Data Perspectives on Cardiovascular Disease and Diabetes Disparities in Maryland

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Racial and Ethnic Breakdown of Maryland Population, 2014 estimates

2014 estimates MD Dept of Planning	Total	Not Hispanic	Hispanic
Total	<mark>5,976,407</mark>	5,419,036	557,371
White Alone	3,589,555	<mark>3,144,704</mark>	444,851
Black Alone	1,809,294	1,749,444	59,850
Amer Indian / Alaska Native Alone	33,413	14,506	18,907
Asian Alone	380,168	373,555	6,613
Native Hawaiian / Pacific Islander	6,319	3,047	3,272
Two or More Races	157,658	133,780	23,878



Racial and Ethnic % Breakdown of Maryland Population, 2014 estimates

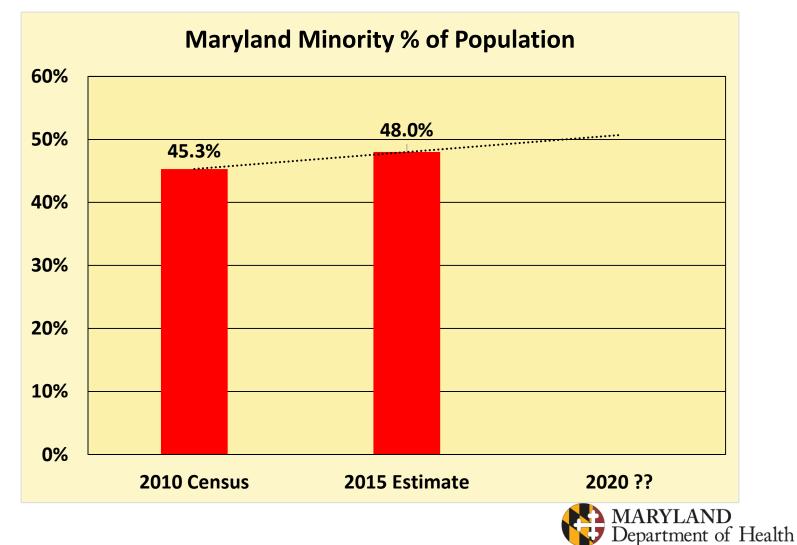
(all percents are percent of "total total")

2014 estimates MD Dept of Planning	Total	Not Hispanic	Hispanic
Total	100.0%	90.7%	<mark>9.3%</mark>
White Alone	60.1%	<mark>52.6%</mark>	7.4%
Black Alone	<mark>30.3%</mark>	29.3%	1.0%
Amer Indian / Alaska Native Alone	<mark>0.6%</mark>	0.2%	0.3%
Asian Alone	<mark>6.4%</mark>	6.3%	0.1%
Native Hawaiian / Pacific Islander	0.1%	0.1%	0.1%
Two or More Races	2.6%	2.2%	0.4%

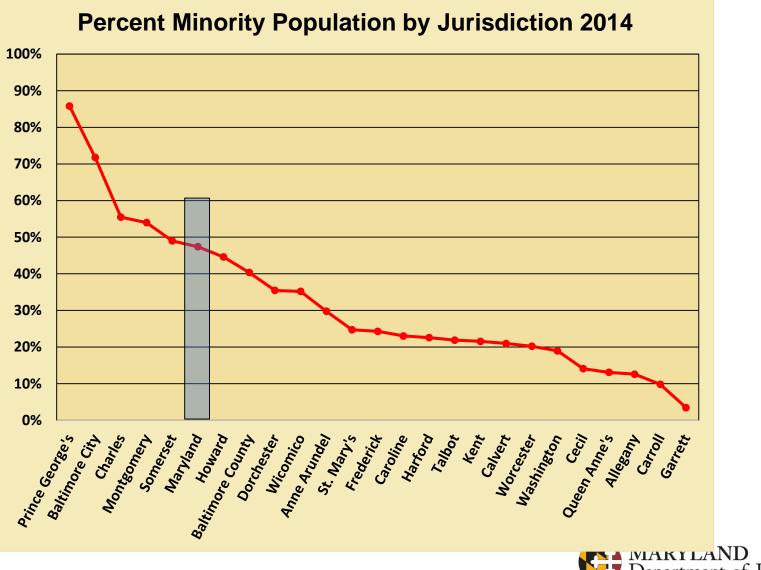
Blacks are 64% of the Minority Population, Hispanics are 20% and Asians are 13%



Trend in Minority Population % in Maryland, 2010 to 2020



Percent of Population that is Minority by Jurisdiction, 2014



Department of Health

Roles of Data in Health Disparities

1. Identify, Quantify and Locate Health Disparities

2. Identify causes and plan interventions

3. Track Progress toward Elimination

This is number 1 done serially over time

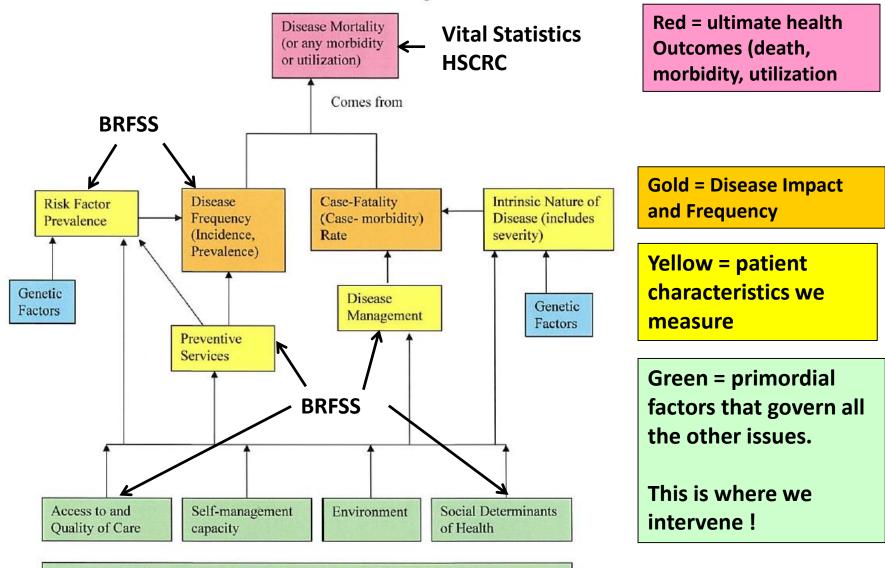


Types of Data for Describing Health Disparities

- Ultimate outcomes of health:
 - <u>Mortality</u>
 - Morbidity (pain, suffering, disability)
 - Health care use (ED visits, hospital admissions)
 - <u>Cost</u> (closely related to health care use)
- <u>Mortality</u>, as an example, is a product of:
 - **Disease frequency** (how many cases?)
 - <u>Case-fatality rate</u> (how many deaths in cases?)
- Other links in the chain:
 - Prevention and treatment health care services
 - <u>Risk factors and Social Determinants of Health</u>



Model of Data Interrelationships



This is the level at which we intervene!



