

2016 Heart Disease and Stroke Fact Sheet — Public Health Region 8

Texas Department of State Health Services

Burden of Disease

Prevalence of Heart Disease, Stroke, and Selected Risk Factors,
Adults, 18 years and older, 2015

Percentage of Adults (95% confidence interval)

	Region	Texas
Heart Disease	5.4 (3.9-6.8)	6.1 (5.5-6.8)
Stroke	2.9 (1.7-4.1)	3.0 (2.5-3.5)
Hypertension	29.9 (26.4-33.5)	29.5 (28.2-30.8)
Current Cigarette Smoking	14.0 (10.8-17.1)	15.2 (14.1-16.4)
Obesity	35.5 (31.2-39.8)	32.4 (30.9-33.9)

Interpretation:

There were no significant differences between the percentage of adults in PHR 8 and in Texas with heart disease, stroke or the selected risk factors.

Heart Disease & Stroke Age Adjusted Death Rates
by Race/Ethnicity and Sex, All Ages, 2014

Annual Deaths per 100,000 People (95% confidence interval)

	Region	Texas
Heart Disease	179.4 (174.4-184.4)	175.8 (174.1-177.5)
White	190.1 (183.0-197.3)	188.2 (186.0-190.4)
Black	211.6 (186.9-236.3)	224.3 (218.2-230.4)
Hispanic	161.4 (154.0-168.9)	137.0 (133.9-140.1)
Other	172.6 (139.6-205.6)	91.7 (85.6-97.7)
Men	223.0 (214.6-231.4)	212.6 (209.8-215.3)
Women	143.3 (137.3-149.3)	144.9 (142.9-147.0)
Stroke	43.7 (41.2-46.2)	43.3 (42.4-44.1)
White	41.8 (38.5-45.2)	43.7 (42.7-44.8)
Black	72.7 (58.0-87.5)	59.2 (56.0-62.5)
Hispanic	41.5 (37.7-45.3)	36.4 (34.8-38.0)
Other	38.7 (23.2-54.2)	26.5 (23.2-29.8)
Men	43.4 (39.6-47.1)	42.0 (40.7-43.3)
Women	43.5 (40.2-46.8)	43.7 (42.5-44.8)

There were no significant differences between PHR 8 and Texas overall in the heart disease death rate or the stroke death rate.

Deaths due to heart disease in PHR 8 were less common among Hispanic residents than white or black.

Deaths due to stroke in PHR 8 were more common among black residents than white or Hispanic.

Deaths due to heart disease were more common among men than women in PHR 8.

Cost to State

Medicaid Spending among Beneficiaries with Cardiovascular Disease, All Ages, FY2015

For Fee-for-Service and Star & StarPlus Programs

Type of Care	Region			Texas		
	Total Expenditure	*Number of Beneficiaries	Average Expenditure per Beneficiary	Total Expenditure	*Number of Beneficiaries	Average Expenditure per Beneficiary
Total	\$62,476,261.18	54,162	\$1,153.51	\$559,055,789.83	472,258	\$1,183.79
Inpatient	\$22,821,781.49	3,827	\$5,963.36	\$237,781,462.08	37,421	\$6,354.23
Outpatient	\$6,333,199.17	19,262	\$328.79	\$73,598,905.85	172,536	\$426.57
Physician	\$33,321,280.52	50,572	\$658.89	\$247,675,421.90	438,170	\$565.25

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Interpretations:

54,162 Medicaid beneficiaries in PHR 8 received acute care for cardiovascular disease in fiscal year 2015.

The average Medicaid expenditure for cardiovascular disease care in PHR 8 was about \$1,154 per beneficiary, which was lower than in the state overall.

In PHR 8, the average expenditure per beneficiary was highest for inpatient care (about \$5,963) compared to outpatient or physician care for cardiovascular disease.

Burden of Disease (continued)

Heart Disease & Stroke Age-Adjusted Hospitalization Rates, All Ages, 2014

Annual Hospitalizations per 10,000 People (95% confidence interval)

