



The Heart Disease and Stroke Prevention Program newsletter has been developed in response to coalition member requests for more information and communication. Please 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 it to someone else who might enjoy it.

Heart eNews Heart Disease and Stroke Prevention Program December 2009



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](#)

This newsletter contains

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Calendar of Current Events

- Dec. 10, 2009: [Colorado Stroke Symposium](#)



♥ [Heart and Stroke Healthy Community Progress Report](#)

Focus On:

Red Yeast Rice

Did you know...

red yeast rice can help lower cholesterol?



Red yeast rice is a centuries-old natural product made by growing a particular yeast on rice. It has been used in Asian countries for more than 1,000 years as food and medicine. In the United States and Europe, it has been proposed as an alternative cholesterol-lowering treatment for people who cannot take statins because of severe side effects, such as muscle pain and weakness. Red yeast rice is essentially the same compound as the drug lovastatin, but on a milligram-per-milligram basis is less potent than the prescription drug.

A new study tested red yeast rice in patients who were not able to tolerate statins due to muscle side effects. All 62 study participants were put on a lifestyle program that included education on nutrition, exercise and relaxation techniques. Half of the participants were given red yeast rice twice per day, and the other half were given a placebo.

The average drop in LDL (the "bad" cholesterol) in the red yeast rice group was 43 points after three months. The placebo group dropped 11 points. Total cholesterol levels also were significantly improved in the red yeast rice group.

What does the Colorado Prevention Center recommend?

High cholesterol is a powerful component of developing heart disease, and it is important that you know what your cholesterol levels are and take action to improve them if needed. It is important to note that lovastatin (Mevacor), pravastatin (Pravachol) and simvastatin (Zocor) now are available as generic medications, often for less than \$5 per month. These drugs are carefully regulated by the Food and Drug Administration, whereas supplements such as red yeast rice are not. If you choose to try this over-the-counter supplement because you have experienced muscle side effects from statin drugs, recognize that it may be more costly than prescription lovastatin. Please be sure to talk to your doctor first before starting this supplement. Also, buy the supplement from a reliable manufacturer, as some supplements do not contain consistent dosages of the ingredient. In this study, participants took 1,800 mg of red yeast rice twice per day. This study should be interpreted with caution since the total active dose of lovastatin in the red yeast rice preparation was only 6 mg per day, yet the cholesterol reduction was unexpectedly high. Future studies are needed to confirm this trial. Finally, remember that healthy food choices also improve cholesterol, as shown in this study by the group that did not get the red yeast rice.

Complete information for the study cited above follows:

Ram Y. Gordon, M.D., physician, Flourtown, Pa.; Paul S. Phillips, M.D., director, interventional cardiology, Scripps Mercy Hospital, San Diego; June 16, 2009, *Annals of Internal Medicine*

- Submitted by Dr. Mori Krantz, Colorado Prevention Center

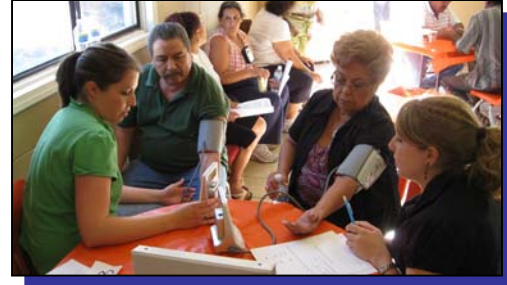


Local News

Community Heart Health Actions for Senior Latinos at Risk (CHARLAR)

Cardiovascular disease remains the leading cause of adult mortality in Colorado and the United States, with disparate burdens observed in underserved and minority populations. This is especially evident among Latinos who bear twice the risk of diabetes when compared to non-Latino whites.

Although Latinos are known to have greater prevalence of modifiable cardiovascular disease risk factors (e.g., obesity, diabetes, high cholesterol, hypertension, high-fat diets and decreased physical activity), they are less likely than non-Latino whites to be aware of those factors, receive blood pressure and cholesterol screening, receive smoking



Self-Reported Chronic Disease (CHARLAR Cohort One Participants at Baseline)

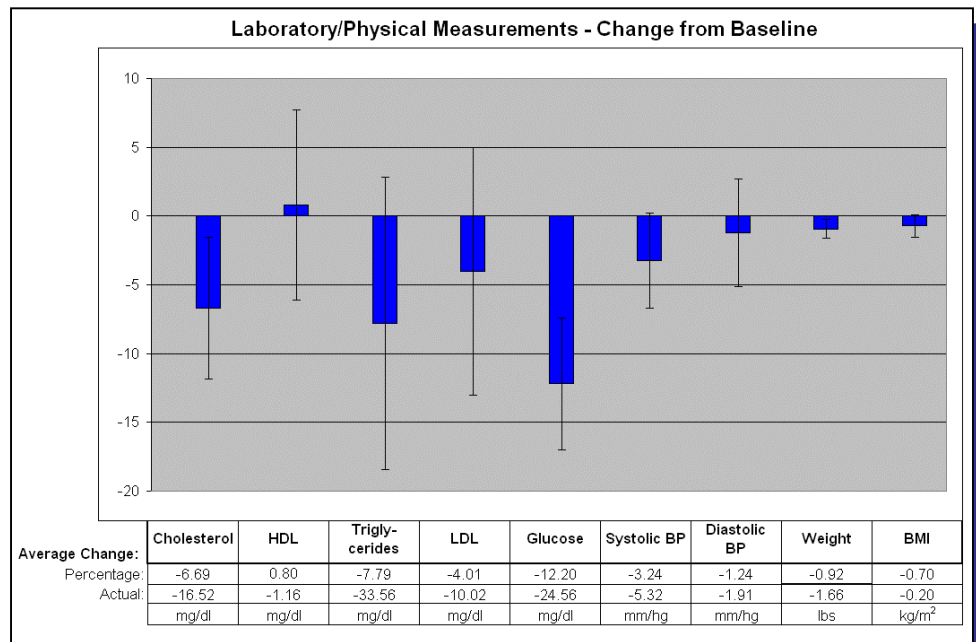
Disease	Participants
High Cholesterol	51%
High Blood Pressure	49%
Heart Disease	11%
Stroke	4%
Diabetes	29%
N = 103	

cessation advice, be aware they are hypertensive, know their risk factor values, be treated for hypertension and have their hypertension controlled.

