



Multiple Risk Factors and Disparities associated with Heart Disease and Stroke among Mississippi Delta Adult Women

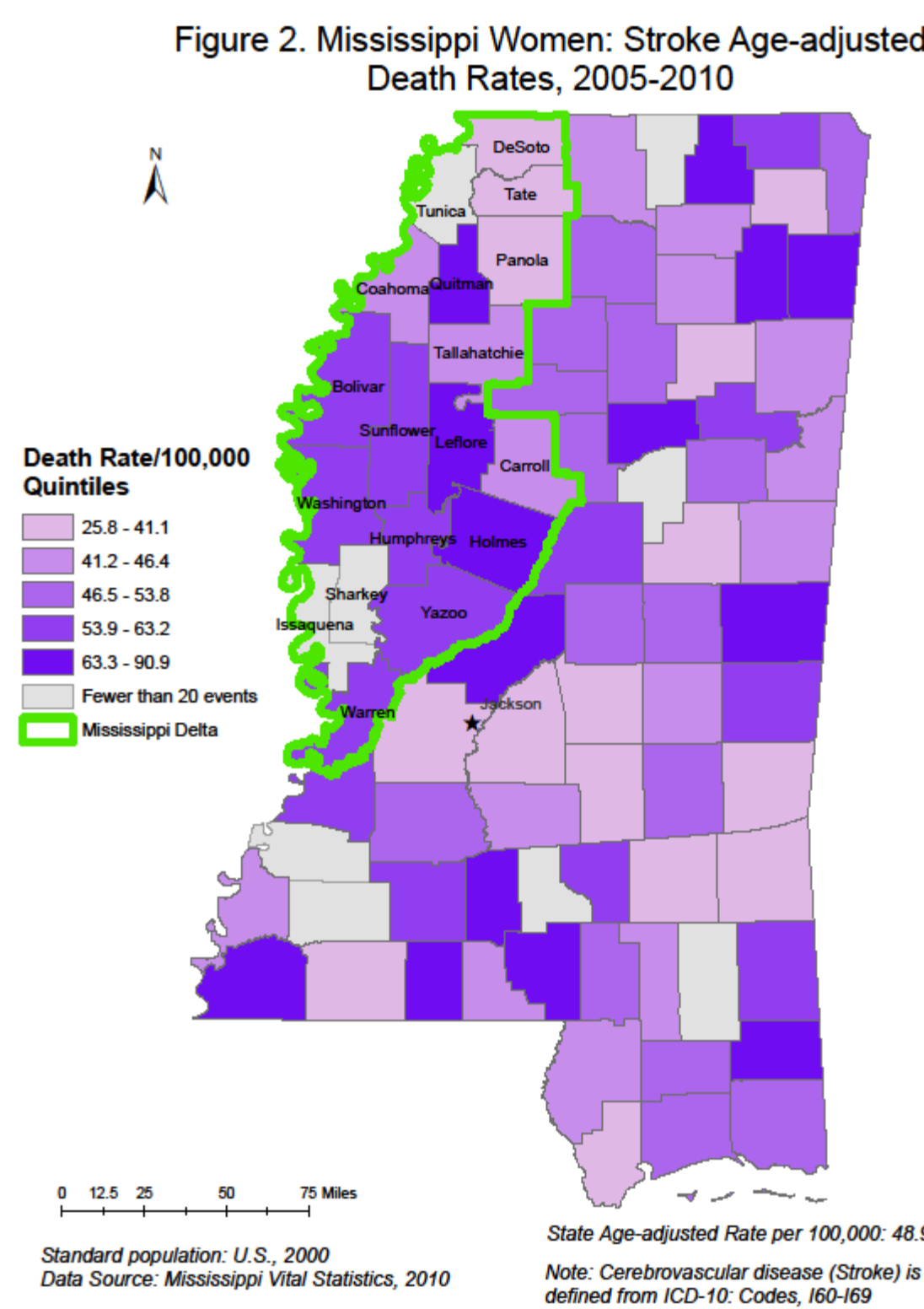
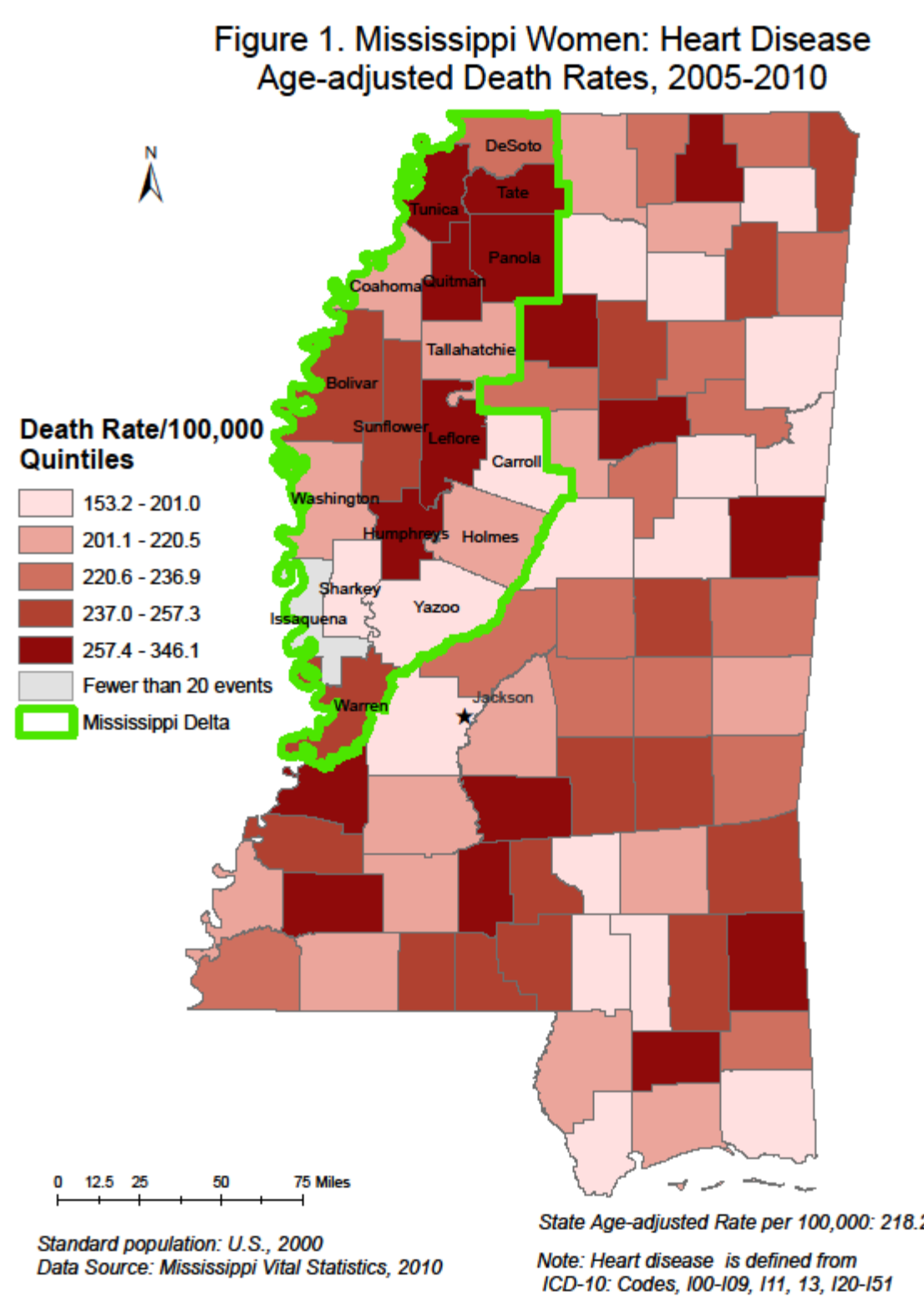
Vincent L. Mendy¹, MPH, CPH; Larry Smith¹, PhD; Abigail Gamble¹, PhD, CHES

