

Heart Disease in Women

GOAL: The Women's Health Council of RI continues to track metrics and report card data as well as advocate for research, analysis, and policy improvements for women's health. Check back often for more information at www.womenshealthcouncil.org

SILENT, PERVASIVE

DISEASE, TREATMENT, RESULTS

1 in 3 women die of heart disease annually but **only 1 in 5** thinks it is her biggest health threat

64% women who died of heart disease had **no previous symptoms**

Women who have heart attacks have **worse outcomes** than men and are more likely to die within 1 year, have another in 6 years and be disabled

Women are **less likely than men to receive aggressive diagnosis and treatment** for heart disease

If women adhere to lifestyle choices, **83% of coronary events would be prevented**

LIFESTYLE AND RELATED CONDITIONS

Diabetes: 15% of obese women, only 3% with normal weight

High Cholesterol: 38% of obese women, only 24% with normal weight

Hypertension: 44% of obese women, only 21% with normal weight

SOURCES: AHA, BCBS

RHODE ISLAND WOMEN AND HEART DISEASE

RI women appear to have higher death rates from coronary heart disease but not from stroke relative to the nation. This appears to be due to higher death rates among older women in RI; rates among younger women appear to be similar to the nation. The last age adjusted data (2007) available also showed higher CHD death rates for RI women compared to the nation.

Death Rate/100,000 (2011--2013)	RI	US	2020 Goal*
All Heart Disease, all ages	131.2	136.3	
CHD, all ages	90.0	77.9	60.9
All Stroke, all ages	27.7	36.2	29.3
Heart Attack per 1,000; 18-64 (2014)	0.72	0.73	US range: .43-1.25

Many lifestyle behaviors of RI women lead to poor health outcomes (2013 data)

Indicator	RI Women	Goal*
Meet Exercise Std	28%	20% or less
Meet Fruit/Veg. Std	30%	50%
Are Obese	25%	15%
Smoke	15%	12%
Binge Drink	11%	6% or less
Have Diabetes	7%	3%
Have High BP	29%	16% or less

*Adjusted for women by NWLC

SOURCES: AHA, CDC/BRFSS, RI DOH, NWLC, BCBS

ONE OF THE MOST PREVENTABLE DISEASES

THE OPPORTUNITY

Implement policy interventions to mitigate some of the stressors that accumulate over women's lives, e.g. increase childcare subsidies for low income women, increase SNAP (food stamps) benefits, incentivize healthy food purchases with SNAP benefits (like what is now done at some farmer's markets).

Work with providers to help patients with lifestyle issues by writing prescriptions for healthy foods, stress management classes, or physical activity programs that are provided at no/low cost by partner organizations.

Have more gender specific trials and data and more women in clinical trials (currently under-represented) to understand gender specific issues.

Work with corporations to implement workplace interventions to keep employee population healthier.