

WOMEN'S HEART ALLIANCE

NORTH CAROLINA

In North Carolina:

Top Killer of Women

Heart disease is a top killer of women in North Carolina, killing thousands of women each year¹

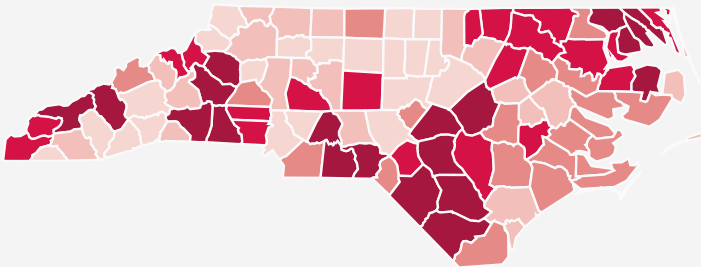
18,808 Deaths Per Year

caused by heart disease²

Annual Costs Per Capita

of heart disease to county health care systems³:

- Northampton: **\$19,857 - \$24,072**
- Gates: **\$19,857 - \$24,072**
- Montgomery: **\$19,857 - \$24,072**
- Vance: **\$19,857 - \$24,072**
- Richmond: **\$19,857 - \$24,072**
- Warren: **\$19,857 - \$24,072**
- Greene: **\$19,857 - \$24,072**
- Anson: **\$19,857 - \$24,072**
- Swain: **\$19,857 - \$24,072**
- Edgecombe: **\$19,857 - \$24,072**



Heart Disease Death Rate Per 100,000 People⁸

Insufficient Data (1)	128.4 - 135.4 (19)
80.7 - 120.1 (21*)	135.5 - 145.0 (20)
120.2 - 128.3 (20)	146.1 - 244.2 (20)

* Number of Counties

womensheartalliance.org
contact@womensheartalliance.org
Twitter: @WHA

In the Nation:

64% Show No Symptoms

Almost two thirds of women who die suddenly of coronary heart disease have no prior symptoms.⁴

50% Misdiagnosed

Women are 50% more likely to be given a wrong diagnosis after a heart attack⁵

CPR Not Administered

Women are less likely to receive bystander CPR, decreasing their odds of survival,⁶ and are more likely to die in the year following a heart attack than men⁷

1. Xu J, Murphy SL, Kochanek KD, Bastian B and Arias E, "Deaths: Final Data for 2016," National Vital Statistics Reports, Hyattsville, MD: CDC, National Center for Health Statistics. 2018;67(5). Available from: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf.

2. "Stats of the State of North Carolina," Center for Disease Control and Prevention NCHS Pressroom. Available from: <https://www.cdc.gov/nchs/pressroom/states/northcarolina/northcarolina.htm>

3. Cost of Care per Capita for Medicare Beneficiaries Diagnosed with Heart Disease, 2015: Total Costs: <https://ncdd.cdc.gov/DHDSPTAtlas/Reports.aspx>

4. "Women and Heart Disease Fact Sheet," Center for Disease Control and Prevention NCHS Pressroom. Available from: https://www.cdc.gov/dhdspt/data_statistics/fact_sheets/fs_women_heart.htm

5. Wu J, Gale CP, Hall M, Dondo TB, Metcalfe E, Oliver G, Batin PD, Hemingway H, Timmis A, West RM. Impact of initial hospital diagnosis on mortality for acute myocardial infarction: A national cohort study. Eur Heart J Acut Cardiovasc Care. 2016;in press. Available from: <http://acc.sagepub.com/content/early/2016/08/29/2048872616661693>.

6. "Men more likely to receive bystander CPR in public than women," American Heart Association Press Release. Available from: <https://newsroom.heart.org/news/men-more-likely-to-receive-bystander-cpr-in-public-than-women>

7. Mehta LS, Beckie TM, DeVon HA, Grines CL, Krumholz HM, Johnson MN, et al. Acute Myocardial Infarction in Women: a scientific statement from the American Heart Association. Circulation. 2016;133:00-00. Available from: <https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000000351>.

8. This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. <http://ncdd.cdc.gov/DHDSPTAtlas>.