¹Mississippi State Department of Health, Jackson, MS

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Background

Prevalence of multiple risk factors (MRFs) for heart disease and stroke in Mississippi (MS) is among the highest in the United States¹. In MS, black women experience a disproportionately greater burden of heart disease and stroke mortality than white women. Heart disease and stroke death rates among women in the 18-county MS Delta region are among the highest in the state (Figure 1 and 2). However, risk factor disparity among MS Delta women is unknown.



Objective

We examined MRFs for heart disease and stroke by age, race, socioeconomic status (SES), and healthcare coverage among MS Delta adult women.

Methods

Data Source and Study Population

Self-reported Behavioral Risk Factor Surveillance System (BRFSS) data (2007-2010; N = 5,390: 50.8% black; 49.2% white) of MS Delta women adults ≥ 18 years-old.

Study Variables

Hypertension, hyperlipidemia, diabetes, smoking, obesity, and physical inactivity were assessed.

MRFs was defined as having ≥ 2 of the these risk factors.

Statistical Analyses

Prevalence estimates and 95% confidence intervals (CI) were used to calculate MRFs by age, race, SES, and healthcare coverage.

Multivariate logistic regression models adjusting for age, race, SES (household income, education, and employment), and healthcare coverage were used to examine differences between subgroups.

SAS 9.2 survey procedures were used to account for complex sampling design.

Results

Half (49.7%) of respondents reported MRFs (Figure 3).

Prevalence of MRFs was highest in those with less than high school education (60.3%), those with household income less than \$10,000 (57.9%), those aged 65 years and older (52.7%), black women (48.0%), unemployed (47.5%) and those without healthcare coverage (47.2%) compared to their counterparts (Table 1).

Respondents aged 50-64 years-old and those with household income less than \$10,000 had the highest odds (adjusted odds ratio (AOR), 2.6, 95% CI 2.0-3.1; AOR, 2.4, 95% CI 1.6-3.2 respectively) of MRFs compared to their counterparts.

The odds of MRFs decreases as household income and education level increases.

Age ($p < 0.0001$), education ($p < 0.0001$) and household income ($p < 0.0001$) were significantly associated with MRFs.

Results

Figure 3. Prevalence of heart disease and stroke risk factors and MRFs (≥ 2 risk factors) among MS Delta adult women

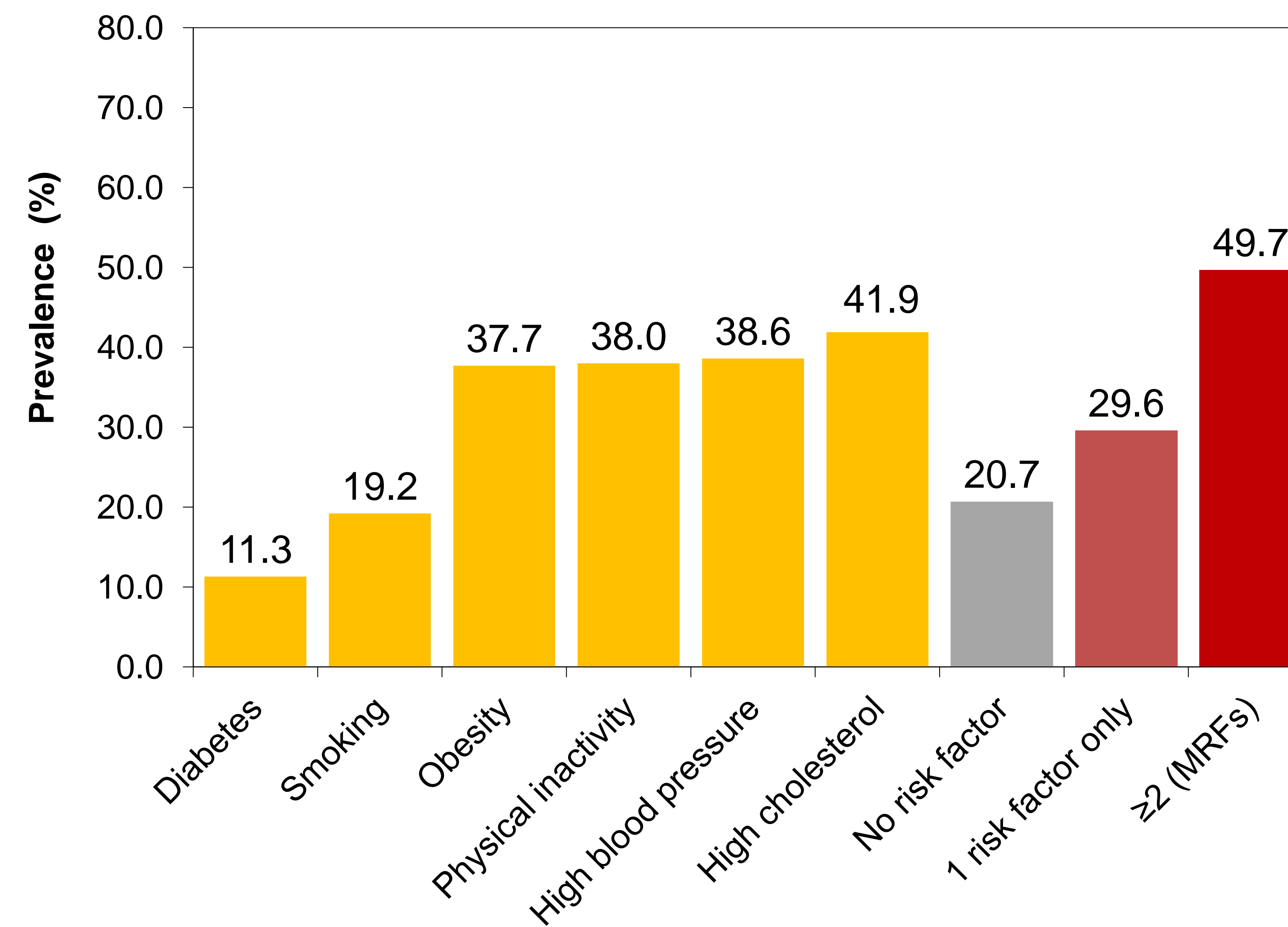


Table 1: Prevalence of MRFs (≥ 2 risk factors) for heart disease and stroke by select characteristics in MS Delta adult women, BRFSS, 2007-2010

