Burden of Cardiovascular Disease in California

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Right Care Initiative Meeting

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Burden of Cardiovascular Disease in California

• 12 million Californians are affected by cardiovascular disease (CVD).

• The most common forms of CVD are:
  – Heart Disease (HD),
  – Heart Failure (HF),
  – Hypertension (HTN), and
  – Stroke.

Prevalence of the Common Forms of CVD by Race/Ethnicity

Prevalence of Hypertension by Race/Ethnicity, 2015-2018

## CA Leading Causes of Death, 2018

<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart Disease</td>
<td>37,088</td>
</tr>
<tr>
<td>2. Alzheimer's Disease and other Dementias</td>
<td>25,070</td>
</tr>
<tr>
<td><strong>3. Stroke</strong></td>
<td><strong>16,331</strong></td>
</tr>
<tr>
<td>4. Chronic Obstructive Pulmonary Disease</td>
<td>13,042</td>
</tr>
<tr>
<td><strong>5. Hypertension</strong></td>
<td><strong>11,801</strong></td>
</tr>
<tr>
<td>6. Trachea, Bronchus and Lung Cancers</td>
<td>11,072</td>
</tr>
<tr>
<td><strong>7. Other or Unspecified Cardiovascular Diseases</strong></td>
<td><strong>10,747</strong></td>
</tr>
<tr>
<td>8. Kidney Diseases</td>
<td>7,546</td>
</tr>
<tr>
<td><strong>9. Heart Failure</strong></td>
<td><strong>7,589</strong></td>
</tr>
<tr>
<td>10. Other Malignant Neoplasms</td>
<td>7,207</td>
</tr>
</tbody>
</table>

Leading Causes of Death

- In 2017, the age-adjusted coronary heart disease death rate for California decreased from 97.4 to 87.4 per 100,000 people, a reduction of 10.3%.
- California met the HP 2020 HDS-2 objective to reduce heart disease deaths.
- In 2017, the age-adjusted stroke death rate increased 4.6%, from 34.7 to 36.3 per 100,000 people.
- California did not meet the HP 2020 HDS-3 objective to reduce stroke related deaths.

County Health Statistics, 2019.
CVD Associated Risk Factors by Race/Ethnicity

- **Obese/Overweight**
  - African American: 69%
  - American Indian or Alaska Native: 69%
  - Asian: 69%
  - Latino: 72%
  - African American: 69%
  - American Indian or Alaska Native: 72%

- **Smoking**
  - African American: 12%
  - American Indian or Alaska Native: 14%
  - Asian: 14%
  - Latino: 17%
  - African American: 13%
  - American Indian or Alaska Native: 17%
  - Asian: 17%
  - Latino: 20%

- **Physical Inactivity**
  - Native Hawaiian and Other Pacific Islander: 5%
  - Two or More Races: 7%
  - Whites: 5%
  - No Access to Fresh Fruits/Veggies in Neighborhood: 5%

Cost of CVD

- In 2018, it was reported that CVD costs California an estimated $51.9 Billion
  - These costs are specific to the four most common forms of CVD
  - Are related to direct (health care costs) and indirect (lost productivity and life years) costs
CVD Health Equity Lens

• **Burden of Self-Reporting CVD** is highest among American Indian/Alaska Natives, African Americans, Native Hawaiian/Pacific Islanders, and Whites.

• **Burden of CVD Associated Risk Factors** is highest among African Americans, Native Hawaiian/Pacific Islanders, and Multiple Races.

• **Burden of Mortality from CVD** is highest among African Americans and Latinos.
Equity Lens on CA COVID-19 Statistics including data for select chronic conditions

A Closer Look Through the Equity Lens

Other Nontraditional Risk Factors Affecting CVD among African Americans and Latinos

Other Nontraditional Risk Factors Affecting CVD among African Americans and Latinos

- Experienced difficulty finding a primary care provider:
  - African American: 7%
  - Latino: 8%

- Was often unable to get a doctor's appointment within 2 days in past 12 months:
  - African American: 18%
  - Latino: 14%

- Visited emergency room in the past 12 months:
  - African American: 53%
  - Latino: 58%

CVD Health Equity Lens During COVID-19

• Why are racial/ethnic groups or economically disadvantaged people of any background more susceptible of becoming infected or developing severe disease and dying?

• What are possible underlying causes of differential outcomes of COVID-19 in populations burdened by CVD?
Addressing CVD Disparities Through Programs

Prevention Forward (PF) is the five-year Centers for Disease Control and Prevention grant the California Department of Public Health Chronic Disease Control Branch received to increase prevention and management of diabetes, prediabetes, hypertension, stroke, and high blood cholesterol.
PF Objectives to Address the Burden of CVD

**Objective 1:** Assess and increase use of health care reporting systems to identify, report standard clinical quality measures, and/or refer patients with chronic conditions to nationally recognized lifestyle change programs;

**Objective 2:** Identify policies and procedures within the organization to identify, manage, and prevent chronic conditions; and

**Objective 3:** Assess use of team-based models to manage, monitor, and refer patients with chronic conditions to nationally recognized lifestyle change programs.
Objective 1: Assess and increase use of health care reporting systems to identify, report standard clinical quality measures, and/or refer patients with chronic conditions to nationally recognized lifestyle change programs.

• PF is linking partner clinics, hospitals, and pharmacies to electronic health systems technical assistance to ensure patients with chronic conditions are:
  – Diagnosed (identified)
  – Referred to lifestyle change programs within their community, and
  – Receive standard clinical quality care.

• PF is promoting telehealth capacity to link patients to health care services to reduce delayed care.
Objective 2: Identify policies and procedures within the organization to identify, manage, and prevent chronic conditions.

- PF is promoting the patient care process, which includes Comprehensive Medication Management/Medication Therapy Management to manage CVD.

- PF is promoting and hosting health education and self-management of CVD webinars.

- PF is promoting adoption and implementation of team-based care approaches with the inclusion of non-physician team members.
Objective 3: Assess use of team-based models to manage, monitor, and refer patients with chronic conditions to nationally recognized lifestyle change programs.

- PF is promoting and sharing information about Collaborative Practice Agreements and adoption.
- PF staff is working to increase equity capacity with Community Health Workers and providers to promote improved awareness and treatment of patients with CVD.
- PF staff is hosting webinars on lifestyle modification/referral topic area regarding self-measured blood pressure monitoring training.
Prevention Forward Surveillance

• PF, on a quarterly, annual and biennial basis, monitors treatment, management, referrals, and engagement of non-physician team members to reduce CVD burden and/or negative health outcomes from being diagnosed with CVD.

• Next steps are to implement evidence-based interventions in PF partner clinics, hospitals, and pharmacies then monitor change in screening, treating, referring patients with CVD to lifestyle change programs, and medication management. PF will also monitor change in communication between team members and use of Collaborative Practice Agreements.
Questions???
Contact Information

For additional comments and/or questions pertaining to this presentation please contact:

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