

**Heart Disease and Stroke Briefing Document**  
**Presented to the Governor's Interagency Council on Health Disparities**  
**September 20, 2007**

**Heart disease** is a broad term that includes coronary heart disease, myocardial infarction (or heart attack) and other serious conditions. Coronary heart disease, the most common type of heart disease, occurs when the arteries that supply blood to the heart become hardened and narrowed due to plaque buildup. Coronary heart disease can lead to a myocardial infarction. Angina, or chest pain, can also occur. **Stroke**, also known as cerebrovascular disease, is the interruption of blood supply to the brain. In an ischemic stroke, the most common type of stroke, an artery that supplies blood and oxygen to the brain becomes blocked, either by a blood clot or by a narrowing of the artery. In a hemorrhagic stroke, an artery in the brain ruptures.

**CRITERION #1: PREVALENCE / INCIDENCE**

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- In 2005, 6% of Washington adults (over 260,000) reported that they had heart disease, angina or had survived a heart attack and 2.4% (over 100,000) reported that they had survived a stroke.

**CRITERION #2: SEVERITY**

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- In 2005, coronary heart disease and stroke were the second and third leading causes of death in Washington State, causing 7,734 and 3,167 deaths, respectively.
- Since 1980, mortality rates for both heart disease and stroke have been declining steadily.
- Mortality rates for heart disease are lower in Washington than in the nation; however, stroke mortality rates are higher in Washington than in the nation. In 2003, Washington's death rate for stroke ranked 13<sup>th</sup> highest in the U.S.
- In 2005, there were 77,959 and 26,612 hospitalizations in Washington that included coronary heart disease and stroke among the listed diagnoses, respectively.
- Heart disease and stroke are leading causes of long-term disability.

**CRITERION #3: DISPARITY**

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- For the years 2003-2005, coronary heart disease mortality rates (per 100,000) were significantly higher for American Indian/Alaska Natives (186) and blacks (163) than for whites (132). Rates for Hispanics and Asians/Pacific Islanders were 103 and 95, respectively. The Index of Disparity for coronary heart disease mortality was 54%.
- From 2003-2005, stroke mortality rates (per 100,000) were 70.6 for blacks, 68.1 for American Indian/Alaska Natives, 55.9 for Asian/Pacific Islanders, 55.0 for whites, and 51.6 for Hispanics for an Index of Disparity of 21%.
- Heart disease prevalence, hospitalization rates, and mortality rates are all significantly higher for Washington males than for females.
- Prevalence of stroke and hospitalization rates for stroke were higher for Washington males than females. Men ages 65-74 had higher stroke mortality rates than women, but women ages 85 and older had higher mortality rates from stroke than men.

**The Index of Disparity** is the average of the difference in rates between the racial/ethnic group with the "best" rate and all other racial/ethnic groups.

*Keppel KG et al., Measuring progress in healthy people 2010. Statistical Notes, no 25. NCHS, 2004*