**CORONARY HEART DISEASE DEATHS**

**Did you know?**

- Coronary heart disease is the leading cause of death in the U.S., killing nearly 500,000 people each year.
- Coronary heart disease is responsible for roughly 19% of all deaths in the U.S. per year.
- Annually, about 1.26 million people in the United States experience a heart attack. Roughly 309,000 of these individuals will die from a heart attack in a hospital emergency department or outside the hospital.
- Over 83 percent of people who die of coronary heart disease are 65 or older.

**Definition:**

Number of deaths and death rate (age-adjusted deaths per 100,000 population) due to coronary heart disease (ICD-9 codes 402, 410-414 and 429.2; ICD-10 group numbers 162, 165-168), for Shasta County residents.

**Year 2010 National Objective:**

Reduce coronary heart disease deaths (includes ischemic heart disease, hypertensive heart disease and cardiovascular disease, but excludes rheumatic heart disease, pulmonary heart disease, pericarditis, endocarditis, myocarditis, valve disorders, cardiomyopathy, conduction disorders, dysrhythmias and heart failure) to no more than 166 per 100,000 people.

**Shasta County Baseline:**

- 187.9 deaths per 100,000, age-adjusted rate, 1999.

<table>
<thead>
<tr>
<th>Year</th>
<th>Shasta County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Resident Deaths</td>
<td>Age-adjusted Rate, Deaths/100,000</td>
</tr>
<tr>
<td>1999</td>
<td>335</td>
<td>187.9</td>
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<tr>
<td>2000</td>
<td>338</td>
<td>166.7</td>
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<tr>
<td>2001</td>
<td>369</td>
<td>187.7</td>
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<td>171.1</td>
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<tr>
<td>2005</td>
<td>328</td>
<td>156.2</td>
</tr>
<tr>
<td>2006</td>
<td>367</td>
<td>169.1</td>
</tr>
<tr>
<td>2007</td>
<td>355</td>
<td>158.7</td>
</tr>
</tbody>
</table>
Key Points:

- Heart disease is the number one medical diagnosis leading to death in Shasta County.

- There has been a downward trend in the death rate from coronary heart disease since 1999 in both Shasta County and California. The death rate from coronary heart disease for both Shasta County and California is below the Healthy People 2010 goal.

- Smoking, high blood pressure, high cholesterol, obesity, diabetes, long term exposure to second-hand smoke, physical inactivity, heavy alcohol consumption, and family history of early heart attacks are risk factors for heart attack.

- Gender: Major increases in coronary heart disease (CHD) for men begin in the 35-44 year age group and marked increases for women begin post-menopause. Age-adjusted death rates from CHD are much higher for men than women. Nonetheless, CHD is still the single greatest mortality risk for women, about 3 times greater than breast cancer death rates. Heart disease in women presents with a wider range of symptoms than the typical presentation in men, and is sometimes under diagnosed or under treated. For both men and women, CHD commonly is without symptoms until chest pain, heart attack or sudden death, so prevention is key.

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* Three-year average rates could not be calculated for the periods without data points (97-99 and 98-00), due to the change from ICD-9 to ICD-10 codes. The data points prior to 99-01 were calculated using the number of deaths coded to ICD-9 codes 402, 410-414 and 429.2 and the 1940 United States Standard Million for age-adjusting.

** The rates from 1999-2001 forward were calculated using the number of deaths coded to ICD-10 Group Numbers 162, 165-168 and the 2000 United States Standard Million for age adjusting. The changes in the procedures to identify the cause of death and to calculate age adjustments using the new population standard may cause rates to differ dramatically from prior years. Therefore, past year's data, which specify cause of death or use age-adjusted rates, are not comparable to the most current data.

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SHASTA COUNTY PUBLIC HEALTH

Last Updated: May, 2009
Primary Prevention Activities:

- Organize community efforts that support heart-healthy choices, such as hiking trails, heart-healthy restaurant menu options, healthy food choices in schools and worksites, increase the quality of physical education (PE) in schools, and land use and transportation planning choices that decrease time in cars and increase pedestrian and biking opportunities.

- Refrain from tobacco use and reduce exposure to second hand tobacco smoke.

- Avoid moderate to heavy alcohol use.

- Reduce stress level.

- Increase daily activities you already do, such as parking further from the door, walking to the mailbox, gardening, raking leaves and cleaning.

- Find an exercise-buddy, walk with a coworker during lunch or join an activity club, or sports league.

- Monitor blood pressure, cholesterol, and salt intake regularly.

- Maintain a healthy weight by eating a diet low in saturated fat and cholesterol and being more physically active.

- Analyze and help reverse the trend in increased consumption of excess empty calories and sedentary lifestyles by supporting community coalitions, organizations, institutional practices, and policies and legislation seeking positive changes.

Data Source: California Department of Health Services, Office of Vital Records (PHIS) and California Department of Finance Population Projections.