

# 2013 Michigan CVD Fact Sheet

## Cardiovascular Disease (CVD) - Heart Disease, Stroke & Other Categories

February 2013 Update

- ♥ CVD is the number one cause of death in Michigan, and one out of every three deaths in Michigan is due to CVD.<sup>(1)</sup>
- ♥ In 2009, heart disease and stroke killed 27,794 Michigianians.<sup>(1)</sup>
- ♥ Michigan ranks 8th worst of the fifty U.S. states for CVD mortality based on 2007-2009 death rates.<sup>(2)</sup>
- ♥ The Michigan CVD economic burden in 2009 was estimated to be \$10.2 billion.<sup>(2,3)</sup>
- ♥ CVD prevalence is expected to rise due to the number of people over 65 years of age and increasing obesity and diabetes prevalence.<sup>(2)</sup>
- ♥ CVD is the number one killer of women.<sup>(4,5)</sup>
- ♥ Most CVD deaths are due to heart disease. Heart disease has been the leading cause of death for decades and killed 23,321 Michigianians in 2010. On average, someone dies about every 20 minutes of heart disease in Michigan.<sup>(1)</sup>
- ♥ Between 2005 and 2010, 60,934 women in Michigan have died of heart disease. This number of women could fill Ford Field for a Detroit Lions football game.<sup>(10)</sup>
- ♥ Stroke is a leading cause of long-term, severe disability and is the fourth leading cause of death in the U.S. and Michigan.<sup>(1,2)</sup> Sixty-four of Michigan's 83 counties had mortality rates above the 2007 national average of 41.6 per 100,000.

### High Blood Pressure

- ♥ High blood pressure (HBP) has been described as a neglected disease. It is one of the nation's leading causes of death and nearly 68 million adults have HBP but about 1 in 2 do not have it under control.<sup>(2,6)</sup>
- ♥ HBP is a major risk factor for stroke. HBP costs in Michigan were estimated at \$1.5 billion in 2007.<sup>(2,3)</sup> Controlling HBP can reduce the risk of stroke by 40% and heart attack by 27%.

### Obesity

- ♥ Michigan is ranked as the 5<sup>th</sup> most obese state in the nation, as nearly 1/3 of Michigan's population is obese.<sup>(5)</sup>
- ♥ In 2011, nearly 1 out of every 8 Michigan high school students was obese.<sup>(8)</sup>
- ♥ Medical costs associated with obesity in Michigan is approximately \$3 billion. In 2018, Michigan is expected to spend \$12.5 billion on obesity-related health care costs if current trends continue.<sup>(9)</sup>

### *Emerging Issues: High Blood Pressure and Cholesterol Control*

- ♥ High blood pressure (HBP) has been described as a neglected disease. It is one of the nation's leading causes of death and nearly 68 million adults have HBP but about 1 in 2 do not have it under control.<sup>(3,6)</sup>
- ♥ MDCH has developed programs and materials that encourage use of clinical guidelines, providing patient and public education materials and many other strategies to enhance control of HBP and will soon be launching materials to promote cholesterol control. A broad range of resources can be found at [www.michigan.gov/hbpu](http://www.michigan.gov/hbpu).
- ♥ 71 million American adults have high blood cholesterol (HBC) but 2 in 3 have it under control.<sup>(3)</sup>
- ♥ Improved care of HBP and HBC could save more than 100,000 lives a year.<sup>(3)</sup>



- ♥ Reduction of sodium is a new emphasis to decrease the prevalence of HBP and also improve control in those with HBP. 2009 Michigan BRFSS data showed that 59.5% of individuals with HBP were advised by their healthcare provider to change their eating habits to lower their BP and 69.6% reported they were changing their eating habits for this purpose. Furthermore, 65.5% of individuals with HBP were advised by their healthcare provider to decrease their salt intake while 74.6% said they were making changes to decrease their salt intake to help lower their HBP. <sup>(4)</sup>
- ♥ The major modifiable risk factors for CVD are cigarette smoking, physical inactivity, diabetes, overweight, high blood pressure, and high blood cholesterol.
- ♥ In 2009, Michiganians continued to have higher than average CVD risk factor prevalence rates. Only 4.6% of Michiganians reported engaging in all 4 healthy lifestyles (healthy weight, adequate fruit and vegetable intake, not smoking, and engaging in adequate physical activity). <sup>(4)</sup>
- ♥ With healthcare provider consultation, aspirin may be recommended as a preventive action for reducing risk of heart attack in men and stroke in women. 2009 Michigan BRFSS data showed that 26.4% of all individuals were taking aspirin daily or every other day. In the age groups recommended to take it, 38.1% of men ages 45-64; 66.5% of men ages 65-79; 36.4% of females ages 55-64 and 55% of females ages 65-79 reported taking it. <sup>(4)</sup>

### **Multiple Risk Factors**

The major modifiable risk factors for CVD are cigarette smoking, physical inactivity, diabetes, overweight, high blood pressure, and high blood cholesterol. Most CVD risk factors in Michigan are above the national rate, and are often more common among those with a lower socioeconomic status. Less than 5% of Michiganians reported engaging in all 4 healthy lifestyle behaviors. <sup>(5)</sup>

**PERCENTAGE OF MICHIGAN ADULTS WITH CVD RISK FACTORS, 2011 <sup>(5)</sup>**  
**(With comparison to 2011 National BRFSS Data)\***

RISK FACTOR	2011	2011 US Median	2011 Nat'l. Ranking**
Current Smoking	23.3	21.2	11 <sup>th</sup>
Blood Pressure: Ever Told High	34.2	30.8	13 <sup>th</sup>
Cholesterol: Ever Told High <sup>(of tested)</sup>	41.8	38.4	4 <sup>th</sup>
Obese (BMI $\geq$ 30)	31.3	27.8	5 <sup>th</sup>
No Physical Activity $\geq$ 150 minutes per week	46.5	48.3	36 <sup>th</sup>

\* The BRFSS 2011 prevalence data should be considered a baseline year for data analysis and is not directly comparable to previous years of BRFSS data because of the changes in weighting methodology and the addition of the cell phone sampling frame, therefore no trend data is available.

\*\*Ranking in comparison to the worst state estimate, i.e. a ranking of 18 would indicate the 18<sup>th</sup> worst state estimate including all 50 States and DC.

(1) Michigan Health Statistics. Division for Vital Records and Health Statistics - Michigan Department of Community Health. February 2011.

(2) Estimated Population by State: 2000-2009. Michigan Department of Technology, Management, and Budget. December 2009.

(3) American Heart Association. Heart and Stroke Statistics – 2013 Update. Dallas, Texas: American Heart Association; 2012. \*Cost estimated from report using MI % of U.S. pop 3.247%. (Data source for economics changed from previous reports)

(4) Center for Disease Control and Prevention. Vital Signs. February 2011.

(5) Michigan Department of Community Health. 2011 Michigan Behavioral Risk Factor Survey.

(6) Healthy People 2010 and 2020 Objectives. DHHS.

(7) Institute of Medicine. 2010. A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension. Washington DC: The National Academies Press.

(8) Michigan Department of Education. 2011 Michigan Youth Risk Behavior Survey.

(9) The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses, Kenneth E. Thorpe, Ph.D. Nov 2009; A collaborative report from United Health Foundation, the American Public Health Association and Partnership for Prevention; Retrieved from <http://www.americashealthrankings.org/2009/report/Cost%20Obesity%20Report-final.pdf>

(10) Source: MDCH, Vital Statistics – 1990-2009.

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