Nearly 1 in 3 deaths in the US each year is caused by heart disease and stroke. At least 200,000 of these deaths could have been prevented through changes in health habits, such as stopping smoking, more physical activity, and less salt in the diet; community changes to create healthier living spaces, such as safe places to exercise and smoke-free areas; and managing high blood pressure, high cholesterol, and diabetes.

More people will have access to health care coverage and preventive care through the Affordable Care Act. Health care providers should talk with their patients about healthy habits at every visit and follow patients’ progress.

Health care systems and providers can also:

◊ Use electronic health records to identify and support patients who need help quitting smoking or who have high blood pressure or high cholesterol.

◊ Refer patients to community resources, such as smoking quitlines and blood pressure self-management programs.

◊ Track patient progress on the ABCS of heart health—Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation.

*Preventable (avoidable) deaths are defined as those from ischemic heart disease, stroke, chronic rheumatic heart disease, and hypertensive disease in people under age 75, although changes in health habits and the health care system can reduce death among all ages.

See page 4

Want to learn more? Visit

www.cdc.gov/vitalsigns
What do we know about preventable deaths from heart disease and stroke?

Your chances of dying from heart disease and stroke depend on many things.

**Age:** While the number of preventable deaths has declined in people ages 65-74, it has remained virtually unchanged in people under 65.

**Race/ethnicity:** Blacks are nearly twice as likely as whites to die early from heart disease and stroke.

**Sex:** Men have the highest risk of death across all races and ethnic groups. Black men are most at risk.

**Important progress has been made, but more is needed to continue to save lives, particularly for people under 65 years**

![Graph showing preventable deaths](chart.png)

**Race/ethnicity:** Blacks are nearly twice as likely as whites to die early from heart disease and stroke.

**Sex:** Men have the highest risk of death across all races and ethnic groups. Black men are most at risk.

**Black men are at highest risk of dying early from heart disease and stroke**

![Graph showing preventable deaths per 100,000 people](chart2.png)

Location: Risk of preventable death from heart disease and stroke varies by county, even within the same state.

Counties in southern states have the greatest risk overall

Nearly 800,000 Americans die each year from heart disease and stroke. Most of the major risk factors can be managed or prevented.

Risk factors and solutions for managing them

- **High blood pressure** – Make control your goal.
- **High cholesterol** – Work with your doctor on a treatment plan to manage your cholesterol.
- **Diabetes** – Work with your doctor on a treatment plan to manage your diabetes.
- **Tobacco use** – If you don’t smoke, don’t start. If you do smoke get help to quit.
- **Unhealthy diet** – Eat a healthy diet, low in sodium and trans fats and high in fresh fruits and vegetables.
- **Physical inactivity** – The Surgeon General recommends adults engage in moderate-intensity exercise for 2 hours and 30 minutes every week.
- **Obesity** – Work to maintain a healthy weight.
What Can Be Done

The Federal government is

◊ Making it easier for Americans to afford regular preventive health care through the Affordable Care Act.
  www.healthcare.gov

◊ Leading the national Million Hearts® initiative to prevent 1 million heart attacks and strokes by 2017.
  millionhearts.hhs.gov

◊ Providing resources to all 50 states to address chronic diseases, including heart disease and stroke.

◊ Leading national campaigns that address risk factors for heart disease and stroke, such as Weight of the Nation® and Tips from Former Smokers.
  www.cdc.gov/won
  www.cdc.gov/tobacco/campaign/tips

◊ Measuring progress in reaching the objectives of Healthy People 2020.
  www.healthypeople.gov/2020

Health departments and community organizations can

◊ Work with health care systems to monitor national quality indicators, including “controlling high blood pressure,” and carry out quality improvements, such as clinical innovations including team-based care.

◊ Encourage health systems to use health information technology to identify patients who have high blood pressure. Establish follow-up systems to monitor those patients.

◊ Promote smoking quitlines, tobacco-free areas, safe walking areas, and access to healthy food.

◊ Partner with hospitals to address health care issues in the community and perform a community health needs assessment to ensure interventions reach those most in need.

Everyone can

◊ Have a conversation with your health care provider about the ABCS of heart health.

◊ Get help to stop smoking. If you don’t smoke, don’t start.

◊ Try going for a brisk 10-minute walk, 3 times a day, 5 days a week.

◊ Eat a heart-healthy diet with more fruits and vegetables and less sodium and trans fat.

◊ Know the signs and symptoms of heart attack and stroke, and call 9-1-1 right away if you are experiencing them.

For more information, please contact
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