

Heart Disease

Heart disease was the second leading cause of death.

- African Americans were most likely to die of heart disease.
- People living in San Pablo were most likely to die of heart disease.
- Males were more likely to die of heart disease than females.

Between 2005–2007, heart disease accounted for 22.7% of all deaths in Contra Costa, making it the second leading cause of death in the county. There were 4,664 Contra Costa residents who died of heart disease. This means that, on average, 1,555 residents of Contra Costa died from heart disease each year.

The age-adjusted death rate for Contra Costa (147.5 per 100,000) was lower than the age-adjusted rate for California (212.9 per 100,000).

Table 1 ■ Heart disease deaths by race/ethnicity
Contra Costa County, 2005–2007

	Deaths	Percent	Rate
White	3,465	74.3%	151.9
African American	538	11.5%	258.8*
Hispanic	321	6.9%	107.4**
Asian/Pacific Islander	299	6.4%	99.5**
Total	4,664	100.0%	147.5

These are age-adjusted rates per 100,000 residents.

Total includes racial/ethnic groups not listed above.

* Significantly higher rate than the county overall.

** Significantly lower rate than the county overall.

The greatest number of deaths from heart disease occurred among whites (3,465), followed by African Americans (538), Hispanics (321) and Asians/Pacific Islanders (299).

Even though African Americans died in fewer numbers than whites, African Americans had the highest death rate from heart disease (258.8 per 100,000); significantly higher than the county rate overall (147.5 per 100,000) and all other racial/ethnic groups listed. Hispanics (107.4 per 100,000) and Asians/Pacific Islanders (99.5 per 100,000) had significantly lower death rates from heart disease compared to the county overall.

Table 2 ■ Heart disease deaths by gender

Contra Costa County, 2005–2007

	Deaths	Percent	Rate
Females	2,357	50.5%	120.0
Males	2,307	49.5%	185.1*
Total	4,664	100.0%	147.5

These are age-adjusted rates per 100,000 residents.

* Significantly higher rate than county females overall.

The number of heart disease deaths was similar between females (2,357) and males (2,307). However, males had a significantly higher death rate from heart disease (185.1 per 100,000) than females (120.0 per 100,000).

Table 3 ■ Heart disease deaths by selected cities

Contra Costa County, 2005–2007

	Deaths	Percent	Rate
Walnut Creek	627	13.4%	114.0**
Richmond	567	12.2%	210.2*
Concord	547	11.7%	153.8
Antioch	405	8.7%	211.1*
Pittsburg	254	5.4%	181.5*
San Pablo	249	5.3%	337.6*
Martinez	197	4.2%	188.5*
Pleasant Hill	197	4.2%	156.7*
El Cerrito	188	4.0%	145.9
Brentwood	130	2.8%	132.1
Oakley	100	2.1%	226.5*
Pinole	98	2.1%	142.5
Hercules	67	1.4%	135.7
Bay Point	48	1.0%	121.7
Contra Costa	4,664	100.0%	147.5

These are age-adjusted rates per 100,000 residents.

Contra Costa total includes cities not listed above.

* Significantly higher rate than the county overall.

** Significantly lower rate than the county overall.

The greatest number of deaths from heart disease occurred among people living in Walnut Creek (627), followed by Richmond (567), Concord (547) and Antioch (405).

San Pablo had the highest death rate from heart disease (337.6 per 100,000); higher than the county overall (147.5 per 100,000) and all other selected cities listed. Five other cities had significantly higher heart disease death rates than the county overall: Oakley (226.5 per 100,000), Antioch (211.1 per 100,000), Richmond (210.2 per 100,000), Martinez (188.5 per 100,000) and Pittsburg (181.5 per 100,000). Walnut Creek (114.0 per 100,000) had a significantly lower heart disease death rate than the county overall.

What is heart disease?

Heart disease includes a number of different diseases affecting the heart. The most common type of heart disease in the United States is coronary artery disease (CAD), which occurs when cholesterol deposits, or plaque, accumulate in the arteries, causing them to narrow.¹ The build up of plaque can cause a heart attack.¹ Over time, CAD weakens heart muscle and may lead to heart failure.¹

Why is it important?

