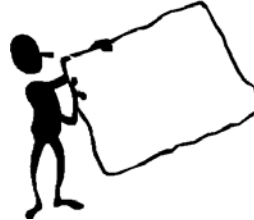




Welcome to the premier of the HDSP e-news. This newsletter has been developed in response to coalition member requests for more information and communication. To make this effort a success, we invite you to submit articles of interest, upcoming events, awards, honors and other announcements to laura.scott@state.co.us. Photos are welcome! All information should be submitted as Word documents and photos and graphics as jpg files.

If you find this information helpful, please feel free to forward to someone else who might enjoy it.



Heart eNews
HDSP, Volume 1,
April 2009

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Calendar of Current Events

- **May 14, 2009, 8 a.m. - 4:30 p.m.:**
Heart Disease & Stroke Prevention Coalition Meeting at the Antlers Hilton in Colorado Springs. This meeting will launch the Heart & Stroke Healthy Communities project. [See flyer](#) at the end of this newsletter to register.

Links!

[American Heart Association](#)
[Centers for Disease Control](#)
[National Stroke Association](#)
[National Heart, Lung and Blood Institute](#)
[Colorado Stroke Alliance](#)
[Heart Disease and Stroke Prevention Program](#)



Spotlight On:

Colorado Asian Health Education and Promotion



The Asian American Pacific Islanders (AAPI) population is diverse. It includes people from 30 Asian nations and 25 Pacific Island nations and represents more than 100 languages and dialects. Colorado's AAPI community reflects the relative heterogeneity of the national statistics and thus requires tailored interventions that are culturally and linguistically appropriate.

Colorado Asian Health Education and Promotion (CAHEP) provides a comprehensive program of health and wellness outreach and education, health-related risk screening and follow-up care to Colorado's AAPI communities. Health promotion outreach takes place during community-organized events at locations such as churches, temples and cultural centers. For more information on CAHEP activities, please click on the link: <http://www.cahep.org/>.

- Submitted by Alok Sarwal of Colorado Asian Health Education and Promotion

Colorado Stroke Alliance

A nonprofit organization promoting quality and process improvement in stroke care in Colorado

The Colorado Stroke Alliance (CSA) is a nonprofit health-care organization with a focus on improving stroke care throughout the state of Colorado. Early in 2006, the CSA was awarded a three-year grant through the Cancer, Cardiovascular and Pulmonary Disease Grant Program at the Colorado Department of Public Health and Environment to implement a pilot statewide stroke registry.



CSA offers educational programs including Lunch and Learn sessions and an annual CSA Summit that provides a slightly longer workshop with additional educational offerings based on needs assessments.

In 2006, CSA launched a Web site to promote the sharing of resources and to serve as a general information portal. For more information on the Colorado Stroke Alliance, visit its Web site at <http://www.coloradostroke.org/>. Data from the Stroke Registry is beginning to demonstrate trends in care throughout Colorado. These data will be of significance as plans for stroke education and care are developed.

