

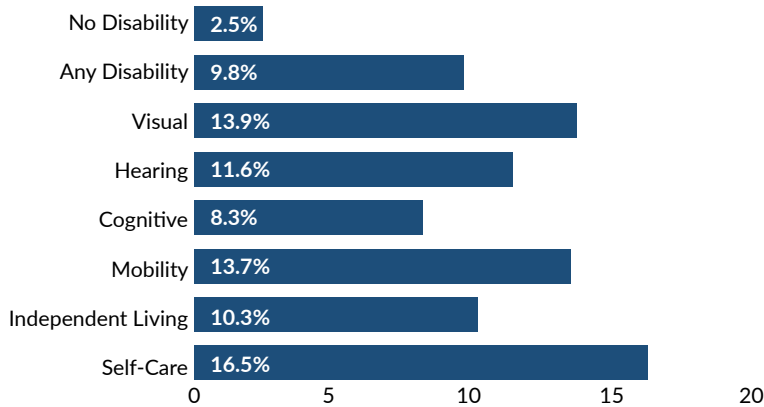
HEART DISEASE AMONG OREGONIANS WITH DISABILITIES

Coronary Heart Disease (CHD) affects some 7 million Americans, making it the most common form of heart disease.¹ CHD, also known as coronary artery disease, is the result of plaque build-up in the walls of the coronary arteries (the heart's arteries), which restricts blood flow to the heart. When the heart does not receive enough blood, a heart attack may occur.² In the United States, heart disease accounts for 25% of all deaths each year.³

According to 2016 Behavioral Risk Factor Surveillance System (BRFSS) data, about 4.3% of adults have CHD, in both Oregon and the U.S. However, Oregonians with disabilities are about 4 times more likely to have CHD than adults without a disability (9.8% vs. 2.5% respectively).

The proportion of people with CHD also varies by disability type. People with self-care disabilities are the group most likely to be affected by CHD (16.5%), followed by adults with visual disability (13.9%), and adults with mobility disability (13.7%) (See Figure 1).

Figure 1: Percent of adults with CHD* by Disability Type



*2016 BRFSS: Respondents were asked "Have you ever been told by a doctor or health professional that you had angina, or coronary heart disease?" Percentages shown are those who answered yes.

In Oregon men are more likely to report CHD than women. However, CHD is more common among both men and women with disabilities compared to those without disabilities. For example, in 2016, 7.8% of Oregon women with a disability reported CHD in contrast to 1.8% of women without a disability. Among males, 12.2% of those with a disability reported CHD, whereas only 3.1% of those without disability did so (See Table 1).

Table 1. Percentage of Oregonians who reported CHD* by gender

Female		Male	
Disability	No Disability	Disability	No Disability
7.8%	1.8%	12.2%	3.1%

CHD also varies by age group and is most common among older Oregonians. However, in each age group, adults with a disability are more likely to report CHD than adults without a disability (See Table 2).

Table 2. Percent of CHD* by Disability Status and Age Group

Disability Status	Age		
	18-64	65-74	75+
Disability	5.4%	19.4%	18.7%
No Disability	1.3%	6.6%	9.5%

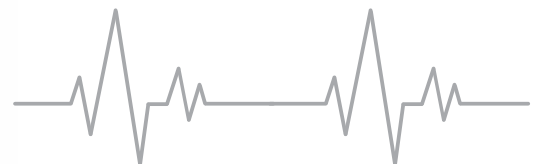
There are many things you can do to prevent CHD. These are called modifiable risk factors. There are also some risk factors you cannot change (non-modifiable). In Table 3 on page 2, we present modifiable and non-modifiable risk factors that are often involved in the development of CHD.

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If you are at risk because of non-modifiable factors, you can still help prevent CHD by avoiding the modifiable risk factors. For example, diet and physical activity are two modifiable risk factors that can help improve blood pressure, cholesterol levels, and stress, and prevent CHD. Exercising at least two and a half hours per week significantly reduces the risk of heart disease. A heart-healthy diet includes plenty of fruits, vegetables, and food high in fiber. Other ways to prevent heart disease include quitting smoking and reducing alcohol consumption. Practicing mindfulness, meditation, and good sleep habits are good ways to reduce stress.

Table 3. Risk Factors for CHD	
Modifiable Risk Factors	
•	Smoking
•	Alcohol Abuse
•	High Blood Pressure
•	High Blood Cholesterol
•	Obesity
•	Physical Inactivity
•	Diabetes
•	Stress
Non-modifiable Risk Factors	
•	Gender
•	Family history of CHD
•	Age

Helpful Links:

- ➔ Visit www.nchpad.org for examples of accessible and inclusive exercise for individuals with a disability.
- ➔ Call 1-800-QUIT-NOW (1-800-784-8669) or visit www.quitnow.net/oregon for assistance on quitting smoking.
- ➔ Call Oregon Health Plan (OHP) at 800-336-6016 or visit <https://www.oregon.gov/OHA/HSD/OHP/Pages/Contact-Us.aspx> for information on annual screenings for blood pressure, cholesterol, and diabetes.

FOR MORE OODH DATA BRIEFS, VISIT:

[HTTPS://WWW.OHSU.EDU/XD/RESEARCH/CENTERS-INSTITUTES/OREGON-OFFICE-ON-DISABILITY-AND-HEALTH/DATA-STATISTICS/](https://www.ohsu.edu/xd/research/centers-institutes/oregon-office-on-disability-and-health/data-statistics/)

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2. Zaman, A., et al., The role of plaque rupture and thrombosis in coronary artery disease. *Atherosclerosis*, 2000. 149(2): p. 251-266.
3. Heidenreich PA, Trogon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123:933-44. Epub 2011 Jan 24.

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