framework



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