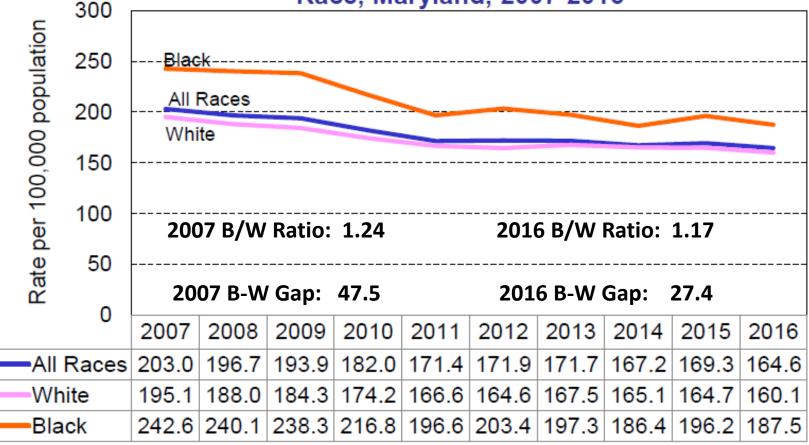
Chain of Disparities for Diabetes in Maryland (2006-2010 data)

Health Issue:	Times higher for Blacks	% of Black events that are excess	
Not enough Exercise	1.80	44.4%	
Overweight or Obese rate	1.90	47.4%	factors
Dx of Diabetes Prevalence	2.10	52.4% Dise	ase Freq
Diabetes ED Visit rate	2.91	65.6% 🔶 Utiliz	zation
Diabetes Death rate	2.31	56.7% ← Deat	hs



