

**Illinois
Cardiovascular
Disease
Prevention
Task Force**



**The Burden of
Cardiovascular Disease
and Obesity in the
State of Illinois**

A Report to the Governor of Illinois
and the Illinois General Assembly
as required by S.J.R. 37

The Burden of Cardiovascular Disease and Obesity in the State of Illinois

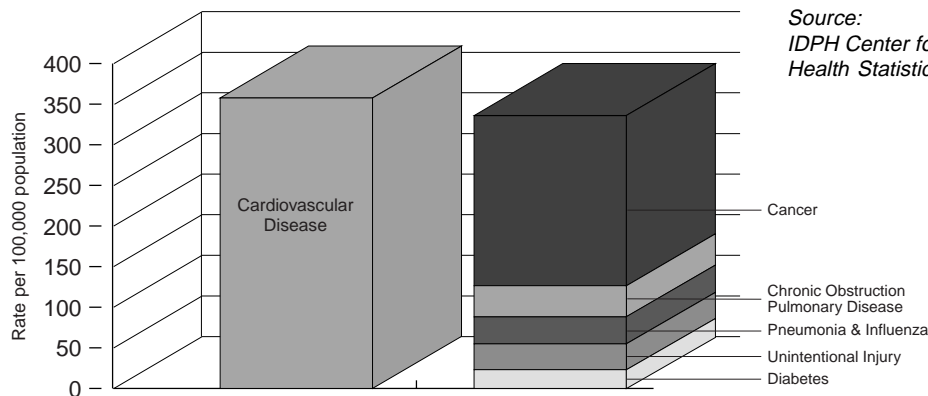
- ◆ Cardiovascular disease is the leading cause of death in Illinois.
- ◆ Each year, more than 42,000 Illinoisans die from cardiovascular disease.
- ◆ Cardiovascular disease death rates are high for all Illinoisans, but the rates for non-whites exceed those for whites.
- ◆ Total health care costs for heart disease and stroke in Illinois approach \$4 billion annually.
- ◆ More than 3.6 million adults in Illinois are categorized as obese.
- ◆ **These alarming statistics can be changed, but it will take commitment, hard work and resources.**

Illinois Cardiovascular Disease
Prevention Task Force
June 30, 2000

Members of the Illinois Cardiovascular Disease Prevention Task Force

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Top Six Leading Causes of Death in Illinois, 1998
(Cardiovascular Disease Compared to the Next Five)



Source:
IDPH Center for Health Statistics

The Burden of Cardiovascular Disease (CVD)

◆ Cardiovascular disease is the **leading cause of death** in Illinois. Each year, more Illinoisans die from CVD than from cancer, unintentional injuries, lung disease, pneumonia, influenza and diabetes **combined**.

*U.S. Centers for Disease Control (CDC):
Chronic Diseases and Their Risk Factors, 1999*

◆ **There is a disparity between whites and non-whites in CVD death rates.**

Non-whites in Illinois die from CVD at a higher rate than do whites in Illinois, they also consistently exceed the U.S. average for non-white CVD deaths.

*IDPH Center for Health Statistics
Age-adjusted to U.S. standard population*

◆ Total inpatient hospital charges for CVD approach **\$4 billion** annually. The cost to Illinois taxpayers under the Medicaid program totals more than **\$240 million** annually.

Illinois Health Care Cost Containment Council, 1998

◆ 88 percent of all Illinois residents possess **at least one risk factor** for CVD. Almost a third have two risk factors; 12 percent have three.

IDPH Center for Health Statistics

◆ In an average year, **42,540 Illinoisans will die** of CVD. In other words, each year we lose the equivalent of a city the size of Belleville, Rock Island or Tinley Park to the ravages of this disease.

IDPH Center for Health Statistics

◆ At least 3.6 million adult Illinois residents are **mildly, moderately or severely obese**. This represents 66 percent of the adult male population and 57 percent of the adult female population.

