

Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries

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A Message from the Director, National Center for Chronic Disease Prevention and Health Promotion

The Centers for Disease Control and Prevention (CDC) is committed to reducing the burden of heart disease—the leading cause of death and a major cause of serious, long-term disability in the United States. Heart disease is largely preventable, and with targeted public health efforts—including the prevention of tobacco use and obesity—the heavy burden of this disease can be reduced.

The *Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries* provides for the first time county-level maps of heart disease hospitalizations for blacks, Hispanics, and whites ages 65 and older. Geographic Information Systems provide increasingly important analytic tools to examine public health outcomes and were used in this *Atlas* to document the large geographic and population-based disparities that exist in heart disease hospitalizations across the United States. This information is critical for health professionals working at local, state, and national levels to eliminate geographic, racial, and ethnic disparities in heart disease hospitalizations.

This publication is the sixth in a series of CDC atlases related to heart disease and stroke. Previous releases in this series include

Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality
Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality
Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities
Atlas of Heart Disease and Stroke Among American Indians and Alaska Natives
Atlas of Stroke Hospitalizations Among Medicare Beneficiaries

Together, these publications have informed policy makers and researchers across the country about the serious geographic disparities in heart disease and stroke. I am pleased to share with you the *Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries*. I hope you will find these data helpful in your efforts to prevent and treat heart disease in the United States.

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Heart disease has consistently been a public health concern and is the leading cause of death in the United States. For coronary heart disease alone, the estimated direct and indirect costs for the overall U.S. population are approximately \$165.4 billion for 2009. According to the national hospital discharge survey, hospitalizations for heart disease accounted for 4.2 million hospitalizations in 2006. Approximately 62% of these short-stay hospitalizations occurred among people ages 65 years and older. There is also evidence that heart disease hospitalization rates vary among racial and ethnic groups.

As part of CDC's efforts to address this important public health concern, I am pleased to present the *Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries*. The maps in this *Atlas* highlight the geographic disparities in heart disease hospitalizations by heart disease subtype, race/ethnicity, and discharge status for the Medicare population in the United States, Puerto Rico, and the U.S. Virgin Islands. Maps that show the national distribution of hospital facilities and cardiologists also are included.

CDC has reported previously on geographic trends and health disparities related to heart disease mortality in *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* (2000) and *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* (2001). The *Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries* is the first publication to document geographic and racial disparities in heart disease hospitalizations.

This document supports the case for eliminating health disparities and addresses the important need to reduce the risk for heart disease among all Americans, including older Americans. The maps in this *Atlas* present county-level estimates of the burden of heart disease in the United States, Puerto Rico, and the U.S. Virgin Islands. With the information in these maps, public health professionals and concerned citizens at local, state, and national levels will be better equipped to tailor heart disease prevention and treatment resources to Americans ages 65 years and older.

We hope that you will find this publication to be a valuable resource as you design programs and policies to eliminate geographic and racial disparities in heart disease hospitalizations among Medicare beneficiaries.

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