

Study shows access to quality health care, tied to people living longer with chronic disease, results in higher COVID-19 deaths.

Link to published paper in *CJC Open*: <https://doi.org/10.1016/j.cjco.2020.06.003>

Overview

New Heart & Stroke-led research examines direct impact of COVID-19 on people living with heart conditions and stroke and forecasts potential implications on Canadian healthcare resources.

Methodology



Examined global epidemiological data from 63 countries and Canadian hospital data on number of procedures performed for heart conditions and stroke.

Key findings



Thousands of cardiovascular procedures postponed *each month* in Ontario during the pandemic:

297 coronary artery bypass grafts

703 percutaneous coronary interventions

252 valve surgeries



In countries like Canada with accessible health care and a higher proportion of people living with heart conditions and stroke, the COVID-19 death rate is higher than in countries with fewer healthcare services.



Older age puts people at greater risk of dying from COVID-19, and those with heart conditions or previous stroke are at even greater risk of dying from COVID-19.



For every 1% *increase* in a country's size of the population with heart conditions and stroke, the death rate from COVID-19

For every 1% *increase* in a country's size of the population 65+ years, the death rate from COVID-19

↑ **19%**

↑ **9%**

Importance

This Heart & Stroke analysis highlights the risk posed by COVID-19 on people with heart conditions and stroke in Canada.



COVID-19 is seriously disrupting access to essential health care in Canada, including thousands of delayed procedures.

This study provides valuable information for healthcare planners to guide reactive and proactive measures in the management of the COVID-19 pandemic in Canada, including the planning for health system recovery and triaging burgeoning wait lists.

Canadian data obtained from Canadian Institute for Health Information Discharge Abstract Database (2018-2019); Global data obtained from WHO Situation Reports and Johns Hopkins University Centre for Systems Science and Engineering (2020).

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