



## Cardiovascular Disease Impact and Outlook in Maine

Cardiovascular disease (CVD) is the leading cause of death in the United States, killing more people each year than all forms of cancer and accidents combined. Alarming, after a decline in mortality over the past several decades, the numbers are rising again. Most CVD deaths are a result of **atherosclerotic cardiovascular disease (ASCVD)**, which is caused by high levels of “bad cholesterol,” or LDL-C, that builds up in the blood over time, leading to heart disease, heart attack, and stroke. Many people know ASCVD by its severe outcomes—myocardial infarction (MI) or heart attack, stable or unstable angina, stroke or transient ischemic attack, and coronary heart disease—rather than by the underlying condition itself.

### ASCVD Impact Grade

The Department of Health and Human Services’ [Healthy People 2030 program](#) (HP2030) has established aspirational targets of 71.1 deaths from coronary heart disease and 33.4 deaths from stroke per 100,000 population. For each of these measures, a grade was calculated as the percent difference between the state value and the target; the two scores were then averaged to determine an overall grade. States where death rates met or were better than the HP2030 targets were given an A, states that needed to improve by 10% or less to meet the targets were given a B, states that needed to improve by between 10-20% were given a C, states that needed to improve by between 20-30% were given a D, and states that needed to improve by more than 30% were given an F.



#### CORONARY HEART DISEASE DEATH RATE



#### STROKE DEATH RATE



### The Current Burden of ASCVD

Latest available state-level data (2020 or 2021) were collected and analyzed across 14 measures of ASCVD outcomes, risk factors, related health behaviors, and preventive services. Sources included the CDC [Underlying Cause of Death database](#), the CDC [Behavioral Risk Factor Surveillance System](#) (BRFSS), and the U.S. Census Bureau’s [American Community Survey](#).

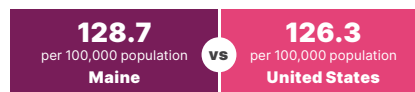
#### ESTIMATED ASCVD PREVALENCE

114,100 adults in Maine have been told by a health professional that they had angina, a stroke, a heart attack, or coronary heart disease, which are some of the manifestations of ASCVD



#### TOTAL ESTIMATED ASCVD MORTALITY

1,738 people in Maine had ASCVD as an underlying cause of death



#### HEART ATTACK PREVALENCE

62,300 adults in Maine reported experiencing a heart attack in their lifetime



#### STROKE PREVALENCE

39,200 adults in Maine reported experiencing a stroke in their lifetime



■ Worse than national value   ■ National value   ■ Better than national value

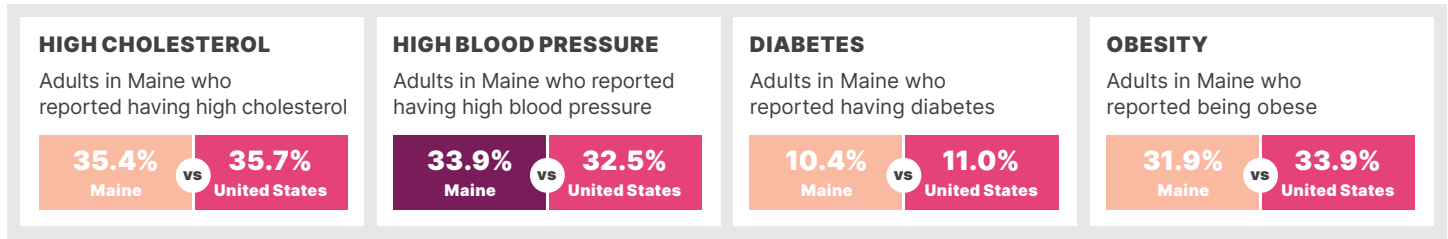


**Maine**  
spends an estimated  
**\$644m**  
on direct medical  
expenses for ASCVD  
care each year.

Cost estimate calculated using Projections of Cardiovascular Disease Prevalence and Costs: 2015-2035 by Olga Khavjou, Diana Phelps, and Alyssa Leib combined with ASCVD prevalence and population size in each state.

