

Cardiovascular Disease in Vermont



Vermonters today are more likely to die from a chronic disease than an infectious disease. 3-4-50 is a simple concept to help us grasp the reality that **3 health behaviors** contribute to **4 chronic diseases** that are responsible for more than **50 percent of deaths in Vermont**.

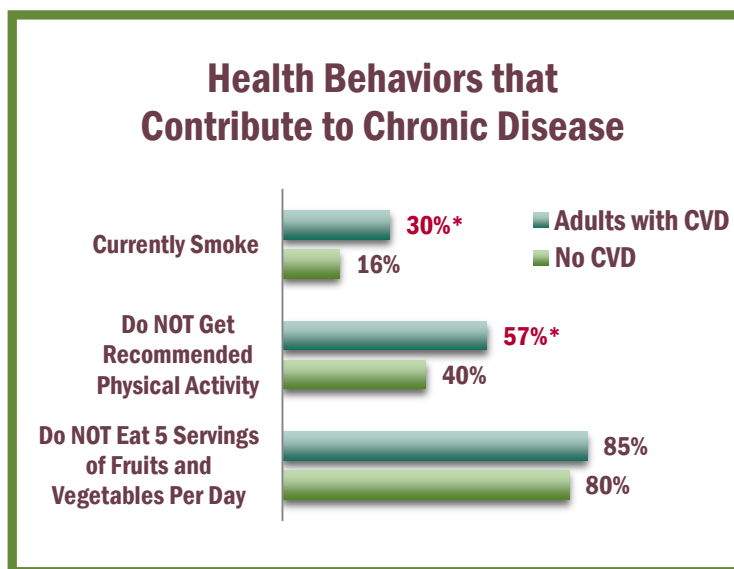
CARDIOVASCULAR DISEASE AND 3-4-50

Eight percent of adult Vermonters have been diagnosed with cardiovascular disease (also called heart disease). Cardiovascular disease (CVD) includes coronary heart disease, heart attack and stroke. The most common type is coronary heart disease, also known as coronary artery disease.

CVD is the second leading cause of death in Vermont and the number one cause nationally. Tobacco use, physical activity, diet and family history play the biggest role in determining whether a person will develop CVD.

CARDIOVASCULAR DISEASE AND 3 BEHAVIORS

- Three in ten (30%) Vermont adults diagnosed with CVD currently smoke. Vermonters with CVD were twice as likely to smoke as those without (16%).
- More than half (57%) of Vermont adults do not get the recommended amount of physical activity.
- More than eight out of ten (85%) Vermont adults do not eat the recommend amount of fruits and vegetables.