- Submitted by Paul Murphy of the Colorado Stroke Alliance

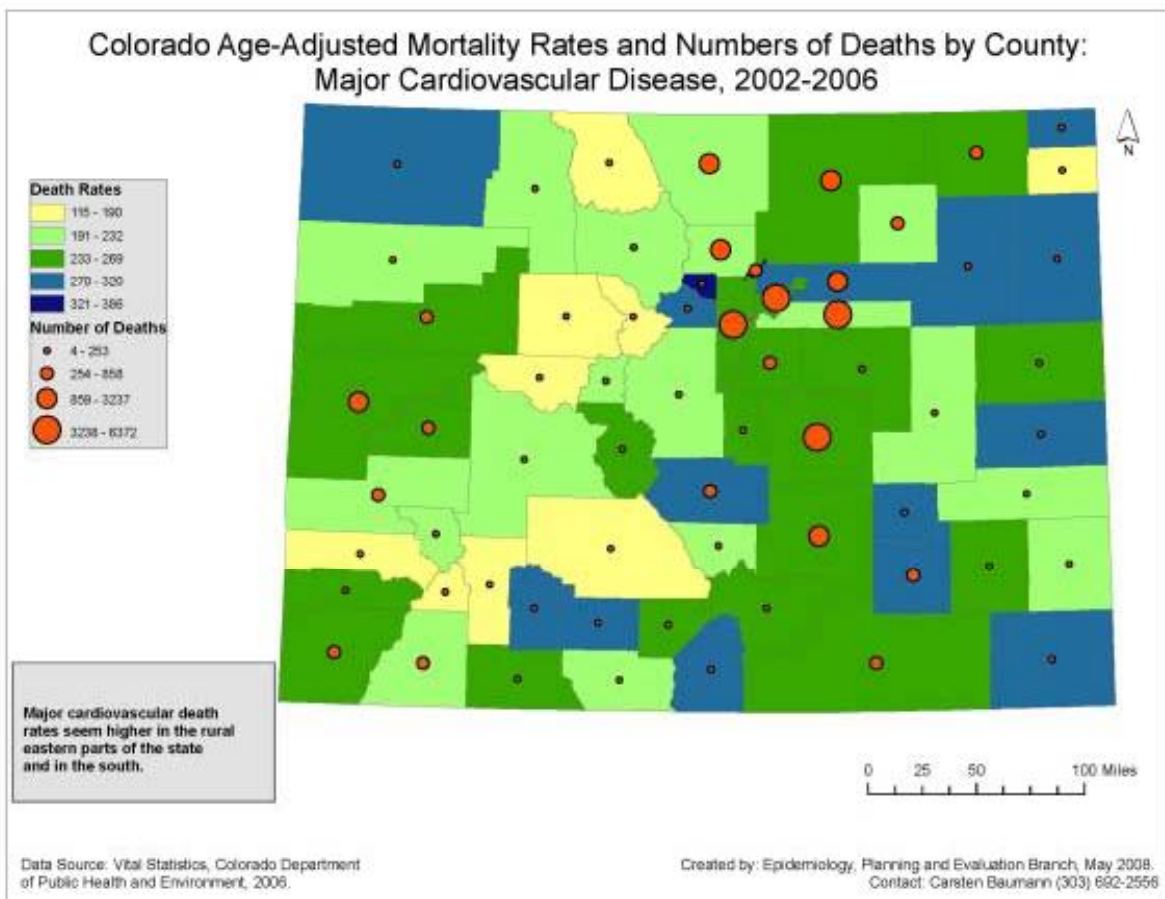
Data, data, data . . .

Building Geographic Information Systems (GIS) Capacity in State Health Departments to Address Heart Disease and Stroke

The Centers for Disease Control and Prevention and the National Association of Chronic Disease Directors, in partnership with the Children's Environmental Health Initiative at Duke University, awarded to two states a grant to build capacity in the use of Geographic Information Systems (GIS). The Colorado Department of Public Health and Environment and the Michigan Department of Community Health were the two state health departments chosen. The grant began Oct. 1, 2006, and ends on Sept. 30, 2009.

Overarching goals (common across the three projects)

- Explore geographic relationships between cardiovascular disease/mortality (Project I) and behavioral risks (Project II) and resources for treatment and prevention (Project III)
- Disseminate findings to directors, program managers and staff within the Prevention Services Division
- Educate directors, program managers and staff within the Prevention Services Division on the use of GIS technology
- Promote the use of GIS findings in strategic planning of programs



- Submitted by Mario Rivera, Epidemiology, Planning and Evaluation Branch, Colorado Dept. of Public Health and Environment

Focus On:

Cancer, Cardiovascular and Pulmonary Disease (CCPD) Grant Report

Colorado Prevention Center Launches its Health-e-Solutions II Program

The Colorado Prevention Center (CPC) recently was awarded a grant for the Cancer, Cardiovascular and Pulmonary Disease (CCPD) Program aimed at reducing cardiovascular risk in Colorado through screening and navigation. Health-e-Solutions II (HeS II) is a continuation of the successful Health-e-Solutions (HeS) project created by CPC in 2006.

The original HeS project has increased awareness of cardiovascular disease in Colorado through a personalized cardiovascular disease risk assessment offered in electronic, interactive computer kiosks or via the Internet. The program also provides lifestyle change recommendations and gives medical providers educational support based on guideline-based cardiovascular disease treatment. Risk is depicted graphically as shown in the figure below:

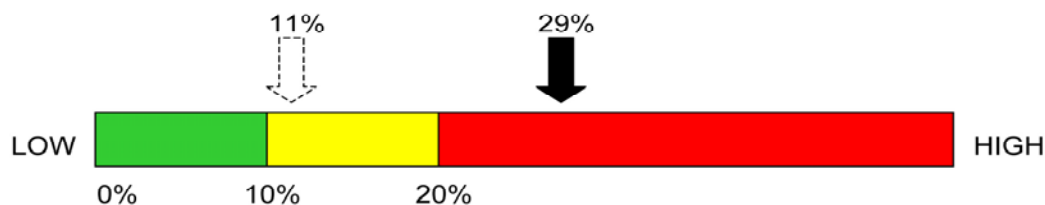


Figure. 10-year risk (%) of developing a cardiovascular event is calculated and depicted by the solid arrow. The interactive program enables users to revisualize their scores if modifiable risk factors are optimized (dashed arrow).