IDPH Center for Health Statistics

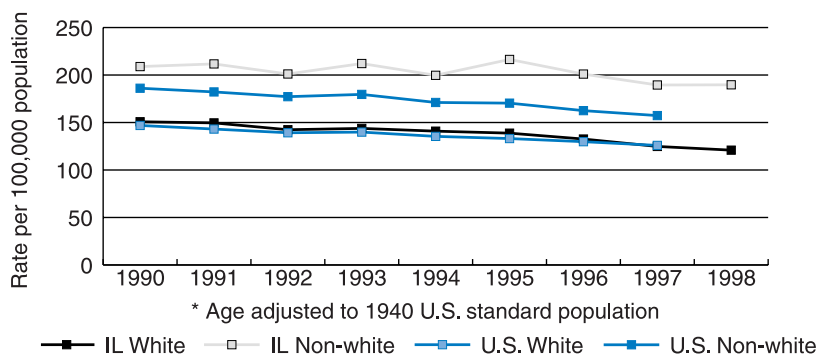
◆ The number of annual deaths from CVD in Illinois has remained virtually **unchanged for the last 10 years**.

IDPH Center for Health Statistics

◆ Health care costs attributable to obesity approach **\$700 million annually**. Costs are highest among those with type 2 diabetes.

"Cost of Obesity Model" Policy Analysis Inc.

Heart Disease Death Rates,* White and Non-white Illinois and U.S. Residents, 1990-1998



Source:
IDPH Center for Health Statistics

* Age adjusted to 1940 U.S. standard population

Recommendations

The following recommendations reflect a consensus of the priority areas identified during the six-month review process employed by the Cardiovascular Disease Prevention Task Force. The development of these recommendations is but the first phase in a two-phase process. The second phase of this process will begin as these recommendations are considered and implemented by the **Atherosclerosis Advisory Committee** established by Public Act 91-0343. The task force strongly urges that the advisory committee establish separate subcommittees dedicated to refining and implementing each of the seven recommendations presented.

Education

- ◆ The task force recognizes that basic education and learning skills play a major role in the occurrence and mortality rates exhibited in disparate populations. As such, it supports a strong general education for all Illinoisans, particularly in grades K-12.
- ◆ Elementary and secondary schools must provide CVD-specific education, utilizing proven health education curriculums such as the Coordinated Approach to Child Health (CATCH), Planet Health or Take 10.
- ◆ Strategies and tactics must also be developed to improve CVD consumer education and marketing programs that target the general public.

Physical Activity

- ◆ We must reduce sedentary lifestyle behaviors by eliminating, to the extent possible, barriers to physical activity.
- ◆ Environmental strategies designed to accomplish this goal could include the expansion of walkable communities, the advancement of work site wellness programs and the development of quality recreational facilities that promote physical activity and provide greater access to public activities.
- ◆ The single most important policy strategy in support of this goal is the continued support of quality physical education programs within the schools.

Secondary Prevention

- ◆ Health care professionals should strive for consistency in their approach to secondary prevention. This should include -
 - Appropriate reimbursement for cardiac rehabilitation
 - Use of blood pressure, cholesterol and weight management medications
 - Consistent approach in the medical management of congestive heart failure
- ◆ “Centers of excellence” in the promotion of secondary prevention should be created throughout the state, so all Illinois residents have access to cutting-edge knowledge and advancements in the war against CVD and obesity.

Data Management and Surveillance

- ◆ Efforts should begin now to create a centralized data management and surveillance unit dedicated solely to CVD and stroke within the Illinois Department of Public Health.
- ◆ Such data management and surveillance activities should include child and adolescent measurements, behavioral risk factor analysis, and mechanisms to measure and analyze the impact of CVD counter measures.

Nutrition

- ◆ An alliance must be developed between the public health community (including affiliated organizations such as the American Heart Association and the Illinois Dietetic Association) and the food industry. The goal of this alliance should be to provide Illinois residents with healthy food choices.

Advocacy

- ◆ Efforts to elevate the importance of CVD as a public health issue through ongoing advocacy initiatives must continue. Community activities such as the Healthy Communities Initiative and Physical Education 4 Life can play an important role. Additionally, media representatives, community activists, elected officials and opinion leaders must continue to receive well-designed and well-targeted messages in support of the overall effort against CVD.

Tobacco

- ◆ Because of its significance as a CVD risk factor, tobacco education and intervention programs should be included in all levels of strategic planning and program implementation.
- ◆ Those leading anti-CVD efforts in Illinois should collaborate with ongoing statewide tobacco use prevention and control initiatives.

We CAN make a difference. Success will require...

Commitment...

