



Burden of Cardiovascular Disease Among Latina Women in Los Angeles and San Diego Counties



Why is Cardiovascular Disease Important?

Heart disease is the leading cause of death for women in the United States.¹ Among Hispanic women, heart disease and cancer cause approximately the same number of deaths each year.² Although more than half of all deaths from heart disease occur in women it is often diagnosed at an advanced stage. Heart disease is a form of cardiovascular disease (CVD), which includes numerous issues which either restrict or block blood flow. The most common forms of CVD are high blood pressure, coronary heart disease and stroke.³ By addressing CVD risk factors such as high blood pressure, diabetes, and obesity, a woman's risk of heart disease and stroke related illness and death is greatly reduced.

Cardiovascular Disease Burden

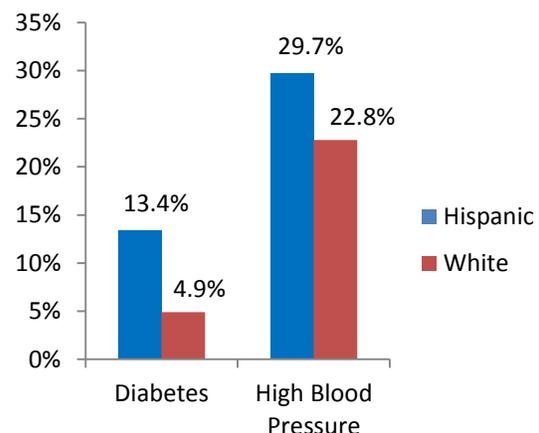
Combined, the populations of Los Angeles and San Diego counties are 36.2% Hispanic, and 32.5% non-Hispanic white (American Community Survey 2014).

However, while only 5.5% of white adults in those counties are below the Federal Poverty Level (FPL), 27.6% of Hispanic adults are below the FPL. Californians with the lowest levels of education and income have more heart disease than those with the highest levels.³

Results from the 2013-2014 California Health Interview Survey show that Hispanic women aged 40-64 in Los Angeles and San Diego counties

were more likely to have diabetes and high blood pressure than non-Hispanic white women in the same age group.

Percent of Hispanic and White Women with Diabetes and High Blood Pressure



Hispanic women are more likely to be hospitalized because of a stroke than non-Hispanic women, but are less likely to be hospitalized for a heart attack.

	Hispanic	White
Heart Attack	276.0	324.3
Stroke	441.0	373.0

Age-Adjusted Hospitalization Rate per 100,000 people

Hispanic women are more likely to die of a stroke or from complications due to diabetes than white women, but are less likely to die of heart disease.

	Hispanic	White
Heart Disease	115.1	170.6
Stroke	26.7	21.1
Diabetes	34.5	23.8

Age-Adjusted Death Rate per 100,000 people

California Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program

WISEWOMAN works to address CVD in low-income, underinsured, or uninsured 40 to 64 year-old women by providing knowledge, skills, and opportunities to improve diet, physical activity, and other lifestyle behaviors to prevent, delay, or control cardiovascular and other chronic diseases.

The goals of WISEWOMAN are to:

- 1) provide cardiovascular screening;
- 2) strengthen community-clinical linkages through work with community-based organizations to provide evidence-based prevention programs;
- 3) facilitate hypertension control by integrating innovative health system-based approaches and;
- 4) gather and report program related

evaluation data, including impact measures.

WISEWOMAN delivers CVD screening services for heart disease risk factors (cholesterol, blood pressure, and glucose) through bilingual, bicultural clinic staff. All WISEWOMAN clients receive risk reduction counseling (RRC) which includes an assessment of nutrition, physical activity, smoking behaviors, and physical and mental health status.

Following RRC, WISEWOMAN clients receive a community resource list and a handout on the signs and symptoms of heart attack and stroke. In addition to the handouts, WISEWOMAN clients with elevated blood pressure will receive educational materials provided by Million Heart's *Team Up. Pressure Down.* campaign.

WISEWOMAN clients with abnormal screening values are invited to attend health coaching (HC) and/or lifestyle intervention programs (LSP). HC utilizes principles of motivational interviewing to guide WISEWOMAN clients to the best health behavior to adopt given their risk factor. LSP options are culturally and linguistically appropriate and meet the varying needs of WISEWOMAN clients. LSP options currently include the Expanded Food and Nutrition Education Program and the National Diabetes Prevention Program.

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1. Xu, JQ, Murphy, SL., Kochanek, KD, Bastian, BA. [Deaths: Final data for 2013](#). National Vital Statistics Report. 2016;64(2).
 2. Heron M. [Deaths: Leading causes for 2008\[PDF-2.7M\]\(http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_06.pdf\)](#). National vital statistics reports. 2012;60(6)
 3. Burden of Cardiovascular Disease in California, 2015: California Department of Public Health, Chronic Disease Control Branch