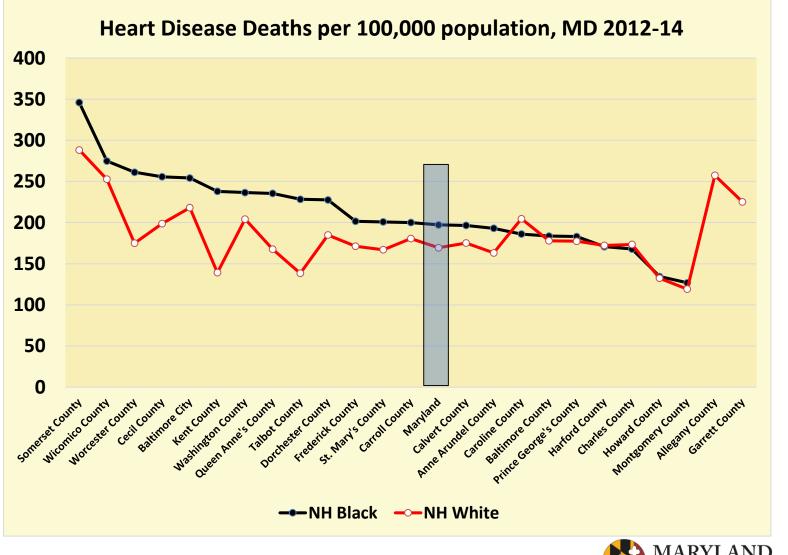
DISEASES OF THE HEART

Age-adjusted Death Rate* for Diseases of the Heart by Race, Maryland, 2007-2016



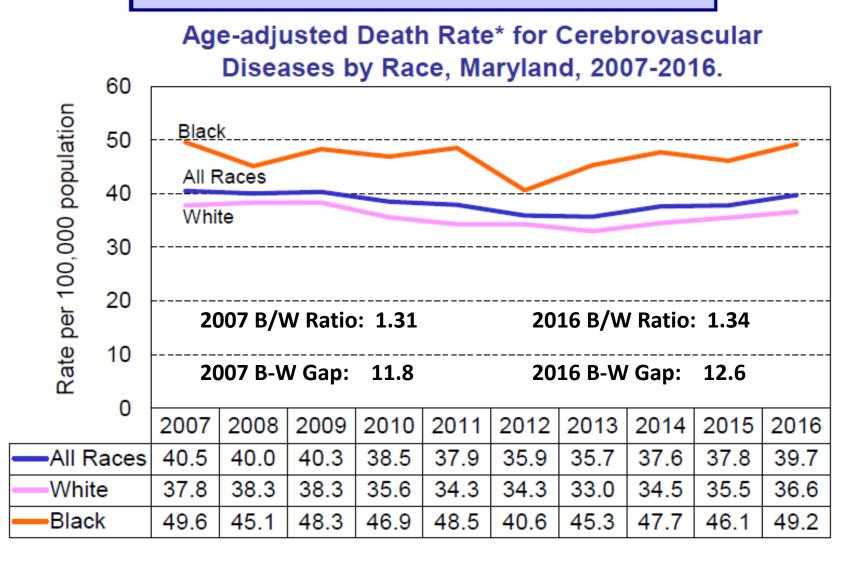


Heart Death Rate By Jurisdiction 2014

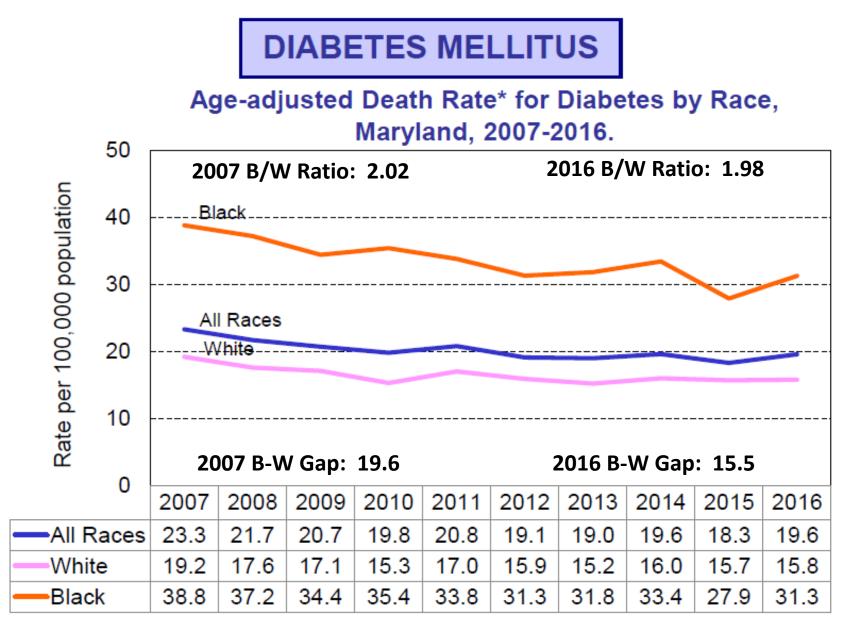




CEREBROVASCULAR DISEASES

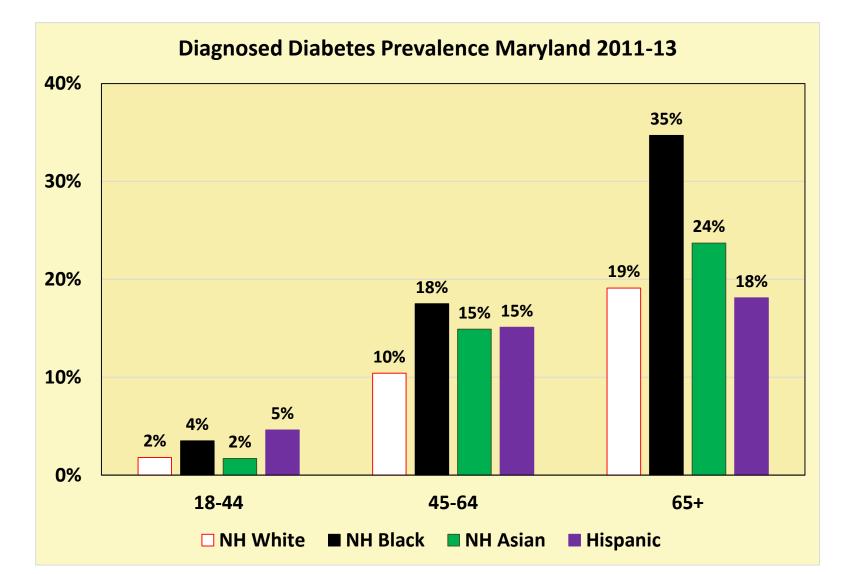




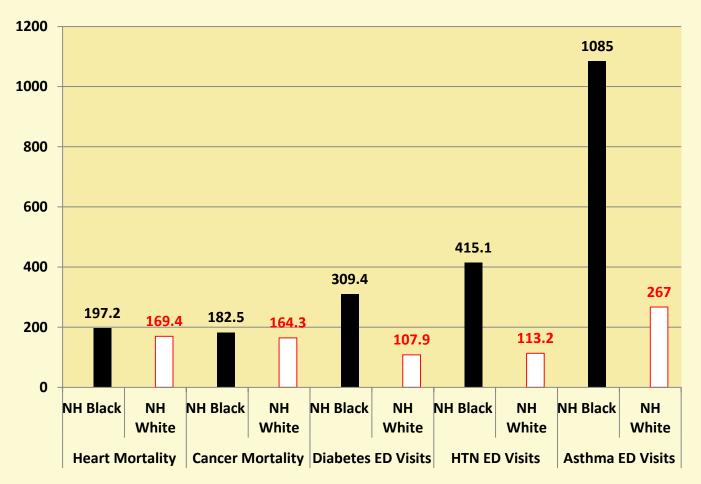




Diabetes Prevalence by Race and Ethnicity



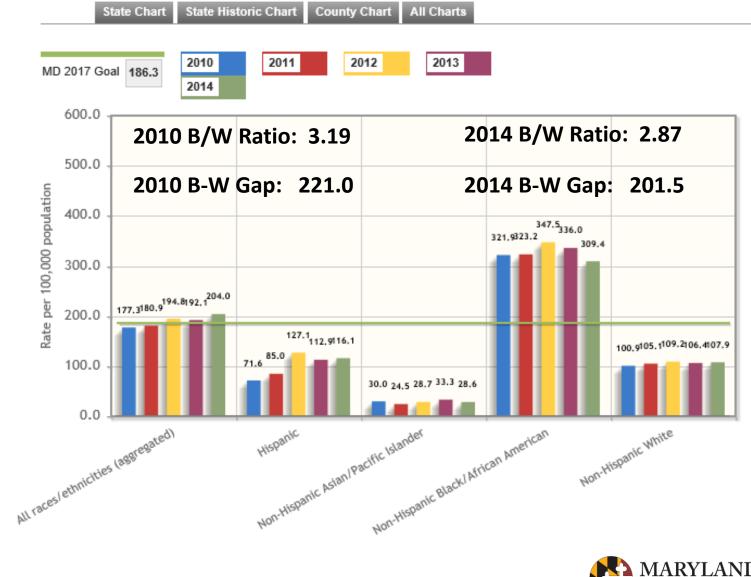
Events (Deaths or ED visits) per 100,000, Maryland, 2012-14 (deaths) or 2014 (ED)