Stephanie Coronel, MPH, senior project manager at CPC, noted, "Our kiosks have been placed in over 50 locations all over Colorado including medical offices, hospitals, health departments, pharmacies and public-gathering places (libraries, senior centers, community centers, etc.) The kiosks are mobile and often rotated among multiple locations within a community to broaden exposure." More than 35,000 individuals have completed the cardiovascular disease risk assessment in the two years of the program, including 13,000 individuals reached through 46 different 9Health Fairs. To try out our unique risk assessment program please go to <http://www.health-e-solutions.org/>.

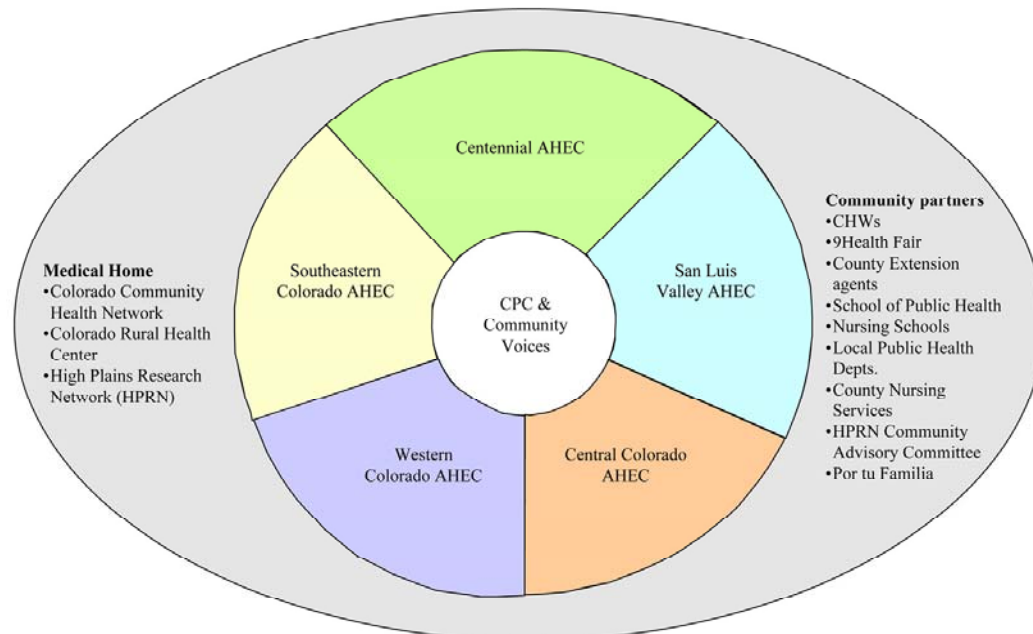
The HeS II Program

HeS II includes all of the vital components of HeS and adds a new dimension to "close the loop" by identifying individuals determined to be at risk for cardiovascular disease and navigating them into medical care and lifestyle programs via locally based community health workers.

At-risk individuals will be identified in 15 communities at local events where free cardiovascular disease screenings will be provided. Individualized treatment and lifestyle recommendations from the risk assessment will be discussed with participants by community health workers based upon screening results. Community health workers will track participants and coordinate follow-up screenings to demonstrate improvements in participants' cardiovascular risk profiles. **100 percent of HeS II screenings will be free of charge to participants.** Screening events have been taking place since January 2009.

More than 45,500 individuals will be screened for cardiovascular disease risk factors through HeS II over the next three years, and the Colorado Prevention Center plans to navigate 10,920 participants into care. Dr. Mori Krantz, a cardiologist at CPC, commented, "This program has the potential to reduce the number of cardiovascular events in Colorado at a cost savings to our health care system."

Our Partners



According to Matt Guy, MPA, former community health coordinator at CPC, "The success of this program rests with our strong partnership network." CPC will be partnering with several local and statewide agencies to successfully implement HeS II. **Community Voices** and **Denver Public Health** will be training community health workers from rural areas and evaluating their performance. The five **Colorado Area Health Education Centers** will be providing assistance planning and organizing screening events and assisting in finding community health workers local host agencies and community resources for participants.

9Health Fair will continue to provide local screening events, data collection and follow-up phone calls with at-risk participants. Volunteers for screening events and follow-up calls will come from **health profession students** across the state. According to Lisa Jensen, BSN, RN, community research specialist at CPC, "Utilizing student volunteers makes our program unique; it prepares our next generation of health educators while providing them a much-needed experience in public health." Also, **Colorado Community Health Centers and Rural Health Centers** will help provide medical services to participants, while **County Extension Offices and County Health/Nursing Departments** will assist participants with lifestyle improvement programs.

