



Take it to Heart

How women can improve cardiovascular health and reduce their risk of heart disease – regardless of their age

Here’s a staggering statistic: Heart disease and stroke cause one in three deaths among women each year – more than all cancers combined. According to the Centers for Disease Control and Prevention (CDC), heart disease is the leading cause of death in women.¹

In the United States, an estimated 44 million women are affected by cardiovascular disease and 90 percent of these women have at least one or more risk factors. What’s not often known: fewer women than men survive their first heart attack and since symptoms can differ, they often go unrecognized.²

Understanding the Risk Factors

It’s estimated that 80 percent of heart disease and stroke events may be prevented by lifestyle changes and education.³ The total direct and indirect cost of cardiovascular disease, according to the CDC, is \$320.1 billion.⁴ Overall, the total lifetime medical costs (the sum of incremental and baseline lifetime medical costs) of treating a woman with cardiovascular disease are 3.4 times greater than the costs of a woman without cardiovascular disease.

In addition to a financial toll, the disease takes a personal one as well. As many women tend to be the primary caregiver for their family, additional medical expenses and lost productivity at work tend to create detrimental, long-term consequences.

There are many risk factors that can increase a woman’s likelihood of developing heart disease, including:

-  Diabetes
-  Poor diet
-  Excessive alcohol use
-  A family history of the disease
-  High cholesterol
-  High blood pressure
-  Obesity
-  A sedentary lifestyle
-  Tobacco usage⁵

“About half of all Americans have at least one of the three key risk factors for heart disease: high blood pressure, high cholesterol and smoking.”⁶

Heart disease risk rises for everyone as they age, but studies have shown an increase in heart attacks among women about 10 years after experiencing menopause. Why? According to the American Heart Association, estrogen helps arteries stay flexible and strengthens their interior walls. Menopause leads to a decline in estrogen, which may in turn lead to an increase of heart disease in post-menopausal women.

There are also aspects of heart diseases that affect women more than men including coronary microvascular disease (MVD), a problem that affects the heart’s tiny arteries, and broken heart syndrome – extreme emotional stress leading to severe but often short-term heart muscle failure.⁷

The Best Standards for Women’s Heart Health

According to a number of well-regarded public health entities including the CDC and the NIH’s National Heart, Lung and Blood Institute, there are many actions women can take, with the support of their practitioners and health plans, to improve their heart health and lower the risk for disease.

Ways women can reduce their risk for heart disease:

-  Quit smoking
-  Understand and monitor high blood pressure
-  Understand and mitigate high cholesterol
-  Manage weight and diet
-  Stay physically active
-  Prevent or avoid diabetes

Women’s Heart Disease and Minority Care

Heart disease is the leading cause of death for people of most racial and ethnic groups in the United States, including African Americans, Hispanics and Caucasians. For Asian Americans, Pacific Islanders, American Indians or Alaska Natives, heart disease is second only to cancer. Minority women face even greater challenges. More than 80 percent of African American women and 70 percent of Hispanic women are overweight or obese, compared to just 50 percent of white women, CDC statistics state. They also show that a mere 10 percent of minority women have physically active lifestyles and tend to suffer from high blood pressure and diabetes in record numbers.

Language and cultural barriers also present challenges for these populations. According to Dr. Malissa Wood, a cardiologist at the Massachusetts General Hospital Heart Center, “Language can certainly be a deterrent to diagnosis and treatment because of miscommunications and mistrust of the medical system.”⁸ Therefore, it is essential that programs, clinical trials and researchers take into account the full risk stratification and population makeup of the female populations they are looking to impact.

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Know Your Numbers, Improve Your Health

The first step to any population health improvement program is to thoroughly understand the population and its risk factors.

Without understanding a woman's baseline, it is impossible to monitor or mitigate the most prevalent cardiovascular disease risk factors. In managing heart disease, that means understanding critical biometric measures including:

- ✔ Total cholesterol and LDL (bad cholesterol)
- ✔ Blood pressure
- ✔ BMI
- ✔ Risk for diabetes or A1c

Health screening is the foundation of these programs. Biometric tests and health risk assessments (HRAs) provide a baseline for measuring improvement. But you need to make it easy for participants to sign up, schedule appointments, get screened, check results, and take the right steps toward better health. Today's consumers insist on user-friendly experiences for navigating healthcare processes. They are also very savvy about their health records. They expect providers to securely move their data between systems as well as help them navigate those systems.

Next Steps

Mitigating heart disease in women (and men) begins with investing in preventative efforts--like screening--that focus on health, not illness. That means addressing and controlling risk factors such as smoking, obesity, high blood pressure or cholesterol and physical inactivity. Regular health screening is essential.

To successfully screen a population and monitor progress, participants must be engaged and accountable to take a proactive role in their health. A complete population health management platform connects those dots, providing people with user-friendly measurement solutions, integrated lab results and verifiable outcomes. It serves as the central hub for sharing data, driving participation and tracking wellness measures. Most importantly, it enables individuals to play an active role in their own care by monitoring their vital health metrics. These activities are the foundation of good heart health, both for individuals and populations.

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About the Author

Rachel Phillips Terry is a corporate vice president at BioIQ, a healthcare technology company that helps assess health risk factors for individuals and populations. She has worked in healthcare for more than 20 years and held key positions at America's Health Insurance Plans (AHIP) as well as several oncology management organizations. Rachel brings a broad base of experience to BioIQ, where she helps clients improve their quality reporting initiatives for HEDIS, STAR and Quality Rating System measures. She attended George Mason University in Fairfax, Virginia.



End Notes

- ¹ <http://www.cdc.gov/women/lcod/2013/index.htm>
- ² https://www.goredforwomen.org/about-heart-disease/facts_about_heart_disease_in_women-sub-category/statistics-at-a-glance/
- ³ https://www.goredforwomen.org/about-heart-disease/facts_about_heart_disease_in_women-sub-category/statistics-at-a-glance/
- ⁴ CDC.gov – Heart Disease Facts American Heart Association – 2015 Heart Disease and Stroke Update, compiled by AHA, CDC, NIH and other governmental sources Lloyd-Jones, D., Adams, R. J., Brown, T. M., Carnethon, M., Dai, S., De Simone, G., ... Wylie-Rosett, J. (2010). Executive summary: Heart disease and stroke statistics-2010 update: A report from the american heart association. *Circulation*, 121(7).10.1161/CIRCULATIONAHA.109.192667
- ⁵ <http://www.cdc.gov/women/heart/index.htm>
- ⁶ Fryar CD, Chen T, Li X. Prevalence of Uncontrolled Risk Factors for Cardiovascular Disease: United States, 1999–2010. NCHS Data Brief, No. 103. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2012.
- ⁷ <https://www.nlm.nih.gov/medlineplus/heartdiseaseinwomen.html>
- ⁸ <http://abcnews.go.com/Health/heart-disease-hits-minority-women-hardest/story?id=18469054>