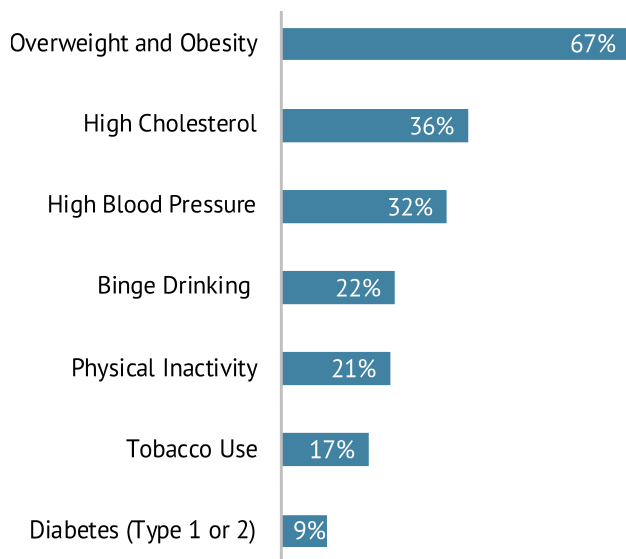


Heart Health in Wisconsin

Chronic Disease Prevention Program Fact Sheet

Heart Disease Risk Factors

The following risk factors can lead to an increased risk of heart disease. Heart disease is defined as all diseases of the heart and blood vessels and includes coronary heart disease, stroke, heart failure, hypertensive disease, and atherosclerosis. The following shows the rates of each risk factor among Wisconsin adults.¹



Binge Drinking = males having 5+ and women having 4+ drinks on one occasion. A drink is considered a 1.5 oz. shot, 5 oz. of wine, or a 12 oz. beer.

Heart Disease Death Rates

Heart disease is the leading cause of death and disability in Wisconsin.

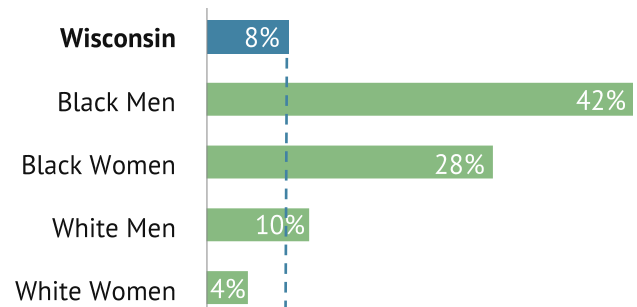
1 in 3 deaths are caused by heart attacks or strokes.²



If over 45 years of age, **36% of men** and **47% of women** will die within five years after their first



Of the 2,300 stroke deaths in Wisconsin every year, **8%** are premature (before age 65). There is a significant racial and gender disparity in premature stroke deaths.³



Hypertension—Hiding in Plain Sight

Approximately 1.3 million adults in Wisconsin have hypertension but less than half of them are in control.⁴ Of those who are uncontrolled, **40%** are unaware that they even have hypertension.



How is Wisconsin Addressing Heart Disease?

Chronic Disease Prevention Goals and Strategies

Chronic Disease Prevention Program Goals



Healthier people living in healthier communities.



Improved prevention and control of diabetes, heart disease, obesity, and associated risk factors.

Chronic Disease Prevention Program Strategies

In order to reach the Chronic Disease Prevention Program (CDPP) goals, the CDPP works with its partners on the following strategies to address heart disease.

- 1) Increase implementation of quality improvement processes and use of health information technology (HIT) in health systems for performance effectiveness.
- 2) Increase use of team-based care in health systems.
- 3) Increase use of lifestyle intervention programs in the community for the primary prevention of type 2 diabetes.
- 4) Increase use of diabetes and chronic disease self-management plans and programs in community settings.
- 5) Increase self-monitoring of blood pressure tied to clinical support.
- 6) Increase use of health-care extenders in the community to support self-management plans of high blood pressure and diabetes.

Medication Adherence

Medication adherence is the extent to which patients take medications as prescribed by their health care providers. High levels of medication adherence is associated with **improved health outcomes and lower health care costs**. In Wisconsin, both hypertension and diabetes medication adherence are close to 75%, or 3 in 4.



The CDPP is working with partners to find patients with low medication adherence and help them get back on track to improve their health.

Chronic Disease and Healthcare Systems

Increasing the use of electronic health records (EHR) across the state and nationally is a chronic disease prevention strategy.

93% of health care systems in Wisconsin have EHRs appropriate for treating patients with hypertension and/or diabetes which is 10% higher than the national average.

Team-Based Care

Team-based care is the provision of health services by at least two health professionals working collaboratively with patients, staff, and their caregivers on shared goals within and across settings to achieve high-quality care outcomes that are safe, effective, patient-centered, timely, efficient, and equitable.



The CDPP has limited team-based care outcome measurements that are only from FQHCs, which serve low socioeconomic populations. The CDPP continually works with partners to gain a better understanding of Wisconsin health systems that serve the general population.

The best data the CDPP currently has available on team-based care comes from Wisconsin's 18 Federally Qualified Health Centers (FQHCs).

FQHCs with team-based care policies or systems in place regarding:

- 69%** Blood Pressure Control
- 53%** Self-Management of High Blood Pressure
- 53%** Diabetes Control