Let's face it, Rome wasn't built in a day. Illinois' CVD problem did not just appear overnight, nor will it be possible to make the problem disappear instantly. To succeed, efforts must be consistent, comprehensive, accountable and sustainable. Illinois must make the commitment to do all it can to battle CVD and its significant costs to society. This commitment must come not only from health care providers and public health professionals, but from those in all walks of life. Nothing less will be acceptable ... or effective.

Hard Work...

Today's sedentary lifestyle, fat-laden diets and never-enough-time schedules all work against the ability to make healthy choices. All Illinoisans must be educated about the benefits they can gain by choosing to take an active role in the war against CVD. It won't be easy. Each day, individuals are bombarded with countless media messages encouraging unhealthy choices. It will require hard work to overcome those messages and to develop alternatives that market healthy choices. Through hard work, it is possible to change the lives of an entire generation of Illinoisans.

Resources...

The battle won't be easy, and it won't be cheap. Each year, literally billions of dollars are spent encouraging habits that aren't healthy: smoking, drinking, eating to excess. This marketing blitz affects virtually every part of daily life: at home, at work, at school and at play. Unfortunately, government doesn't have the resources to match this marketing power. As a result, it must concentrate on the development and dissemination of proven effective programs to teach citizens healthier habits and to enable them to make better choices. At the present time, it is unclear how much this concentrated effort will cost.

The U.S. Centers for Disease Control and Prevention (CDC) is currently preparing a best practices document that will include population based spending plans. Once these plans are developed, they will assist the Atherosclerosis Advisory Committee in its work with health care and government leaders in developing specific resource needs for Illinois and in determining the best way to fund those needs, whether by general revenue, tobacco settlement funds, or corporate or foundation resources.

Illinois, however, must move forward now. It cannot sit idle as more Illinoisans die of CVD. This task force has identified a number of programs that can change lives. These programs cover the entire life-cycle, and many have already demonstrated their effectiveness nationally and in limited implementation in Illinois. State government must begin now to expand these promising initiatives to even more locations in Illinois.

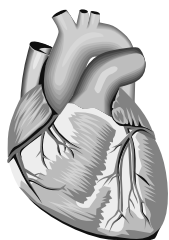
Specifically, the task force calls upon the General Assembly to act now to fund the following first steps:

- Pilot a program to develop motor skills and to increase nutrition awareness and knowledge among the state's youngest schoolchildren at six Head Start program sites (\$250,000).
- Implement the CATCH (Coordinated Approach to Child Health) program in 14 elementary schools (grades three through five) (\$300,000).
- Fund the deployment of the Take Charge Challenge, a work-site based physical activity and nutrition program, at six employers of various sizes in Illinois (\$460,000).
- Establish Project Active programs to bring about community-wide changes in the physical activity status of citizens in six communities (\$210,000).
- Fund a multi-disciplinary program designed to teach congestive heart failure patients to participate in and manage their conditions more successfully (\$1.9 million). This pioneering effort, developed by the Prairie Heart Institute in Springfield in cooperation with other major medical institutions, could help improve the quality of life for these patients and decrease costs of treatment.

These efforts, in addition to \$300,000 in funding Illinois has received from the CDC to develop a statewide CVD plan, are important first strides in what will be the long process of promoting healthier habits and providing citizens with better and more cost-effective treatment options.

About the Cardiovascular Disease Prevention Task Force

Passed on May 25, 1999, Senate Joint Resolution 37 called for the creation of a Cardiovascular Disease Prevention Task Force to be appointed by the director of the Illinois Department of Public Health. The mission of the task force was to 1) Examine the incidence of and cause of heart disease and stroke; 2) Develop a profile of the heart disease and stroke burden in Illinois; 3) Solicit input from a variety of individuals and organizations across the state to learn more about their contribution to the prevention of heart disease and stroke in Illinois; 4) Recommend to the Governor and General Assembly changes needed in laws, regulations, programs, policies and services to enhance the prevention of stroke and heart disease; 5) Recommend to the Governor and General Assembly the funding necessary to carry out these efforts; 6) Study the effects of obesity on such health conditions as diabetes, hypertension, atherosclerosis, heart disease and stroke; and 7) Utilize public testimony and scientific research to develop the recommendations required by the resolution.



For more information on cardiovascular disease, please contact

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