Characteristic	n ^a	% ^b	95%CI ^c
Age (years)			
18-34	186	29.5	24.9-34.2
35-49	533	42.7	39.0-46.5
50-64	936	48.0	45.1-50.9
≥ 65	1,011	52.7	49.9-55.5
Race			
White	1,226	36.6	34.0-39.2
Black	1,412	48.0	45.1-50.9
Other*	30	28.9	17.2-40.6
Education			
< High school	426	60.3	55.5-65.2
High school or GED	943	46.7	43.4-49.9
Some college or higher	1,010	32.4	29.9-34.9
Employment			
Employed	889	35.5	32.6-38.4
Unemployed	173	47.5	39.6-55.4
Other**	1,612	48.7	46.1-51.4
Household Income (\$)			
< 10,000	431	57.9	51.8-63.9
10,000-19,999	671	54.8	50.2-59.3
20,000-34,999	523	44.5	40.1-48.9
35,000-49,999	246	39.2	33.7-44.6
≥ 50,000	376	25.4	22.3-28.5
Healthcare coverage			
Yes	2,279	40.9	38.9-42.9
No	399	47.2	41.7-52.6

^aUnweighted total number of survey respondents with multiple risk factors
^bWeighted percentages
^cConfidence interval around the weighted prevalence estimate
 *Hispanic/Latino, Asian, American Indian/Alaska Native;
 **Homemaker, Student, Retired, and Unable to work

Results

Table 2: Adjusted odds ratio and 95% CIs of select characteristics with MRFs for heart disease and stroke in MS Delta adult women, BRFSS, 2007-2010

Characteristic	Model ^d	
	AOR ^a	95% CI ^b
Age (years)		
18-34	1.0	Referent
35-49	2.0	1.6-2.7
50-64	2.6	2.0-3.1
≥ 65	2.2	1.7-3.0
Race		
White	1.0	Referent
Black	1.2	0.9-1.5
Other*	0.7	0.4-1.2
Education		
< High school	1.9	1.5-2.6
High school or GED	1.3	1.1-1.6
Some college or higher	1.0	Referent
Employment		
Employed	1.0	Referent
Unemployed	1.2	0.9-1.4
Other**	1.2	0.8-1.7
Household Income (\$)		
<10,000	2.4	1.6-3.2
10,000-19,999	2.3	1.8-3.2
20,000-34,999	2.1	1.6-2.6
35,000-49,999	1.6	1.2-2.2
≥ 50,000	1.0	Referent
Healthcare coverage		
Yes	1.0	Referent
No	1.1	0.9-1.5

^dResults in RED indicated AORs were significantly higher than the reference group
 Multiple risk factors defined as ≥2 of the following: high blood pressure, high cholesterol, obesity, smoking, diabetes, physical inactivity
^aModel: Logistic regression adjusted for age, race, income, education, employment, and healthcare coverage
^bAOR: adjusted odds ratio, ^c95% CI: 95% confidence interval around the adjusted odds ratio
 *Hispanic/Latino, Asian, American Indian/Alaska Native, **Homemaker, Student, Retired, and Unable to work

Limitations

- BRFSS utilizes self-reported information (recall bias)².
- We did not examine the intensity of individual risk factors.
- SES barriers to healthcare access may affect the likelihood of being screened and diagnosed for high cholesterol, high blood pressure, and diabetes.¹

Conclusions

- MS Delta adult women have high prevalence of MRFs for heart disease and stroke.
- Age, household income and education are significantly associated with MRFs.
- There was no significant racial disparity.
- Focusing public health efforts on reducing MRFs in specific groups may help decrease cardiovascular disease related health disparities among MS Delta women.

References

- Racial/Ethnic and Socioeconomic Disparities in Multiple Risk Factors for Heart Disease and Stroke -- United States, 2003. (2005). *MMWR: Morbidity & Mortality Weekly Report*, 54(5), 113-117.
- Hayes, D. K., Denny, C. H., Keenan, N. L., Croft, J. B., Sundaram, A. A., & Greenlund, K. J. (2006). Racial/Ethnic and Socioeconomic Differences in Multiple Risk Factors for Heart Disease and Stroke in Women: Behavioral Risk Factor Surveillance System, 2003. *Journal Of Women's Health (15409996)*, 15(9), 1000-1008.