

# Matters of the Heart

Take Heart Alaska's Quarterly Newsletter

Vol. 2, Issue 1



## February is American Heart Month

The leading cause of death in the United States is heart disease. In order to highlight this, Congress designated February as "American Heart Month" to promote heart disease awareness. In 2009, an estimated 785,000 Americans had a new coronary attack, and about 470,000 will have a recurrent attack. About every 25 seconds, an American will have a coronary event, and about one every minute will die from a coronary event.<sup>1</sup> In 2007, 766 Alaskans died from either heart disease or stroke. In contrast to other states, heart disease is the second leading cause of death in Alaska with cancer as the leading cause.

Making healthy lifestyle choices can decrease the prevalence of heart disease and stroke. A choice to control high blood pressure, decrease high cholesterol levels, lose weight and eat more fruits and vegetables, become more active, manage diabetes and stop smoking can help to improve cardiovascular health.

1) Lloyd-Jones D, Adams R, Carnethon M, et al. Heart Disease and Stroke Statistics—2009 Update. A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2009;119:e21-e181.

## Introducing New Heart Disease and Stroke Prevention Program Staff

**Miriam Lemke** joined the Heart Disease and Stroke Prevention Program staff as an Office Assistant II on December 22, 2009. Miriam will be providing program administrative support and coordinating the Take Heart Alaska correspondence and meetings. Miriam has studied Political Science, Linguistics and Ethnology in Marburg/Germany and received a Master's Degree from the Philipps-University of Marburg in May 2009. She moved from Germany to Juneau in July 2009 and is looking forward to attaching practical experience to her studies. Miriam is excited to contribute to the improvement of the health care of all Alaskans.

**Clint Farr** joined the Heart Disease and Stroke Prevention Program as a Public Health Specialist II on February 8, 2010. Clint is a Chronic Disease Epidemiologist who will share his time between the Heart Disease and Stroke Prevention Program and the Women's, Children's and Family Health's Oral Health Program. Clint has completed a 10 month stint as a stay-at-home dad to his two daughters aged 1 and 4. Previously, he worked nearly nine years at DEC as an air quality environmental program specialist and manager. Clint has a Master's Degree in Environmental Health from the University of Washington, School of Public Health. He looks forward to helping Alaskans understand the extent and severity of heart disease and stroke in our great state.

**Take Heart  
Alaska**

Alaska's Cardiovascular  
Health Coalition

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### Committee Minutes

[Click to link to documents...](#)

[Steering Committee](#)

[Healthy Lifestyles Committee](#)

[Alaskans Promoting Physical Activity \(APPA\) Subcommittee](#)

[Eat Smart Alaska Subcommittee](#)

[Public Education Committee](#)

**New Report: *The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors***

We are pleased to share with you the December 2009 publication, *The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors*. The report contains data on the extent of Alaska's heart disease and stroke burden in terms of lives, quality of life, and dollars. Here are a few highlights from the report:

- ♥ Alaska enjoys one of the lowest heart disease death rates in the United States. Far fewer Alaskans die from heart disease than would be expected in a contemporary American population of Alaska's size. In fact, Alaska is one of only 9 states where heart disease is not the leading cause of death.
- ♥ The rate of death from heart disease—particularly ischemic heart disease—has been falling over the past decade and a half in Alaska, similar to the pattern seen in the US overall.
- ♥ The stroke death rate in Alaska has tended to be above the national rate over the past 14 years, but this gap is closing.

However:

- ♥ Almost half of Alaskans have 2 or more of the above risk factors; an additional one-third has a single risk factor.
- ♥ Heart disease and stroke risk factors are generally present in Alaska in levels comparable to what is seen in the US overall, and most have either remained stable or increased over that past decade and a half.

For example:

- Smoking prevalence has declined to 22%, but this rate is still higher than in the US overall.
  - Obesity/overweight is increasing, and at 65% is slightly higher than in the US overall.
  - Diabetes prevalence has been slowly increasing over the past decade; the steadily rising obesity rate will likely continue to fuel this rise.
  - Although at 25% Alaska's hypertension prevalence is lower than US overall rate, this key risk factor is on the rise in Alaska.
  - At 38%, the prevalence of high cholesterol has reached its highest level since being assessed on the Alaska BRFSS beginning in 1991.
- ♥ In many cases, American Indian/Alaska Natives, residents of rural Alaska, and socioeconomically disadvantaged Alaskans experience higher levels of risk factors related to heart disease and stroke.
  - ♥ Hospitalizations for heart disease in Alaska cost \$515 million in 2007—just over one-third of the total for all hospitalization costs in that year; hospitalizations for stroke cost over \$80 million.
  - ♥ Less than one-third of the approximately 15,000 Alaskans who reported having had a heart attack say they were referred to cardiac rehabilitation.
  - ♥ In the next 10 years, the number of Alaskans who are expected to die from heart disease and stroke will be roughly equivalent to the population of the North Slope Borough, the city of Ketchikan, or the entire Aleutian archipelago.

