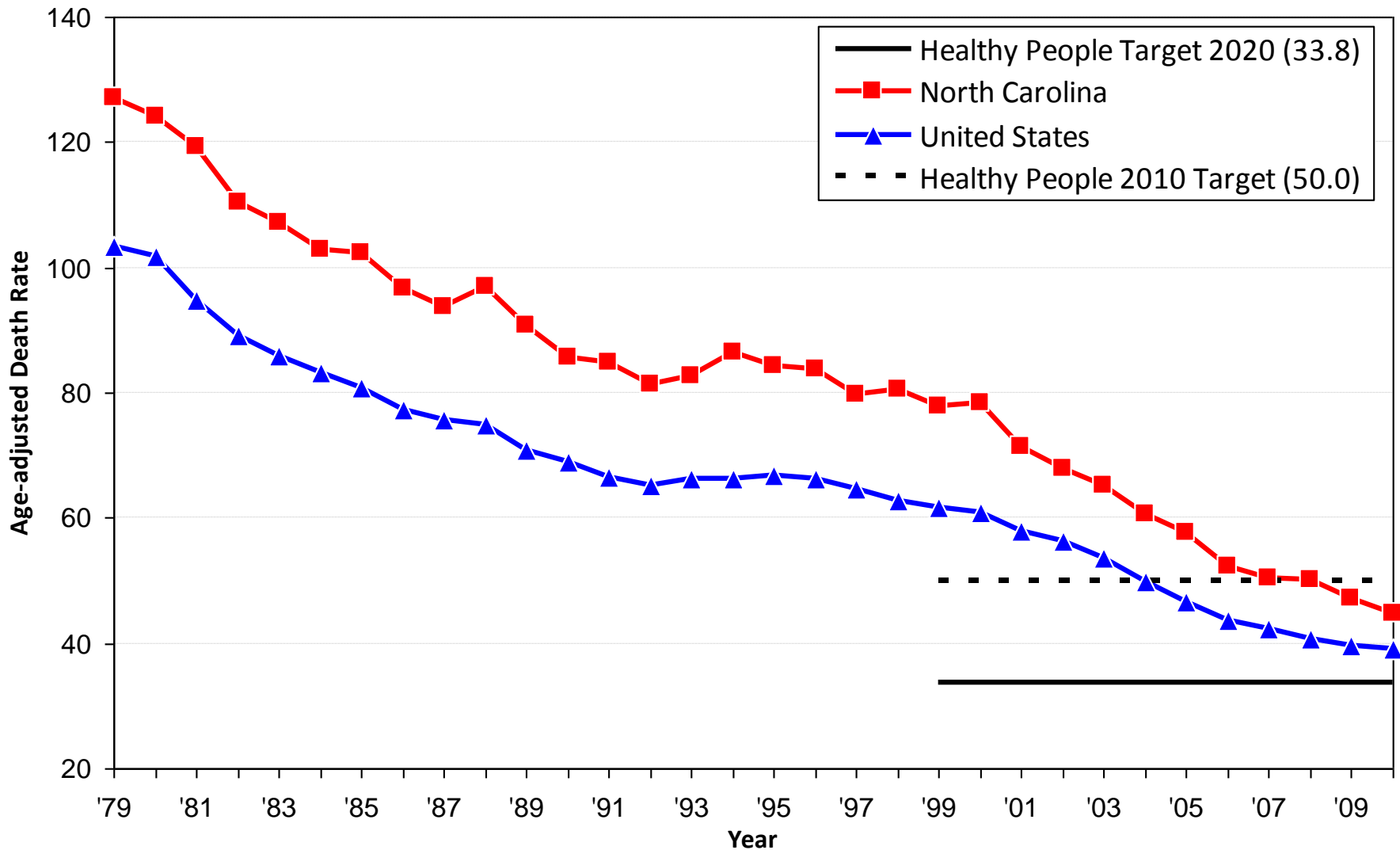


Justus-Warren Heart Disease and Stroke Prevention Task Force

Chronic Disease and Injury Section
NC Division of Public Health Updates

Ruth Petersen, MD, MPH
NC Division of Public Health
April 6, 2016

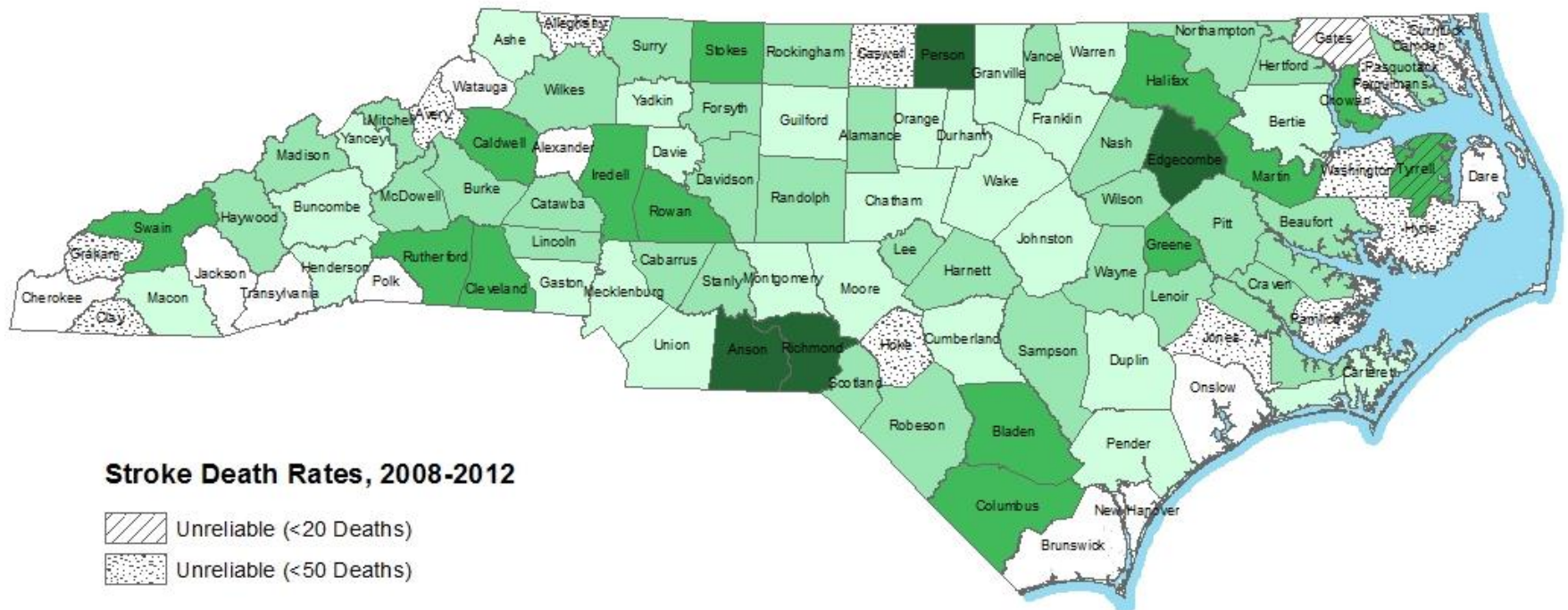
Stroke Death Rates N.C. vs. U.S. 1979-2010



Stroke: 1999-2010: ICD-10 codes I60-I69; 1979-1998: ICD-9 codes 430-434, 436-438 multiplied by comparability ratio of 1.0588. Rates per 100,000 population, age-adjusted to the 2000 U.S. standard population.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *Compressed Mortality File, 1979-1998 and 1999-2010*. CDC WONDER Online Database. <http://wonder.cdc.gov/mortSQL.html>. Accessed 05/2013.

NC Stroke Death Rates by County of Residence 2008-2012



N.C. Overall: 45.1

Stroke Mortality (2008-2012)

US rate: 42.2/100,000

NC rate: 45.1/100,000

NC Rank: 6th

highest in the US

Stroke: ICD-10 codes I60-I69.

Rates per 100,000 population, age-adjusted to the 2000 U.S. standard population. N.C. Data Source: North Carolina Division of Public Health, State Center for Health Statistics. Accessed April 9, 2014.

Volume 2: Leading Causes of Death in North Carolina 2012, SCHS Online Database 2014. <http://www.schs.state.nc.us/schs/deaths/lcd/2012/>.

Map Source: NC DPH – Community and Clinical Connections for Prevention and Health Branch

Hypertension Ad Hoc Committee

May 15, 2014

- NC Division of Public Health
- Area Health Education Centers
- Community Care of North Carolina
- East Carolina University
- Duke Health
- Blue Cross Blue Shield NC
- State Health Plan
- NC Institute of Medicine
- NC Academy of Family Physicians
- Community Health Center Association
- Medical University of South Carolina
- University of NC at Chapel Hill
- Other partners

Hypertension Ad Hoc Committee Recommendations

- 1. Raise public awareness about the importance of hypertension and cardiovascular risk.**
- 2. Expand clinician awareness, education and technical support.**
- 3. Prioritize prevention in communities: improve access to healthy food, physical activity and tobacco-free environments.**
- 4. Invest in data system infrastructure to target high-risk areas and measure outcomes.**

Updates

- Decreasing exposure to second hand smoke – Thank you
- Community Health Worker Certification and Credentialing