2006 Georgia Data Summary: STROKE AND HEART ATTACK PREVENTION PROGRAM (SHAPP)



SHAPP is an awareness, detection, treatment and control program that targets lowincome, uninsured, or underinsured patients with uncontrolled high blood pressure.

DEFINITIONS

- Stroke and heart attack (Ischemic heart disease) are two of the seven disease categories that comprise cardiovascular disease (CVD)
- Stroke (cerebrovascular disease) refers to an infarct (loss of blood supply due to a blocked artery) or hemorrhage in the brain.
- Ischemic heart disease (IHD), also known as coronary heart disease, refers to narrowing of the coronary arteries, which reduces blood flow and oxygen to the heart. Ischemic heart disease includes acute myocardial infarctions ("heart attacks") and complications resulting from previous myocardial infarctions.

STROKE DEATHS

- Stroke was the third most frequent cause of death in Georgia, accounting for **6%** of all deaths, with **4,050** stroke deaths in 2004.
- In 2004, Georgia's stroke death rate was **21%** higher than the national rate.
- Stroke death rates were **1.4** times **higher** for blacks than whites in 2004.
- **19%** of persons dying from stroke in Georgia in 2004 were less than 65 years old.

STROKE HOSPITALIZATIONS

- Approximately **23,500** hospitalizations occurred among Georgia residents due to stroke in 2004.
- The average charge per stroke hospitalization in Georgia was **\$22,700** in 2004.¹
- Total hospital charges for stroke in Georgia were **\$533 million** in 2004.¹

CARDIOVASCULAR DISEASE DEATHS

Causes	<u># Deaths 2004</u>
Cardiovascular Disease Total	22,378
Heart Disease	16,551
Ischemic Heart Disease	8,974
Hypertensive Heart Disease	874
Other Heart Disease	6,703
Stroke	4,050
Hypertension	864
Atherosclerosis	303
Other	610

ISCHEMIC HEART DISEASE (IHD) DEATHS

- Heart disease was the leading cause of death in Georgia, accounting for 25% of all deaths, with 16,551 heart disease deaths in 2004. Of the deaths from heart disease, 8,974 were attributable specifically to ischemic heart disease.
- In 2004, Georgia's IHD death rate was **14% lower** than the national rate.
- IHD death rates were **1.8** times **higher** for men than women in 2004.
- **26%** of persons dying from IHD in Georgia in 2004 were less than 65 years old.

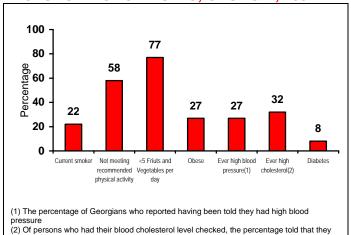
IHD HOSPITALIZATIONS

- Approximately **50,100** hospitalizations occurred among Georgia residents due to IHD in 2004.
- The average charge per IHD hospitalization in Georgia was **\$32,000** in 2004.¹
- Total hospital charges for IHD in Georgia were \$1.6 billion in 2003.¹

RISK FACTORS FOR STROKE AND HEART DISEASE

- Modifiable risk factors are those which can be changed in order to slow or reverse the disease process and decrease the risk of disease.
 Modifiable risk factors for stroke and heart attack include:
 - o Smoking
 - o Physical Inactivity
 - o Poor Diet
 - o Obesity
 - o High Blood Pressure
 - High Cholesterol
 - o Diabetes

have high cholesterol



THE ROLE OF HIGH BLOOD PRESSURE IN STROKE AND HEART ATTACK

- Blood pressure is defined as "controlled" if the systolic and diastolic readings are below 140 and 90 mm Hg, respectively.
- Some people can control their high blood pressure by losing weight and engaging in physical activity.
- For those who are unable to decrease their blood pressure by lifestyle modification alone, medications prescribed by a physician can often control high blood pressure successfully.
- Adults with increased blood pressure have reduced life expectancy as well as more time spent living with CVD. Life expectancy for those with controlled blood pressure is 5.1 years longer for men and 4.9 years longer for women.²

SHAPP CLINICS

- There are 137 SHAPP clinics throughout Georgia.
- SHAPP clinics are present in 16 of the 18 health districts.

SHAPP PATIENT DEMOGRAPHICS

- 15,718 patients were served by SHAPP during the 2006 fiscal year.
- 55% of the patients were African American.
- 74% of patients were less than 65 years old.

SHAPP CONTROL RATES

- SHAPP clinics have varying blood pressure control rates, ranging from 52% to 84% with a median control rate for all clinics of 65%.
- Private health plans in Georgia had a range of control rates from 47% to 68% with a median control rate of 60% for patients treated in a private setting.³
- Nationally, 53% of patients undergoing treatment for high blood pressure are controlled.⁴

SHAPP COSTS

- The annual medication cost is approximately \$12.76 per patient.
- Clinic visit costs range from \$20 and \$55 per visit and patients are generally seen on a quarterly basis once blood pressure control is established.

 Hospital charges from acute care non-federal hospitals
Franco et al. Blood Pressure in Adulthood and Life Expectancy With Cardiovascular Disease in Men and Women. Life Course Analysis. *Hypertension*.2005; 46: 280-286.

3. Based on performance indicators on the Health Plan Employer Data and Information Set (HEDIS), implemented by the National Committee for Quality Assurance.

4. Hajjer, I, Kotchen TA. Trends in Prevalence, Awareness, Treatment, and Control of Hypertension in the United States, 1988-2000. JAMA 2003;290:199-206.

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PREVALENCE OF MODIFIABLE RISK FACTORS AMONG ADULTS, GEORGIA, 2004