The report can be accessed from: [http://www.hss.state.ak.us/dph/chronic/chp/pubs/burden\\_dec09.pdf](http://www.hss.state.ak.us/dph/chronic/chp/pubs/burden_dec09.pdf).

**Take Heart Alaska Coalition: Evaluation Report**

In fall of 2009, *Program Design and Evaluation Services* conducted an evaluation of the Take Heart Alaska Coalition. The surveys were completed by 40 of 103 potential respondents. The goal was to assess member satisfaction, explore barriers and benefits to participation, and ask for suggestions about improvement. The survey revealed a high satisfaction with committee meetings across various issues that were assessed. Scores measuring coalition functioning indicated general agreement that the coalition scored positively for: a) skilled leadership, b) shared vision, c) open and frequent communication, and d) setting clear and reasonable goals. The most important benefits were related to the coalition facilitating connections and networking to improve heart health across Alaska.

The most common problem was a lack of time to participate with the coalition. Some members had difficulty taking part in some committees, since one in five respondents had not participated in any meetings over the past year. Furthermore, some respondents stated that they were not clear about their role. The survey also showed that members feel there could be broader representation from statewide or regional organizations on the coalition. About half of the respondents felt there had been only a small impact by the coalition on ensuring distribution of materials for providers and patients.

Several issues were raised during the interviews as challenging for the coalition: the difficulty in recruiting health care providers, particularly from rural areas; the intermittence of movement and lack of momentum, particularly following state staff turnover; the dependence of the coalition on strong state leadership; and the need for collaboration with other coalitions and entities with overlapping goals.

The findings will be reviewed in detail during the next Steering Committee meetings, where an improvement plan will be created. Thanks to everyone who participated in the survey to help us improve the Take Heart coalition.

**Committee Update: Know Your Numbers Campaign**

The Take Heart Alaska Public Education Committee is working on a healthy community campaign that focuses on helping the public “Know Your Numbers.” The key goals of this campaign are to increase awareness and change attitude regarding healthy lifestyles.

What numbers should everyone know? Blood pressure, cholesterol (total, LDL, HDL, triglycerides) levels and blood sugar (glucose) levels, the number of fruits and vegetables eaten per day, and number of minutes of exercise they do per week. We hope that helping the public to learn what their numbers are and what the goals should be will influence the community toward healthier habits.

**Take Heart Alaska Steering Committee Teleconference March 17**

The teleconference will be held from 12-1 pm. For dialing in to the conference, dial 1-800-791-2345 and enter the teleconference code 87464 followed by the “#” sign. If you have difficulty accessing the Teleconference, please contact the TelSpan Operator Services Department at: **1-800-937-7726**.

**Subcommittee Updates: Eat Smart Alaska**

New “Alaska Traditional Foods Resources” available on the Take Heart Alaska website

Members of the Eat Smart Alaska subcommittee gathered and identified numerous books, articles and websites on traditional, subsistence and “wild” foods in Alaska. The “Alaska Traditional Foods Resources” lists nearly 50 resources by categories, such as recipes and nutrient analysis, food safety, research, medicinal use, identification and harvesting, education, and miscellaneous. This is by no means an exhaustive list. If you are aware of resources that are not listed, please contact Diane Peck at [diane.peck@alaska.gov](mailto:diane.peck@alaska.gov) or 907-269-8447.

This document, as well as many others, has recently been added to the Take Heart Alaska website “Resources” section. From the home page [www.takeheart.alaska.gov](http://www.takeheart.alaska.gov), click on “Resources” at the top of the page; or follow this link, <http://dhss.alaska.gov/sites/takeheart/pages/resources.aspx>, to browse through all the helpful resources.

**You are Cordially Invited...to Join a Take Heart Committee!**

Take Heart Alaska has four main committees: Healthy Lifestyles, Public Education, Professional Education, and Heart Disease and Stroke Treatment and Secondary Prevention. Each committee (or a subcommittee thereof) works on tasks which support the primary goal of the coalition, which is the implementation of the statewide Cardiovascular Health (CVH) Plan.

Being involved in a Take Heart Alaska Coalition Committee allows participants to network statewide with others interested in cardiovascular health, uniting our common purpose. Whether your primary interest area in cardiovascular health is Healthy Lifestyles, Public or Professional Education, or the Treatment or Secondary Prevention of Heart Disease or Stroke, your input is most welcome! Better yet, invite a colleague and join together!

To join a committee, or for further information, contact one of the following staff members of the State of Alaska Heart Disease and Stroke Prevention Program:

Janice Gray, Program Manager: 907-465-8670 or [janice.gray@alaska.gov](mailto:janice.gray@alaska.gov)

Russ Stevens, Public Health Specialist: 907-465-8541 or [russ.stevens@alaska.gov](mailto:russ.stevens@alaska.gov)