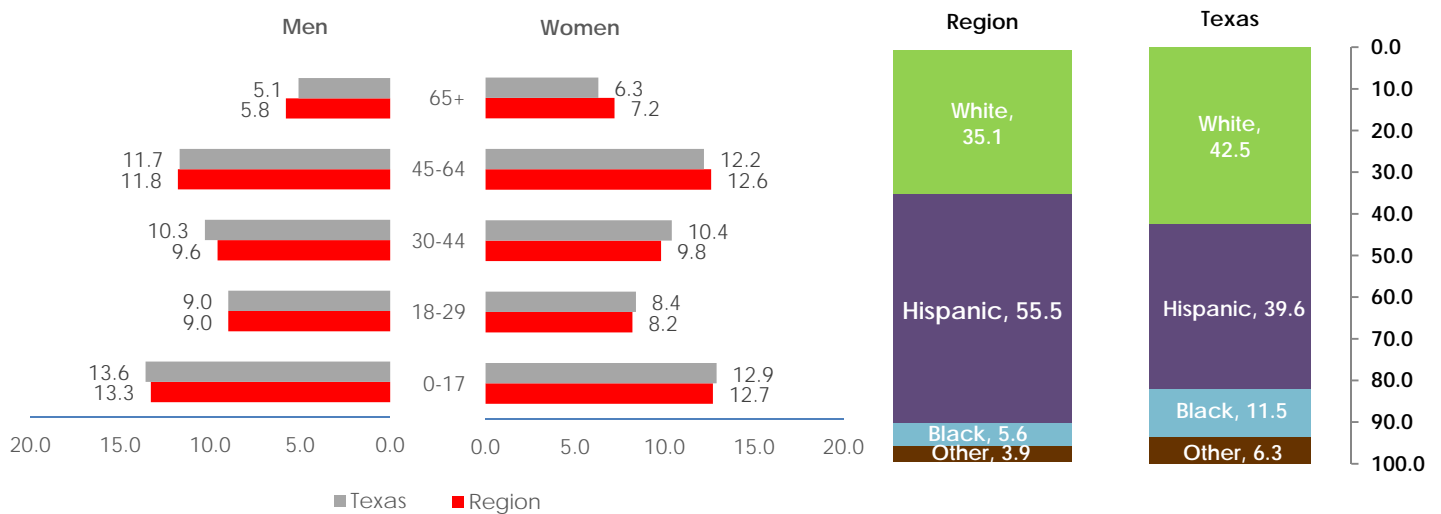
	Region	Texas
Heart Disease	69.7 (68.7-70.6)	77.2 (76.8-77.5)
Stroke	17.6 (17.1-18.1)	20.3 (20.1-20.4)

Interpretation:

For every 10,000 adults, about 8 less hospitalizations occurred annually for heart disease and 3 less occurred annually for stroke in PHR 8 than in Texas as a whole.

Texas Demography, 2014

Total Population = 2,801,373
Distribution of Population (% of Total Population)



Data Sources: (1) 2015 Texas Behavioral Risk Factor Surveillance System; (2) 2014 Texas Vital Statistics, Mortality Data; (3) 2014 Texas Hospital Inpatient Discharge Public Use Data File; (4) 2015 Texas Medicaid Reimbursement Data as prepared by Research Team, Strategic Decision Support, Texas Health and Human Services Commission, October 2016 and (5) 2014 Texas Vital Statistics, Population

Case Definitions: **Prevalence** based on respondents 18 years and older and self-reported (1) **Heart Disease**: responded yes to a question asking if they had ever been told by a doctor they had a heart attack/myocardial infarction, and/or yes to a question asking if they had ever been told by a doctor they had angina or coronary heart disease; (2) **Stroke**: responded yes to a question asking if they had ever been told by a doctor they had a stroke; (3) **Hypertension**: responded yes to a question asking if they had ever been told by a doctor they had hypertension, not including during pregnancy or borderline/pre-hypertensive; (4) **Current Cigarette Smoking**: having smoked 100 cigarettes in their lifetime and now smoking every day or some days, or chewing tobacco, snuff, or snus every day or some days; and (5) **Obesity**: body mass index of 30 or greater calculated from height and weight. **Mortality** based on ICD-10 codes for heart disease (I00-I02, I05-I09, I11, I13, I20-I25, I26-I28, I30-I51) and stroke (I60-I69). **Hospitalizations** based on ICD-9 codes for heart disease (390-398, 402, 404, 410-429) and stroke (430-434, 436-438). **Medicaid** reimbursement based on paid and partially paid claims for fee-for service and primary care case management services selected from the Texas Medicaid and Health Partnership (TMHP) Ad Hoc Query Platform (AHQP) Claims Universe of persons with a primary diagnosis of cardiovascular disease (ICD-9: 390-459).

A Medicaid beneficiary may receive more than one type of care; therefore, the sum of beneficiaries receiving each type of care does not equal the total number of beneficiaries.

Note: "--" indicates too few cases occurred, the sample size was too small, or the relative standard error was >30.0% to provide a reliable estimate.

Statistical significance based upon evaluation of overlap among confidence intervals.