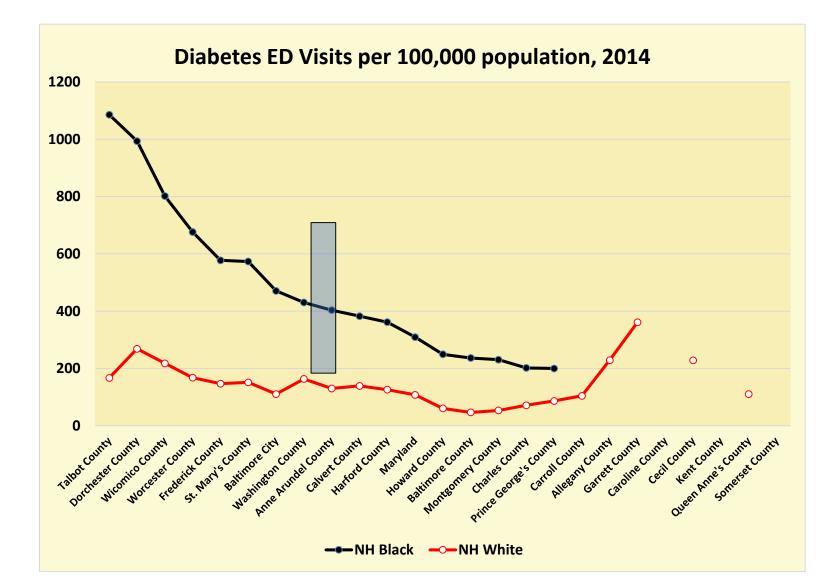
Measurement Period: 2014

Diabetes ED Visits



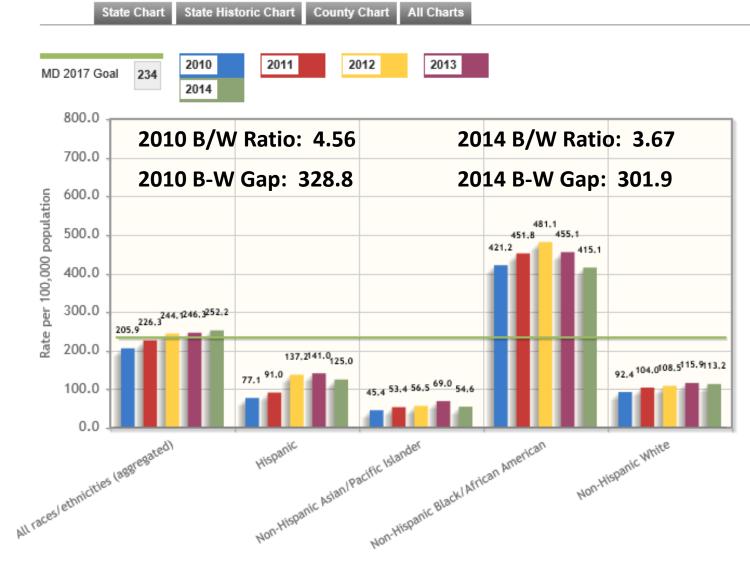


Diabetes ED Visit Rate By Jurisdiction 2014



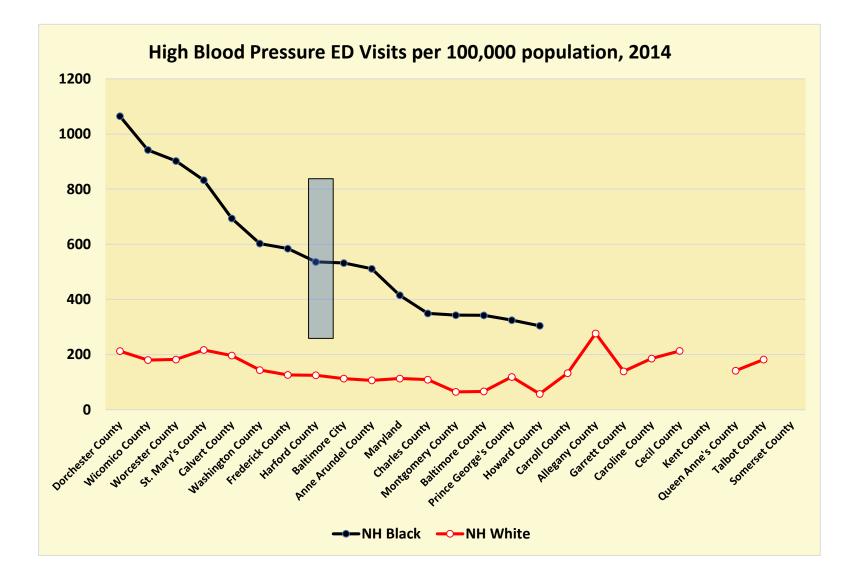
Measurement Period: 2014

High BP ED Visits



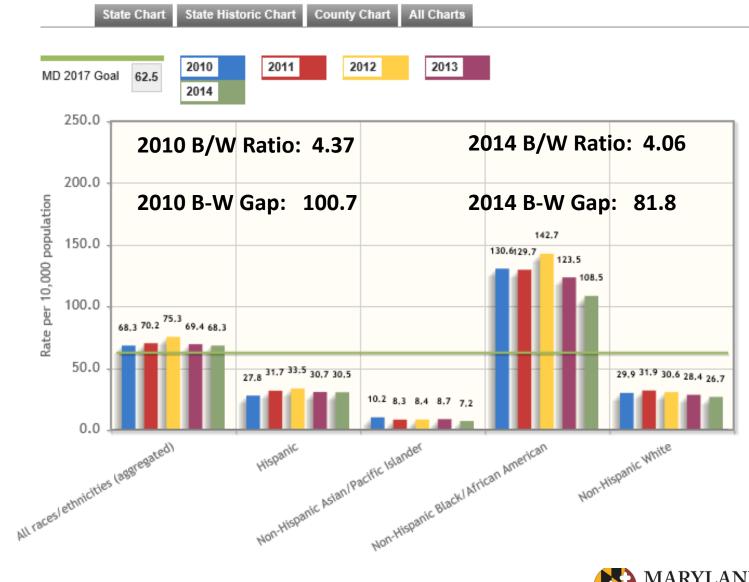


High BP ED Visit Rate By Jurisdiction 2014



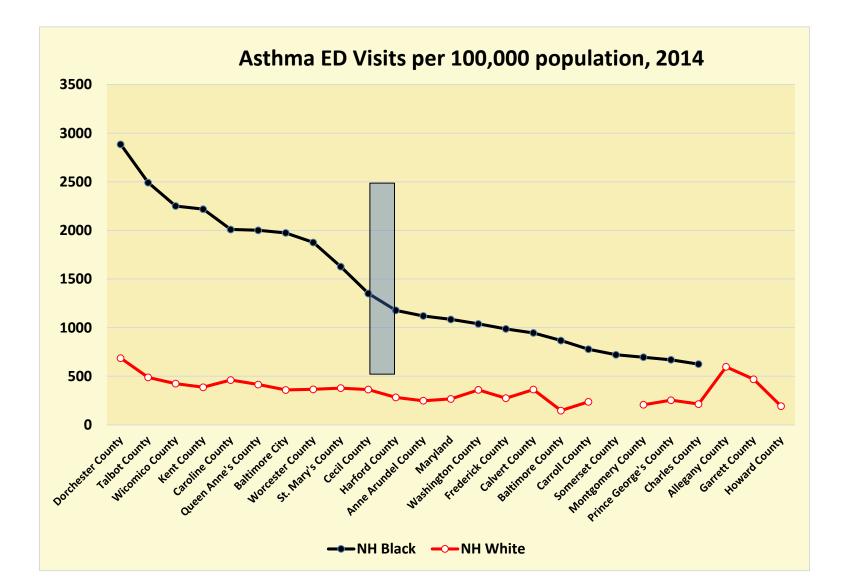
Measurement Period: 2014

Asthma ED Visits





Asthma ED Visit Rate By Jurisdiction 2014



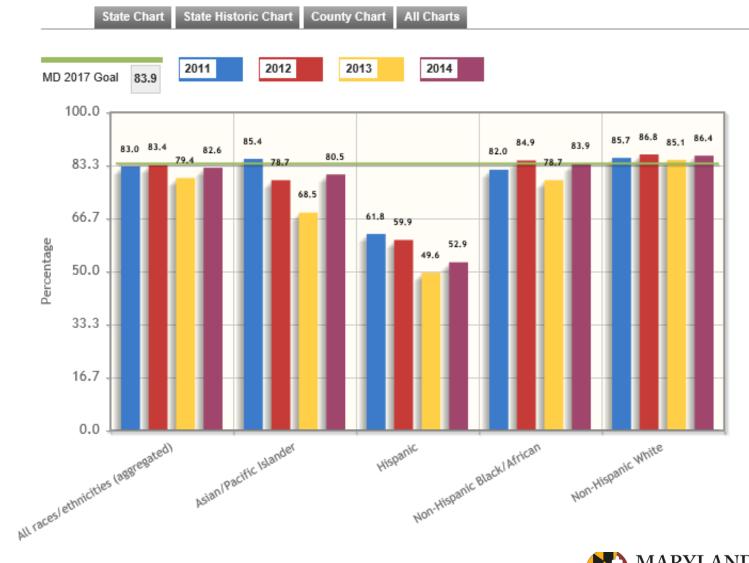
Where Do the Solutions Lie?

- Must go beyond health care access