Heart disease accounts for approximately one in four deaths locally, statewide and nationally.² It is the second leading cause of death in Contra Costa overall; first for African Americans, and second for whites, Asians/Pacific Islanders and Hispanics in the county. It is also the leading cause of death in the nation² and state and a primary cause of premature and permanent disability.

The social and financial costs of heart disease are staggering. In 2010, it is estimated that heart disease will cost the United States \$316.4 billion in the form of health care services, medications and lost productivity.³

Who is most impacted?

In Contra Costa, African Americans are most likely to die from heart disease. Men in the county are also more likely to die from heart disease than women. Nationally, African American adults are more likely to die from heart disease than non-Hispanic whites.⁴ Although African American adults are more likely to have high blood pressure, they are less likely than their white counterparts to have their blood pressure under control.⁴

People are at greater risk for developing heart disease as they age. Other factors that can increase risk for heart disease include: high low-density lipoprotein (LDL) cholesterol, high blood pressure; diabetes; cigarette smoking and exposure to secondhand smoke; and obesity.^{5,6} Physical inactivity, excessive alcohol use, and diets high in saturated fat, cholesterol and sodium are also linked to conditions related to heart disease (e.g., obesity, high LDL cholesterol, high blood pressure and diabetes).⁶

What can we do about it?

Many risk factors for heart disease can be modified through lifestyle changes or medication. People can reduce their risk for heart disease by not smoking, adopting a healthy diet, being physically active,

maintaining a healthy weight, not drinking excessively, and managing other chronic conditions such as diabetes, high blood pressure and high cholesterol.⁷

Although heart disease often has no symptoms, management and timely treatment for some risk factors, such as high blood pressure and cholesterol, can help reduce the risk of death and disability related to heart disease.² National guidelines suggest that blood pressure be checked regularly and blood cholesterol level be checked at least every five years.⁷

It is also important to recognize the symptoms of a heart attack (e.g., pain or discomfort in the chest, back or neck; shortness of breath; and light-headedness) and to seek medical attention quickly if you experience these symptoms.⁸ Access to health insurance, quality medical care and prescription medication is important in treating chronic illnesses, like heart disease.

Greater access to healthy foods and opportunities for low- or no-cost physical activity is important to help foster health behaviors that can reduce the risk of heart disease. Policies and programs, including those that support neighborhood-level changes to the built environment, can help increase areas for more physical activity such as convenient, safe walking paths and accessible sources of fresh fruits and vegetables.⁹

Data Sources: Heart Disease

TABLES

Tables 1-3: These tables include total deaths due to heart disease and age-adjusted average annual death rates per 100,000 residents for 2005 through 2007. Mortality data from the California Department of Public Health (CDPH), <http://www.dph.ca.gov/>, Center for Health Statistics' Death Statistical Master File, 2005-2007. Any analyses or interpretations of the data were reached by the Community Health Assessment, Planning and Evaluation (CHAPE) Unit of Contra Costa Health Services and not the CDPH. Data presented for Hispanics include Hispanic residents of any race. Data presented for whites, Asians/Pacific Islanders and African Americans include non-Hispanic residents. Not all race/ethnicities are shown but all are included in totals for the county and for each gender and city.

ICD10 coding for diseases of the heart (ICD I00-109, I11, I13, I20-I51) from the Centers for Disease Control and Prevention National Center for Health Statistics, available online at: http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf

Population estimates for Contra Costa and its subpopulations (by age, gender, race/ethnicity, city/census place) for 2005-2007 were provided by the Urban Strategies Council, Oakland, CA. January, 2010. Data sources used to create these estimates included: U.S. Census 2000, Nielsen Claritas 2009, Association of Bay Area Governments (ABAG) 2009 Projections, and California Department of Finance Population Estimates for Cities, Counties and the State 2001-2009, with 2000 Benchmark.

California Population estimate for state level rate from the State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2009, with 2000 Benchmark. Sacramento, California, May 2009.

TEXT

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