Rising Tide: The Alarming Upward Trajectory of Heart Failure Mortality in North Dakota Edwin Akomaning MBChB MPH student, Samuel Prince Osei MBChB MPH student, Akshaya Bahgavathula PhD Department of Public Health, College of Health and Human Sciences, North Dakota State University, Fargo, ND

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Background

Heart failure remains a leading cause of mortality and morbidity in the United States. Reducing heart failure deaths and elucidating sex disparities in outcomes are objectives within the Healthy People 2030

recommendations

Aim: This study analyzed sex differences in long-term heart failure mortality rates in North Dakota from 2000-2020.

Methods

- study utilized data from the This ongoing Healthy People 2030 initiative, drawing from national census using
- National Vital Statistics System and nationally representative survey data National Health Interview like the Survey.
- heart failure To analyze mortality trends, we employed cause-of-death modeling and statistical analysis to compare crude and age-adjusted heart failure mortality rates (ASR) between men and women and examine changes in heart failure mortality over time in North Dakota to US national estimates.

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Heart failure mortality from 2000-2020



 US / Female - 3 Joinpoints
2000.0-2006.0 APC = -0.93
2006.0-2010.0 APC = -5.10*
2010.0-2017.0 APC = 1.98*
2017.0-2020.0 APC = -1.44
US / Male - 3 Joinpoints
2000.0-2006.0 APC = -0.60
2006.0-2011.0 APC = -2.49*
2011.0-2016.0 APC = 4.92*
2016.0-2020.0 APC = 1.05
 ND / Female - 2 Joinpoints
2000.0-2014.0 APC = 4.72*
2014.0-2017.0 APC = -6.32*
2017.0-2020.0 APC = 4.43*
ND / Male - 0 Joinpoints

小口 Healthy People 2030

- evaluate to (CI).
- to -0.0%).
- North

Joinpoint regression analysis was used trends the in agestandardized heart failure mortality rates, reporting annual percentage changes (APC) and average APC (AAPC) with accompanying 95% confidence intervals

Results

From 2000 to 2020, the ASMR of heart failure significantly increased by an average of 2.0% (95% CI: 1.1% to 3.5%) per year in North Dakota compared to national estimates (-0.2%, 95% CI: -0.5%

In particular, North Dakota showed a significant increase in ASR of heart failure mortality only in women by APC of 4.4% (95% CI: 3.2% to 6.0%) from 2017 to 2020.

Conclusion

In contrast to national downward trends, Dakota showed concerning increases in age-standardized heart failure mortality from 2000-2020, affecting both sexes and deviating from Healthy People 2030 objectives.