

Matters of the Heart

Take Heart Alaska's Quarterly Newsletter

May 2010 Vol. 2, Issue 2



May is National Stroke Awareness Month

A stroke is an interruption of the blood supply to any part of the brain - it is sometimes referred to as a "brain attack". Stroke is a leading cause of death in Alaska and the number of stroke deaths in our state is growing each year.

Take Heart Alaska is committed to preventing stroke through the promotion of healthy lifestyles and risk factor reduction, public education of the signs and symptoms of stroke, and professional education on best practice treatments.

To help us spread the word about the dangers of stroke and ideas for prevention and treatment, view the [American Heart Association 2010 Stroke Community Awareness Toolkit](#) that includes:

- Colorful flyers for printing, posting, and distribution
- Downloadable activities
- Healthy Recipes
- Bookmarks and other educational giveaways



Here are some other links to stroke information in Alaska:
[Heart Disease and Stroke Facts: Stroke in Alaska](#)
[Alaska Stroke Signs and Symptoms Campaign: F.A.S.T. brochure](#)

Steering Committee Meeting May 12th in Anchorage

The Take Heart Alaska Steering Committee will hold its bi-annual face-to-face meeting in Anchorage on May 12th from 12:30 - 4:30p.m. at the BP Energy Center.

Agenda items include updates from each of the Committees and Sub-Committees, new website developments, upcoming media campaigns, and finishing work on the statewide heart disease and stroke prevention plan "Take Heart Alaska" due to be published this year.

If you are a Steering Committee member in the Anchorage area and will be able to attend, please contact Miriam Lemke to RSVP at (907) 465-8234 or email her at Miriam.Lemke@alaska.gov so that we can provide you with a meeting agenda and materials.

Take Heart Alaska

Alaska's Cardiovascular
Health Coalition

In this Issue:

May: National Stroke Awareness Month	1
Take Heart Steering Committee Meeting	1
IOM Hypertension Report Press Release	2
IOM Sodium Report Press Release	3
Coalition Evaluation Recommendation Progress	4
Alaskans Promoting Physical Activity Update	4
Website News	4

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](#)

Hypertension Report from the Institute of Medicine

IOM REPORT DECLARES HIGH BLOOD PRESSURE A NEGLECTED DISEASE, CALLS FOR STRATEGIES TO CHANGE AMERICANS' LIFESTYLES AND DIETS TO CURB HYPERTENSION

WASHINGTON – Public health officials and health care providers need to step up their efforts to reduce Americans' increasing rates of high blood pressure and better treat those with the condition, which triggers more than one-third of heart attacks and almost half of heart failures in the United States each year, says a new report from the Institute of Medicine.

Policies that create environments which support healthier eating, lowered sodium consumption, and increased physical activity offer greater promise of reducing the high hypertension rate than merely educating individuals about the dangers of high blood pressure, said the committee that wrote the report. Roughly three-quarters of Americans recognize the importance of having their blood pressure checked, but this awareness has not translated into sustained reductions in the condition. Nearly one-third of U.S. adults have high blood pressure, and it accounts for about one in six adult deaths annually, a 25 percent increase from 1995 to 2005.

Given that many individuals with high blood pressure have not been diagnosed and the majority of patients with hypertension do not have it under control, the report also calls on public health and medical officials to explore ways to improve health care providers' adherence to treatment guidelines. Multiple studies show that physicians are unlikely to start or intensify treatment for mild to moderate hypertension and that they are less aggressive about treating older patients, who are the most likely to have the condition and benefit from therapy. In addition, public health officials should work with health insurance plans to reduce or eliminate deductibles and co-payments for anti-hypertensive drugs to improve patients' compliance with treatment regimens.

Based on available data, the committee estimated that hypertension prevalence might be reduced by as much as 22 percent if Americans consumed less salt in their diet and ate more vegetables, fruit, and lean protein. A recent study calculated that reducing salt intake from 3,400 milligrams to the currently advised maximum intake level of 2,300 milligrams per day could bring down the number of individuals with high blood pressure by about 11.1 million and result in approximately \$17.8 billion in health care cost savings annually. The committee also estimated that an initiative to help overweight and obese Americans each lose 10 pounds could reduce the prevalence of high blood pressure in the overall population by 7 percent to 8 percent. An exercise program that gets physically inactive people more active could decrease prevalence by 4 percent to 6 percent.

Efforts to get health care providers to follow current guidelines for treatment and prevention are also needed, the report says. The committee noted that lack of physician adherence to treatment guidelines for hypertension is a significant reason why many patients are unaware of their condition and do not have it under control. Data show that 86 percent of individuals with uncontrolled hypertension have insurance and visit their doctors. Since it is not clear why providers frequently do not follow the guidelines, CDC officials should research this issue as well as work with accreditation programs to improve providers' adherence to recommended treatment regimens.

Out-of-pocket costs are a significant reason why some hypertensive patients reduce or discontinue their medications, the report notes. CDC should encourage the Medicare and Medicaid programs and private insurers to find ways to eliminate or reduce deductibles and co-payments for anti-hypertensive medications and to work with the pharmaceutical industry to standardize and simplify applications for patient assistance programs that provide reduced-cost or free hypertension medications.