 - Similar rates of usual source of primary care
 - Closing gap in health un-insurance
- Look to quality and effectiveness of care
- Look to health behaviors
- Look to social determinants of health
 - "SEE Equity": <u>Social</u>, <u>Economic</u>, <u>Environmental</u> Equity



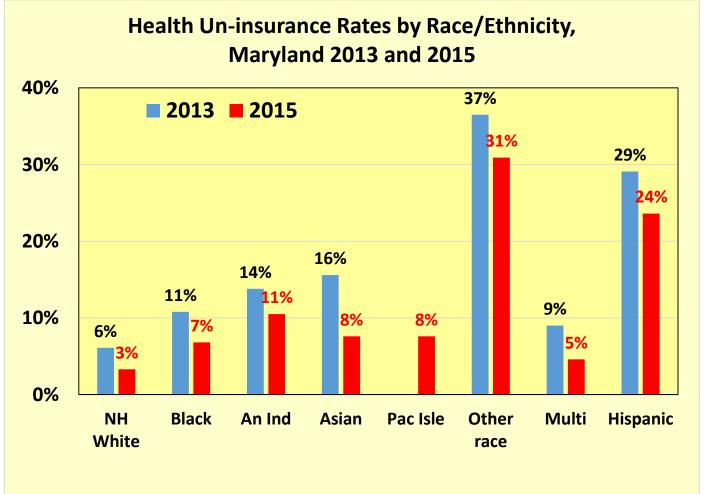
Usual Primary Care Provider

Measurement Period: 2014



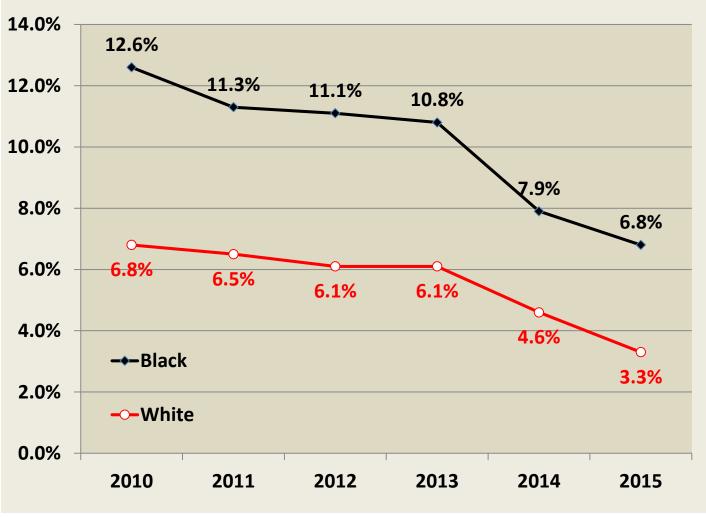


Health Un-insurance by Race and Ethnicity, Maryland 2013 and 2015





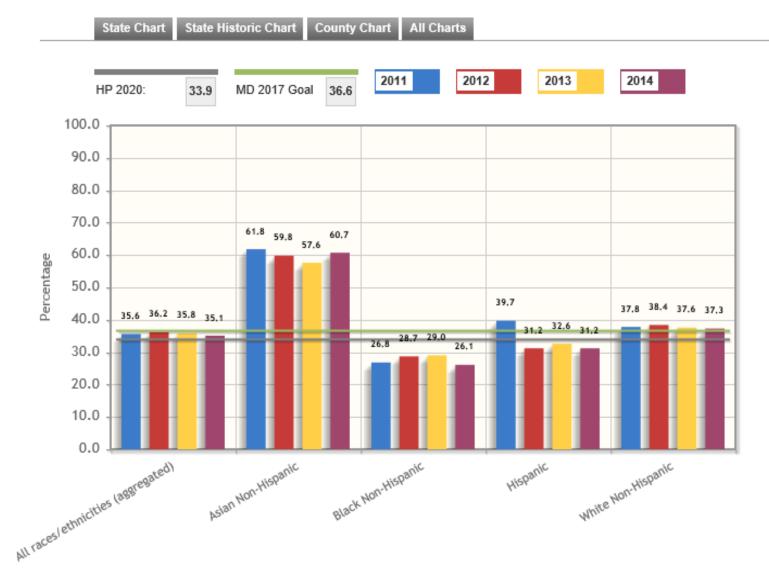
Maryland Health Un-insurance Rates By Race