HeS II is funded through the Cancer, Cardiovascular Disease and Pulmonary Disease grants program at the Colorado Department of Public Health and Environment from July 1, 2008, to June 30, 2011.

For more information, please call Stephanie Coronel at 303.860.9900.

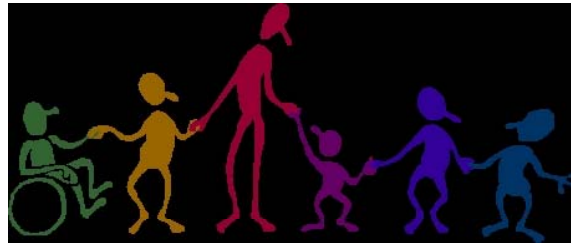
The CPC is dedicated to improving health through clinical research and integrating scientific evidence into community prevention programs.

- Submitted by Dr. Mori Krantz, Colorado Prevention Center

Local News

Integration: Working Together on Chronic Disease Prevention and Control

Chronic disease prevention and control has emerged as a primary concern in public health and health care. Heart disease, cancer, diabetes, lung disease and other chronic conditions affect nearly half of all Americans and far outnumber other causes of death combined. Chronic disease burdens the health-care system with the need for ongoing medical monitoring, intervention and hospitalization. People with chronic disease often experience declining quality of life due to activity limitations and the personal and financial costs of managing their disease.



Many factors contribute to the increase in chronic disease and its complications among Coloradans. Individuals face choices about health behaviors, and these choices are influenced, for better or worse, by the environments in which people live, work and play. People with chronic disease may lack the information or tools to effectively manage their disease, including navigating the systems that offer support and assistance. Lack of access to health care is a problem for many others.

Within this complex picture of chronic disease lies a promising opportunity. The primary chronic diseases share common risk factors, preventive measures and strategies for improving disease management. By combining efforts across disease-specific programs and services, we can strengthen the impact for all. Chronic disease prevention and control calls for an integrated approach, in which partners jointly develop and agree on a set of common goals and directions, share responsibility for obtaining those goals, and work together to achieve those goals using the expertise and resources of each collaborator.

The Colorado Department of Public Health Center for Healthy Living and Chronic Disease Prevention is making a concerted effort to move toward integration of the state's chronic disease programs. The center has programs that address asthma, breast and cervical cancer screening, comprehensive cancer, diabetes, heart disease and stroke, healthy aging, obesity, oral health and tobacco. Center staff members have developed goals for a healthy Colorado that are shared by all programs across the center. Staff members are currently developing a five-year strategic plan for achieving those goals through integrated strategies that build on the strengths and opportunities within each program. Working together across disease-specific programs, we improve our capacity to improve health outcomes.

Most programs within the center are funded by the Centers for Disease Control and Prevention (CDC). In April 2008, Colorado was selected as one of four states to participate in an integration demonstration project through the CDC. Through this unique opportunity, the center is working cooperatively with CDC to remove barriers to integration that resulted from requirements of multiple funding streams for disease-specific programs.

- Submitted by Andrea Poniers, Chronic Disease Prevention Branch, Colorado Dept. of Public Health and Environment

National Updates



Information of interest from the Centers for Disease Control News E-bulletin. Click on title for more information.

[Level of Care for Women Suffering Severe Heart Attacks Found Lacking](#)

Women apparently are still getting the short end of the stick when it comes to the level of care given them during hospitalization for a severe and deadly form of heart attack. In fact, women face almost double the odds of death compared to men with the same affliction. The results of a recent study of U.S. hospitals have shown that the survival rate for women who suffer from heart attacks and are under the care of a hospital generally compares closely to that of men.

[Decline in Heart Attack Hospitalizations Attributed to Smoke-Free Policies in Pueblo, Colo.](#)

The city of Pueblo, Colo. experienced a 41-percent decline in heart attack hospitalizations following the enactment of smoke-free policies in workplaces and public places, according to a *Morbidity and Mortality Weekly Report* article. During the 18 months prior to the smoke-free ordinance, which took effect on July 1, 2003, there were 399 hospitalizations for heart attacks in Pueblo. Meanwhile, during the period from 18 months to three years after the smoke-free law's effective date, there were 237 heart attack hospitalizations. The team of researchers from the Office of Smoking and Health, medical centers in Colorado, local Pueblo government and academic institutions also investigated two comparison sites without smoke-free ordinances. These two areas did not experience significant declines in heart attack hospitalizations during the same time periods studied in Pueblo. Janet Collins, Ph.D., director of the National Center for Chronic Disease Prevention and Health Promotion touted the study's findings, saying that "This study adds to existing evidence that smoke-free policies can dramatically reduce illness and death from heart disease."

[Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness](#)

America is facing a health crisis. Even though America spends more than \$2 trillion annually on health care - more than any other nation in the world - tens of millions of Americans suffer every day from preventable diseases such as type 2 diabetes, heart disease and some forms of cancer that rob them of their health and quality of life. In addition, major vulnerabilities remain in our preparedness to respond to health emergencies, including bioterrorism, natural disasters and emerging infectious diseases. The current public health system is broken. It is chronically underfunded and outdated. Modernizing public health is urgently needed to protect and improve the health of Americans. Prevention, preparedness and public health are vital to the well-being of families, communities, workplace productivity, U.S. competitiveness and national security. The United States is falling behind as Americans become unhealthier and less protected, and health-care costs skyrocket.

[Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health](#)

This workbook is for public health practitioners and partners interested in addressing social determinants of health to promote health and achieve health equity.

[Awareness of Stroke Warning Symptoms – 13 States and the District of Columbia](#)

Although the number of deaths from stroke has declined substantially since the 1960s, in 2004, stroke remained the third leading cause of death in the United States, after heart disease and cancer. A revised objective of Healthy People 2010 is to increase to 83 percent the proportion of people who are aware of the warning symptoms of stroke and the need to telephone 9-1-1 immediately if someone appears to be having a stroke.

[Arthritis as a Potential Barrier to Physical Activity Among Adults With Heart Disease](#)

Being physically active is an important component of heart disease management; however, patients with heart disease are less likely to comply with physical activity recommendations than those without heart disease. Arthritis is a common comorbidity among people with heart disease, and arthritis-associated joint pain and fear of further joint damage can be unrecognized barriers to physical activity among people with heart disease.

[Task Force Found Good Evidence that Aspirin Decreases Heart Attacks in Men and Strokes in Women](#)

Patients and clinicians should consider risk factors, including age, gender, diabetes, blood pressure, cholesterol levels, smoking and risk of gastrointestinal bleeding, before deciding whether to use aspirin to prevent heart attacks or strokes, according to new recommendations from the U.S. Preventive Services Task Force. The task force found good evidence that aspirin decreases first heart attacks in men and first strokes in women. The more risk factors for cardiovascular disease a person has, the more likely he or she is to benefit from aspirin. The task force recommends that men between the ages of 45 and 79 should use aspirin to reduce their risk for heart attacks when the benefits outweigh the harms for potential gastrointestinal bleeding. Women between the ages of 55 and 79 should use aspirin to reduce their risk for ischemic stroke when the benefits outweigh the harms for potential gastrointestinal bleeding. Because heart attacks are less likely to occur in men younger than 45 and ischemic strokes are less likely to occur in women younger than 55, and because limited evidence exists in these age groups, the task force recommended against using aspirin to prevent either strokes or heart disease in men under 45 or women under 55. The task force could not find clear evidence that the benefits of using aspirin outweigh the risks in people 80 years or older.

The recommendations are published in the March 17 issue of the *Annals of Internal Medicine* and are available on the Agency for Healthcare Research and Quality Web site at <http://www.ahrq.gov/clinic/uspstf/uspsasmi.htm>.

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*Please plan to attend the Heart Disease and Stroke
Prevention Program Coalition Meeting!*

**Learn how YOU can make a difference in
YOUR COMMUNITY to improve heart and stroke**

This is what you already know:

- Heart disease and stroke are leading causes of death and disability in Colorado.
- There are many agencies and organizations that work hard within their communities to reduce the burden of heart disease and stroke.
- Programs can have an impact on heart disease and stroke from primary prevention through post-acute care.

Colorado Heart Disease and Stroke Prevention
Program will introduce the

**Heart & Stroke Healthy Community
Initiative**

At the State HDSP Coalition Meeting

on

Thursday, May 14, 2009

at

Antlers Hilton in Colorado Springs

From 8 a.m. - 4:30 p.m.

Online registration link

http://www.surveymonkey.com/s.aspx?sm=NjhDY51YZNUwJZktQzxSCA_3d_3d

What the Heart & Stroke Healthy Community Initiative will do:

- Provide a framework for the coordination of heart and stroke health activities.
- Focus on activities at a community level.
- Provide recognition to communities who participate in activities designed to improve heart and stroke health.