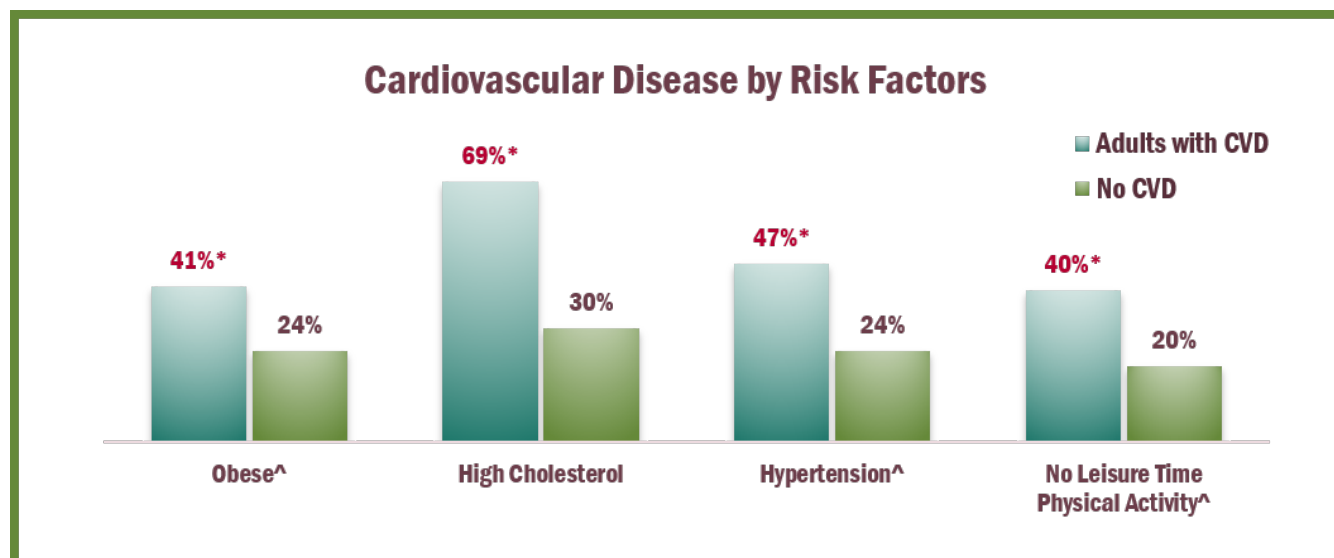
(*) notes statistical difference

Data Source: BRFSS 2015

Data are age-adjusted to the U.S. 2000 population.

RISK FACTORS FOR CARDIOVASCULAR DISEASE

- Vermonters with CVD were much more likely to have one of several risk factors for chronic disease. A person who has more risk factors is more likely to develop CVD than someone without risk factors. Age, sex, and race/ethnicity and family history can increase the risk of CVD. To learn more about Vermonters with CVD, see the [2015 Statewide BRFSS report](#).
- Seven in ten (69%) Vermont adults with CVD have been diagnosed with high cholesterol. High cholesterol refers to having too much “bad” cholesterol in your body, which, over time, can cause a waxy substance to buildup in the arteries causing them to become narrow, decrease blood flow and lead to CVD.
- CVD risk is directly linked to hypertension (high blood pressure). Almost half (47%) of Vermont adults diagnosed with CVD were also diagnosed with hypertension. Hypertension is common among those with CVD and evidence shows that lowering and controlling blood pressure plays a key role in preventing and managing CVD symptoms.
- Over four in ten (41%) Vermont adults with CVD were obese compared to 24% of adults who were obese without CVD. An additional 30% of adults with CVD were overweight and at risk of becoming obese (data not shown). Obesity is linked to “bad” cholesterol and can lead to several chronic diseases, including CVD.
- Four in ten (40%) adults with CVD did not engage in any leisure time physical activity. Adults with CVD were twice as likely to not engage in leisure time physical activity as those with CVD. Physical inactivity has been linked to many chronic diseases, including CVD.



(*) notes statistical difference

[^]Data are age-adjusted to the U.S. 2000 population.

Data Source: BRFSS 2015

HEALTH IMPACTS OF CVD

- Vermont adults with CVD were more likely to have diabetes (28%), lung disease (29%) and ever have had cancer (16%) than those who did not have CVD.
- Over a third (35%) of all deaths in Vermont were related to CVD. Deaths due to CVD that had a contributing cause of diabetes accounted for 40% percent of CVD-related deaths (20% of all deaths).

Co-Occurring Health Conditions with CVD

	Adults with CVD	Adults without CVD
Diabetes	28%*	6%
Lung Disease	29%*	13%
Cancer	16%*	6%
CVD-Related Deaths	35%	n/a
Diabetes Contributing to CVD Deaths	40%	n/a

(*) notes statistical difference

Data Source: BRFSS 2015 & Vital Statistics 2014

WHAT CAN BE DONE?

There are several things people can do to lower their risk of developing CVD including not using tobacco, being physically active, maintaining a healthy diet, and controlling their blood pressure. Prevention helps avoid serious and costly health problems down the road.

Working together, communities, worksites, schools and health care systems can positively impact the environment where we live, work, play and learn – making the healthy choice the easy choice for all Vermonters. To learn more about 3-4-50 or how to get involved, visit www.healthvermont.gov/3-4-50.

For questions related to the data presented here, email 3-4-50@vermont.gov.