Measurement Period: 2014

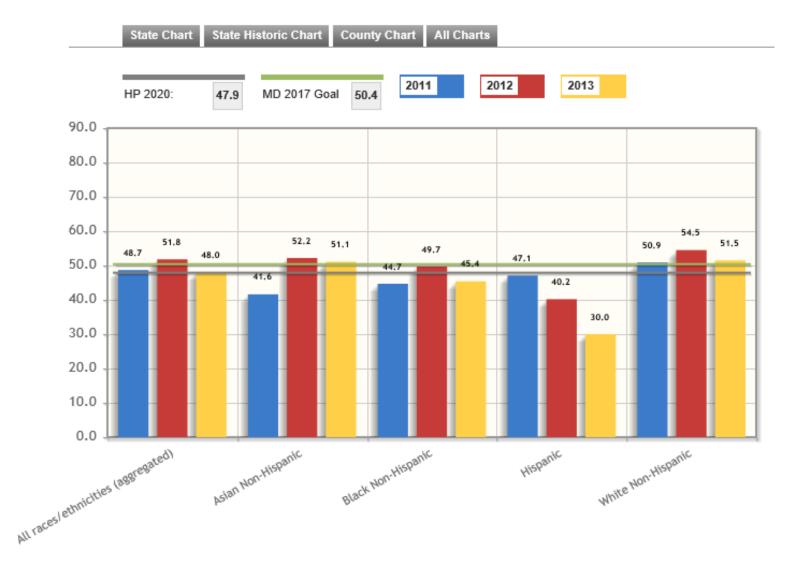
Not Overweight or Obese





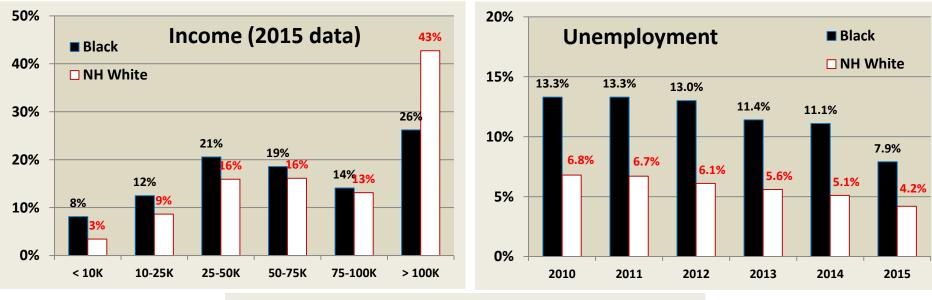
Adequate Physical Activity

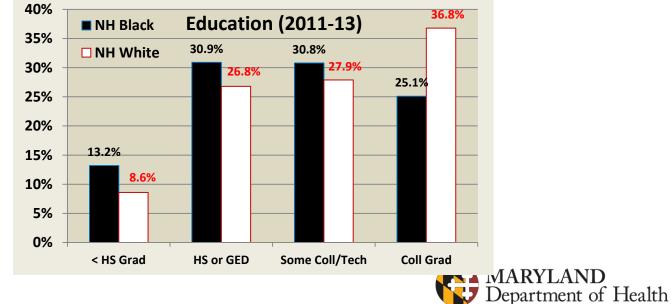
Measurement Period: 2013



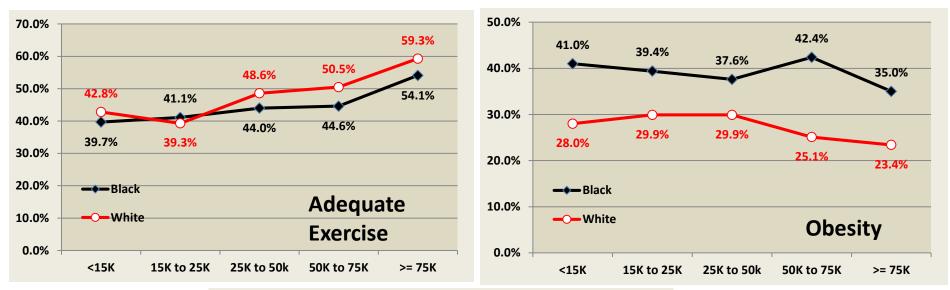


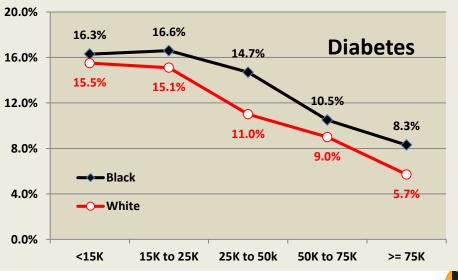
Education, Income, Unemployment in Maryland





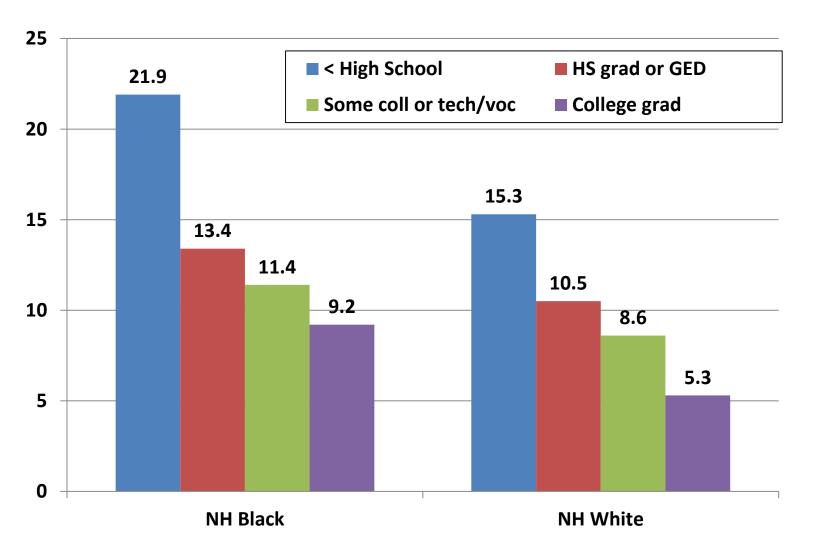
Income and Exercise, Obesity, Diabetes in Maryland (2011-2013 data)





