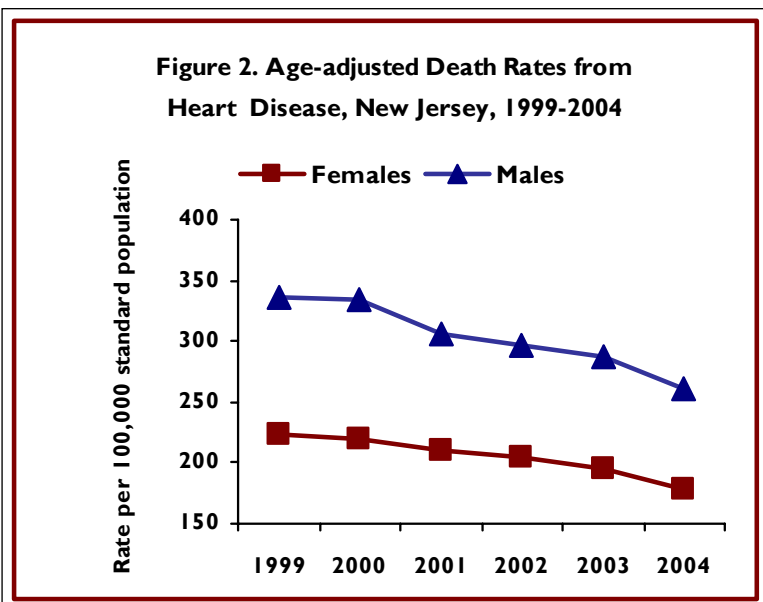
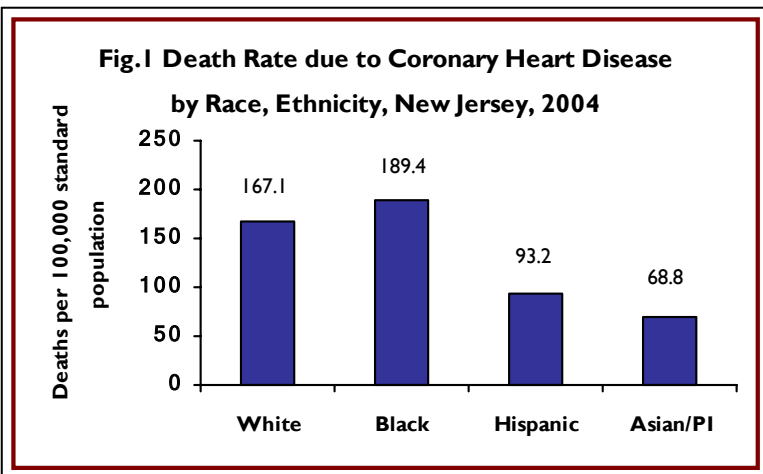


Heart Disease: New Jersey's #1 Killer

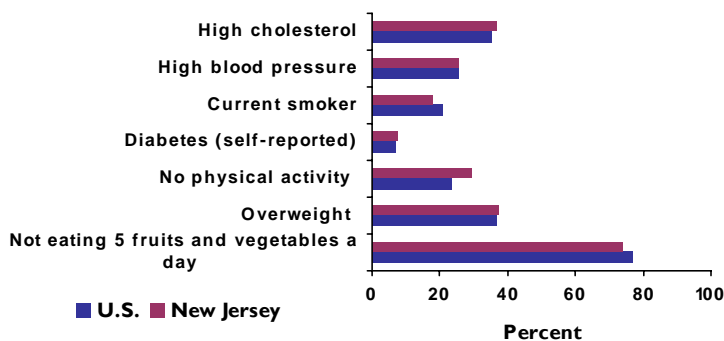
- Heart disease is the leading cause of death in the United States and in New Jersey. In 2004, approximately 652,500 Americans and 20,500 New Jerseyans died from coronary heart disease.
- Coronary artery disease is the most common form of heart disease and is caused by a narrowing of the coronary arteries that supply blood to the heart.