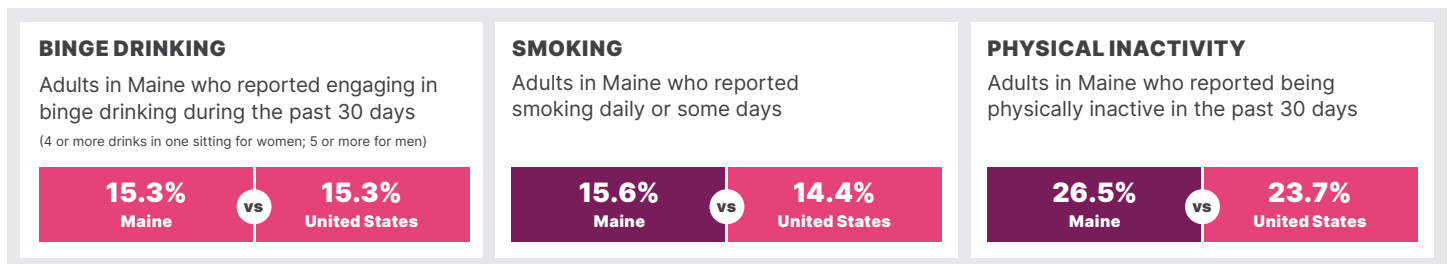
## Health Risk Factors

Key health risk factors for ASCVD include high cholesterol, high blood pressure, diabetes, and obesity.



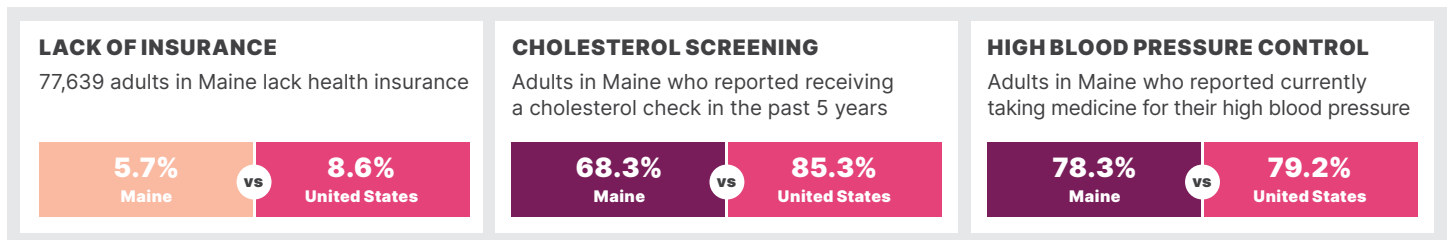
## Health Behaviors

Unhealthy behaviors and lifestyle choices contribute to the development and progression of ASCVD. While ASCVD cannot be cured, it can often be effectively managed through a healthy lifestyle and appropriate use of medication.



## Coverage and Preventive Services

Barriers to accessing preventive services and medicines can exacerbate the societal and economic burden of ASCVD.



■ Worse than national value  
 ■ National value  
 ■ Better than national value

# Take Action to Stop Cardiovascular Deaths

Through our **Take Health to Heart** initiative, the Foundation of the National Lipid Association and the National Medical Association call on leaders in government to enact **policy changes at the state and federal levels** to address critical access barriers and help reverse the alarming trend in cardiovascular deaths, particularly for underserved populations:



Ensure broad, appropriate, and timely access to care and treatment



Improve the quality of cardiovascular care through updated quality measures



Enable collaboration across healthcare stakeholders



Address the socioeconomic barriers that contribute to disparities in cardiovascular outcomes

To view our full policy agenda, learn about our supporters, and access resources, citations, and methodology related to this fact sheet, visit [TakeHealthToHeart.org](https://www.takehealthtoheart.org).