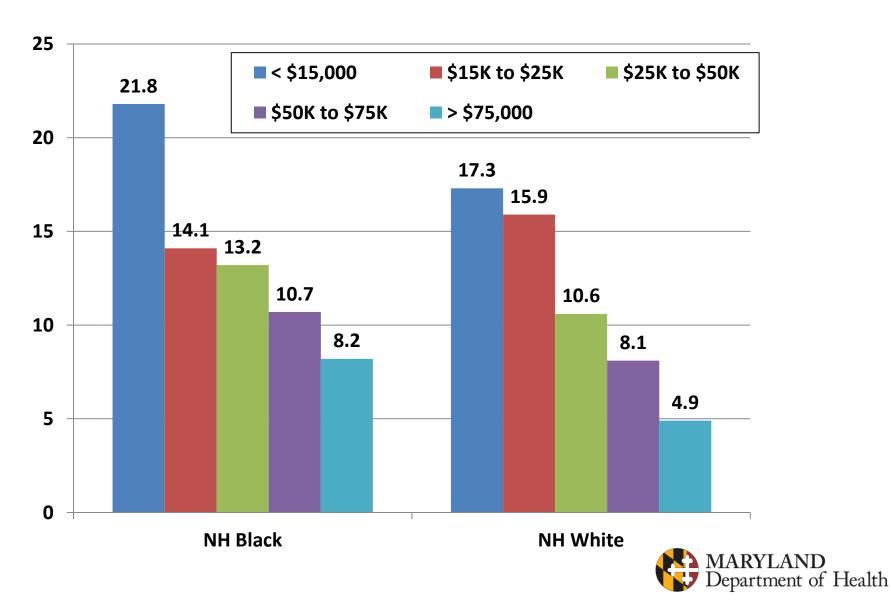


Diabetes Prevalence by Educational Attainment And Race Maryland BRFSS 2006-2010 Combined





Diabetes Prevalence by Income and Race Maryland BRFSS 2006-2010 Combined



How Do Social Factors Determine Health?

- <u>Access to Healthcare</u>
- <u>Capacity for Self-Care</u>
 - Education
 - o Income
 - \circ Available healthy food and safe exercise

<u>Safety and Risk</u>

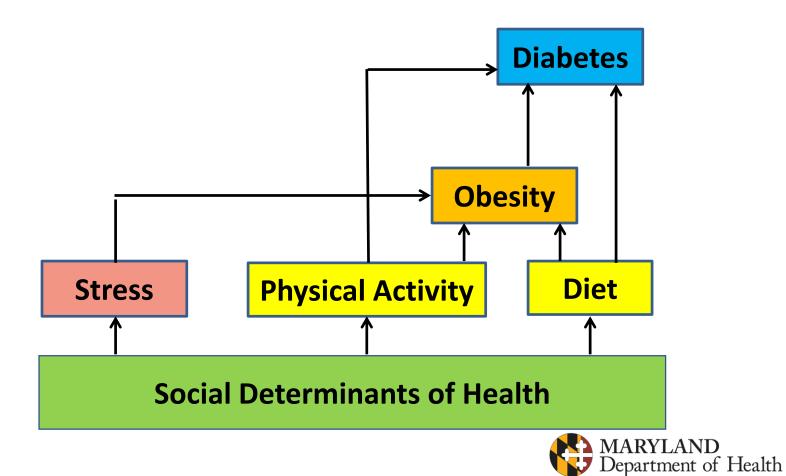
- Violence
- \circ Toxins
- Housing stock

<u>Chronic Stress</u>

- Racism
- Poverty
- Housing, food, utilities, health care insecurity



How Do Social Factors Determine Diabetes ?



MARYLAND DEPARTMENT OF HEALTH

Diabetes Prevention and Cardiovascular Wellness in African Americans

Sadie Peters, MD, MHS Center for Chronic Disease Prevention and Control

February 27, 2018

Objectives:

- Review the risks for diabetes and heart disease and their distribution by race in Maryland
- Understand how to lower the modifiable risks
- Learn about evidence-based programs that provide support for individuals with heart disease and diabetes, as well as individuals who are at risk for these health conditions



Risk Factors for Heart Disease

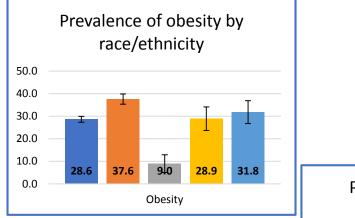
- High blood pressure
- High blood cholesterol
- Diabetes and prediabetes
- Smoking
- Being overweight or obese
- Being physically inactive
- Unhealthy diet
- Family history of early heart disease
 - Father/brother before age 55, mother/sister before 65
- History of preeclampsia during pregnancy
- Age
 - 45 or older, men
 - 55 or older, women

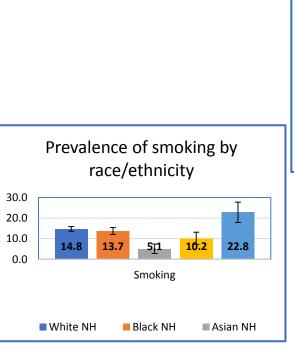


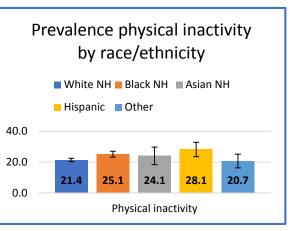
Source: https://pixabay.com/en/photos/heart%20disease/



Obesity, Smoking, & Physical Inactivity







Source: 2016 Maryland Behavioral Risk Factor Surveillance System (BRFSS)



Lower Your Risk for Heart Disease-7 Things You Can Do

1. Move more

30 minutes of moderate physical activity (like brisk walking) 5 days ٠ each week.