To access the full report: [A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension](#)

Sodium Report from the Institute of Medicine

**FDA SHOULD SET STANDARDS FOR SALT ADDED TO
PROCESSED FOODS, PREPARED MEALS**

WASHINGTON – Reducing Americans' excessive sodium consumption requires establishing new federal standards for the amount of salt that food manufacturers, restaurants, and food service companies can add to their products, says a new report by the Institute of Medicine. Because the vast majority of people's sodium intake comes from salt that companies put in prepared meals and processed foods, this regulatory strategy would make it easier for consumers to eat lower, healthier amounts of salt, said the committee that wrote the report.

The U.S. Food and Drug Administration should gradually step down the maximum amount of salt that can be added to foods, beverages, and meals through a series of incremental reductions. The goal is not to ban salt, but rather to bring the amount of sodium in the average American's diet below levels associated with the risk of hypertension, heart disease, and stroke, and to do so in a gradual way that will assure that food remains flavorful to the consumer, the committee said.

Regulatory action is necessary because four decades of public education campaigns about the dangers of excess salt and voluntary sodium cutting efforts by the food industry have generally failed to make a dent in Americans' intakes, the committee said. The industry's voluntary efforts have fallen short because of lack of a level playing field for all products. Companies have feared losing customers who could switch to competing products or brands with higher salt content. Also, salt is so widespread and present in such large amounts in grocery store and menu items – including many foods and drinks that people do not think of as salty – that it is difficult for people who want to reduce their sodium intake to succeed.

On average, Americans consume more than 3,400 milligrams of sodium – the amount in about 1.5 teaspoons of salt – each day. The recommended maximum daily intake of sodium – the amount above which health problems appear – is 2,300 milligrams per day for adults, about 1 teaspoon of salt. **The recommended adequate intake of sodium is 1,500 milligrams per day, and people over 50 need even less.**

Americans' salt consumption has been shaped in part by changes in eating habits as people consume more processed foods, dine out more frequently, and prepare fewer meals from basic, raw ingredients in the home. U.S. residents have gradually grown accustomed to saltier foods as the amount of salt in the nation's food supply has increased over time, but research indicates that this trend can be reversed as well. People's tastes can be reset to prefer less salty flavor through subtle reductions over time, studies show.

FDA has the authority to regulate salt as a food additive, the report says. As a substance that has been added to foods throughout history, salt has been treated as "generally recognized as safe," and there are no regulatory limits on its use as an additive. But studies connecting high intakes of sodium to high blood pressure, heart attacks, strokes, kidney disease, and other debilitating and deadly conditions show that salt is safe only up to a certain amount. FDA will need to gather and assess an ample body of data to determine what limits to set on the mineral's use in processed foods and prepared meals and what the incremental decreases should be. The committee acknowledged that establishing the process will take significant time, staffing, and funding.

The percentage of Daily Value for sodium on food packaging – which tells shoppers how much of their recommended daily intake is in a serving of the product – is based on an earlier maximum level of 2,400 milligrams per day. Because using an upper level can lead people to mistakenly think that it is a desirable amount, the committee recommended that the Daily Value for sodium be changed to reflect the adequate intake for adults of 1,500 milligrams per day.

To access the full report: [Strategies to Reduce Sodium Intake in the United States](#)

Progress on Coalition Evaluation Recommendations

Heart Disease and Stroke Prevention Program staff have been actively working to implement changes you recommended in the member survey conducted by David Dowler last fall during the coalition evaluation process. Recent accomplishments of the program that address some of the concerns of the THA membership include:

- ✓ Updating the Take Heart Alaska general membership and committee mailing lists
- ✓ Scheduling face-to-face Steering Committee meetings
- ✓ Designing a universal meeting minutes form that includes attendance check-boxes
- ✓ Combine efforts of competing coalitions
- ✓ Continued development of the THA website

Subcommittee Updates: Alaskans Promoting Physical Activity

Alaskans Promoting Physical Activity (APPA) is currently working on turning their space on the Take Heart Alaska website into an all-inclusive physical activity page! The goal is to have a site that targets a variety of different audiences from individuals to groups and institutions, and one that public health practitioners can use as a tool to promote active lifestyles.

The APPA pages will include information about the new physical activity recommendations, how to get and stay active, and the many benefits of physical activity. It will have resources for adapted physical activity in Alaska, statewide physical activity events and programs, and links to physical activity initiatives around the country as well as outside the U.S.

Take Heart Alaska Website Updates

The [Resources](#) page on the Take Heart Alaska website has been re-designed to be more user friendly! Resources are now arranged by risk factor and committee, with heart disease and stroke facts right up front. Hyperlinked tabs at the top of the page take you directly to the section you are interested in—thanks Julie Sanbei!

Even more resources will be added in the near future, and you are welcome to submit documents and/or links to [Russ Stevens](#) that you would like to see posted.

Russ is currently working on creating a “Media Room” that contains logo’s, press releases, PSA’s, and general information about Take Heart Alaska for use by media outlets as well as breaking news “widgets” that scroll the latest cardiovascular health information to the website. Also we hope to have our own RSS feed so that you can subscribe to get the latest heart disease and stroke prevention news sent straight to your computer or phone!