- Blacks in New Jersey have 13% higher age-adjusted death rates from coronary heart disease than whites. Hispanic/Latino and Asian/Pacific Islander death rates are 44% and 59% lower than whites, respectively.
- Heart disease is a leading cause of premature permanent disability in the U.S. workforce. In 2007, the CDC's Division for Heart Disease and Stroke Prevention projected the cost of heart disease and stroke in the United States to be \$431.8 billion, including health care expenditures and lost productivity from death and disability.
- Female age-adjusted death rates from heart disease are 32% lower than for males (Fig. 2). Still, more women than men died from heart disease in New Jersey in 2004 (10,966 versus 9,598). Death rates were still lower for females due to the concentration of mortality in the older age groups.
- During the past several decades, the death rate from heart disease has declined significantly in New Jersey, as it has elsewhere in the United States. Recently, deaths from heart disease have decreased by more than 20% for both men and women in the state (Fig. 2).
- The progress that has been made in reducing death rates due to heart disease is attributable to changes in behavior to decrease disease risk, such as reduced smoking in adults and routine monitoring of blood pressure and cholesterol, as well as advances in medical and surgical treatments.

- Two of the major independent risk factors for heart disease are high blood pressure and high blood cholesterol. Other risk factors include overweight, physical inactivity, smoking, poor nutrition, and diabetes mellitus (Fig.3).
- Current national guidelines recommend that all adults have their blood cholesterol levels checked every 5 years and blood pressure checked every 2 years. According to BRFSS data, 78% of New Jersey adults adhere to the cholesterol monitoring recommendations and historically, blood pressure screening rates have been near 90%. Among adult residents diagnosed with high blood pressure, nearly 80% are taking medication to control their condition.
- Forty-seven percent of heart attack victims in the U.S. die before emergency medical personnel arrive. Individuals should call 911 immediately after symptoms of heart attack begin.
- Recognizing and responding promptly to heart attack and/or stroke symptoms and receiving the appropriate medical care are crucial to survival. Heart attack warning signs can include chest discomfort, pain or discomfort in one or both arms, the back, neck, jaw or stomach, and shortness of breath.

Figure 3. Risk Factors for Heart Disease and Stroke, U.S., New Jersey, 2005



- The New Jersey Chapter of the [American Heart Association](#) (AHA) is committed to building healthier lives for residents, free of cardiovascular diseases and stroke. In conjunction with Healthy NJ 2010 cardiovascular disease health objectives, the AHA’s goal is to help reduce coronary heart disease, stroke and risk by 25%. For more information on tools, programs and activities to raise awareness and reduce disease risks, contact the NJ AHA office via the link to their web site above.

- To address many of the risk factors associated with heart disease, a number of programs have been created in New Jersey focusing on individual tobacco use, diabetes prevention, obesity and overweight risk factors. The Rutgers Center for State Health Policy reviews these programs in their report on [Cardiovascular Disease in New Jersey](#).
- The [New Jersey Office of Women’s Health](#) (OWH) in partnership with the [Women’s Heart Foundation](#) has launched the “Take New Jersey Women to Heart” risk reduction program that focuses on preventive strategies and healthy lifestyles for heart disease in women. Details can be found by visiting the organizations’ web sites.

Sources:

NJ Department of Health and Senior Services, [Center for Health Statistics](#), [New Jersey Behavioral Risk Factor Survey](#)
 Rutgers Center for State Health Policy, [White Paper on Cardiovascular Disease in New Jersey: Review of Current Strategies and Opportunities](#)
[Centers for Disease Control and Prevention](#)
[CDC’s National Center for Health Statistics](#)
[American Heart Association](#)



Jon S. Corzine, Governor
 Heather Howard, Commissioner

New Jersey Department of Health and Senior Services
 Public Health Services Branch
 Office of the State Epidemiologist, Center for Health Statistics
 P.O. Box 360
 Trenton, NJ 08625-0360