- 150 minutes each week
- Fidget more Exercise buddies
- Parks and community recreation
 Walking tours of parts of your city/town

2. Control cholesterol

- 30 minutes of moderate physical activity 5 days each week.
- Eat a heart healthy diet
 - Whole grain foods, including bran and oats
 Fruits and vegetables
 Fatty fish 2x/week

 - Food with plant sterols, like walnuts and almonds
 Food high in omega-3 fatty acids like avocado

Adapted from AHA www.goredforwomen.org



Lower Your Risk for Heart Disease—7 Things You Can Do

- 3. Eat better
 - Choose healthy foods over those that don't help your health
 - Decrease simple carbohydrates like sweetened beverages, white bread and white rice
 - Increase potassium rich foods, like spinach, watermelon, butternut squash, and black beans
 - Choose "whole" and unrefined foods
 - Frozen is okay too
- 4. Manage blood pressure
 - Eat a heart healthy diet
 - A variety of whole grain foods, including bran and oats
 - A variety of fruits and vegetables
 - Fatty fish twice a week
 - Food with plant sterols, like walnuts and almonds
 - Food high in omega-3 fatty acids like avocado
 - Reduce sodium in the diet
 - Beware the SALTY SIX



maxpixel.freegreatpicture.com



Beware the Salty Six





Lower Your Risk for Heart Disease—7 Things You Can Do

5. Lose weight

- Eat better and exercise every day
- 6. Stop smoking
 - Cigarette smokers have a higher risk for heart disease



- 7. Reduce blood sugar
 - Excess blood sugar damages blood vessels and nerves that help control the heart

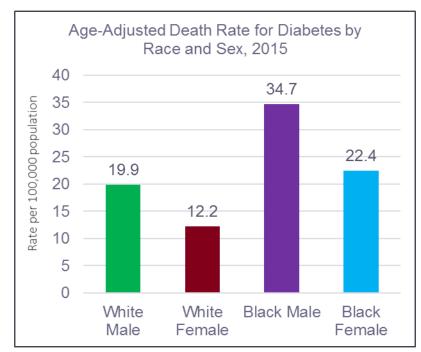


Lower Your Risk for Heart Disease— What Else Can You Do?

- Get help to manage stress
- Aim for 7-8 hours of sleep each night
- Every day, make a plan for eating and exercising/moving more for the next day
- Plan for setbacks—don't give up
- Be sure to have periodic checkups with a health care provider with whom you establish a good relationship
 - Take your medicines if prescribed



Maryland Diabetes Mortality



Source: Maryland Behavioral Risk Factor Surveillance System, 2015; Maryland Vital Statistics Administration, Maryland Vital Statistics Annual Report, 2015



Diabetes Harms the Whole Body

- Greater risk of heart attack and stroke, and at a younger age
- Often also have high blood pressure and/or high blood cholesterol
- High risk of other health complications
 - Blindness
 - kidney disease
 - Stroke
 - Loss of toes, feet or legs

https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/overview/preventing-problems/heart-disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/diabetes/disease-strokewidth.com/disease-stro



Prediabetes

A **reversible** condition in which blood sugar levels are higher than normal, but not yet frank diabetes

Fasting blood sugar

- 70-99 mg/dl =Normal
- 100-125mg/dl =Prediabetes Reversible with health behavior changes
- Higher than 126 on two or more occasions =Diabetes

Hemoglobin A1c

- Less than 5.7% =Normal
- 5.7% 6.4% =Prediabetes Reversible with health behavior changes
- 6.5% or higher =Diabetes



Risks for Diabetes and Prediabetes

- Overweight or obese
- Age 45 or older
- African American, Hispanic/Latino American, American Indian or Alaska Native, some Asian American populations
- Parent, brother, or sister with type 2 diabetes
- Exercise less than 3 times a week
- History of diabetes during pregnancy or had a baby weighing more than 9 pounds



Can Diabetes be Prevented?

- The Diabetes Prevention Program
 - 3,234 people with elevated glucose levels, non-diabetes
 - 3 Groups
 - Placebo
 - Metformin
 - Lifestyle changes (heart healthy diet, 150 minutes exercise weekly)
- Lifestyle change group had a 58% reduction in diabetes incidence (new diabetes diagnosis) over 2.8 years
- Metformin group had a 31% reduction

Diabetes Prevention Program Research Group, N Engl J Med, 2002



Key Concepts about the Diabetes Prevention Program

- Goal is 5-7% weight loss
- Moderate physical activity of 150 minutes a week
- 1 year program
 - 16 core sessions 1-2 hour sessions, for 4 months
 - 6-8 post-core sessions, 1 per month
- Nutrition and physical activity content
- Behavior change content, such as goal setting and problem solving



But What if You Already Have Diabetes?

- Have a healthy body weight
- Do regular physical exercise
- Quit smoking
- Go to the doctor regularly
 - Get your blood pressure checked at each visit
 - Get your blood glucose (sugar) checked twice a year
 - Get your cholesterol checked at least once a year
 - Get your kidney function checked at least once a year
 - Get an eye exam at least once a year
 - Get your feet checked for sores and nerve damage at each doctor visit
- Maintain healthy blood glucose levels
- Get a flu shot every year
- Go to the doctor when you are sick



Evidence-Based Programs to Address Diabetes and Diabetes Prevention

- National Diabetes Prevention Program (National DPP)
- Diabetes Self-Management Education (DSME)
- Stanford Chronic Disease or Diabetes Self-Management Programs (DSMP/CDSMP)
- Healthy behaviors make a big difference



What if You Already Have Heart Disease?

- Maintain regular visits with your health care providers
- Take all prescribed medicines
- Exercise as directed by your health care provider
- Choose a heart healthy diet as prescribed
- Stop smoking
- Chronic Disease Self-management Program
- Healthy behaviors make a big difference



Resources

- <u>http://dnr.maryland.gov/publiclands/Pages/HealthyParks.aspx</u>
- <u>Behealthymaryland.ogr</u>
- <u>www.cdc.gov/diabetes</u>
- <u>www.niddk.nih.gov/health-</u> <u>information/diabetes/overview/risk-factors-type-2-diabetes</u>
- <u>https://www.goredforwomen.org/fight-heart-disease-women-go-red-women-official-site/live-healthy/prevent-heart-disease/</u>



Questions?

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