In response to these barriers and chronic shortages of resources for culturally relevant and appropriate healthy lifestyle interventions in the Latino community, the Colorado Prevention Center developed the Community Heart Health Actions

for Senior Latinos at Risk (CHARLAR) program. This program is funded through grants awarded by The Colorado Health Foundation and the Office of Health Disparities at the Colorado Department of Public Health and Environment. In partnership with Our Lady of Guadalupe Church, Padres Unidos, CREA Results, Servicios de la Raza and the Latino Community Advisory Committee, the Colorado Prevention Center has employed a community-based participatory approach to adapt, implement and evaluate an evidence-based prevention curriculum among older adult Latinos (age 50+) and their families in northwest Denver.

CHARLAR, a 12-week promotora (bilingual community health worker)-led education and prevention program, addresses heart disease, diabetes, cardiovascular disease risk factors, strategies for healthy eating and physical activity, promotion of smoke-free environments, and skill building to support advocacy for healthy communities. Through



social interaction, participants are empowered to take charge of their health by learning lifelong skills to eat healthy despite time and financial obstacles, increase physical activity, and self-manage cardiovascular disease risk factors. To provide comprehensive services and meet community needs, CHARLAR augments the educational curriculum with cardiovascular disease and diabetes screening, facilitation of at-risk participants into local medical homes, follow-up calls to monitor participant progress and weekly walking groups.

To date, the program has screened and enrolled 240 participants. Upon completing the program, participants are expected to gain knowledge about personal health, disease prevention behaviors and self-confidence in their ability to influence health care decisions. Current activities include completion of the second cohort of participants and ongoing recruitment for the third, which begins in January 2010. One hundred additional participants recruited for the fourth cohort will begin in April 2010. Four hundred participants will have completed the CHARLAR program by July 2010. Future plans include continuing to demonstrate effectiveness, expanding partnerships, broadening reach and securing continuation funding.



- Submitted by Craig G. Kapral, MA, and Colleen McMilin, MPH, Colorado Prevention Center

[Colorado State University NeuroRehabilitation Research Laboratory](#)

The NeuroRehabilitation Research Laboratory is a clinical research lab affiliated with the Department of Occupational Therapy at Colorado State University. Its research seeks to improve the processes of rehabilitation for people with nervous system damage, as occurs, for example, following stroke. The lab is staffed with a team of rehabilitation scientists and therapy trainers and is supported by other health care professionals. The laboratory team is committed to providing high-quality clinical research that will inform health care practice for individuals with a disability.

[Call for participants for stroke rehabilitation research project](#)

[Nutrition Matters](#)

Check out what Colorado Springs School District 11 is doing to promote healthy foods!



State Employee Furlough Days

Due to the state budget shortfall, state employees are required to take furlough days (days off without pay). Except for critical life and safety positions, state employees will not be available the following days, and all state offices will be closed:

- Thursday, Dec. 31, 2009**
- Friday, Jan. 15, 2010**
- Friday, Feb. 12, 2010**
- Friday, April 2, 2010**
- Friday, May 28, 2010**

Adherence to Stroke Quality Indicators in Colorado: Monitoring Temporal Trends by Sharing a Common Dataset

The Colorado Stroke Alliance submitted an abstract entitled "Adherence to Stroke Quality Indicators in Colorado: Monitoring Temporal Trends by Sharing a Common Dataset," to the American Heart Association's International Stroke Conference that will be held in San Antonio in February 2010. The abstract has been accepted. [Click here](#) to read the abstract. The authors include Don B. Smith, Paul Murphy, William J. Jones, Connie Zachrich, Pam Elser, F. Michael Vislosky, Kathryn Leonard, Mary Paulsen and Marsha Wilde.

For additional information on the American Heart Association's International Stroke Conference, [click here](#).

Ten Step Prevention Plan to Stay Fit and Healthy on the Job

Coach Stacy Fowler provides tips on staying healthy during the winter months.





National Updates

Information of interest from the Centers for Disease Control News E-bulletin. [Click on title for more information.](#)

[American Heart Association Policy Statement on Workplace Wellness Programs Shows Savings, Outlines Benefits](#)

The American Heart Association published a policy statement on [Worksite Wellness Programs for Cardiovascular Disease Prevention](#) in *Circulation*, Sept. 30. The statement includes a discussion on returns on investments in work site wellness programs, recommends components of work site wellness programs, and includes sections on regulatory oversight of programs and vulnerable populations. The lead author, Mercedes Carnethon, states, "Research shows that companies can save anywhere from \$3 to \$15 for every \$1 spent on health and wellness within 12 to 18 months of implementing a program."

[Most American Adults at Risk for Heart Disease](#)

A new study by Dr. Earl Ford and colleagues in the Sept. 14 online issue of *Circulation* found that only 7.5 percent of Americans have no risk factors for heart disease. The researchers analyzed 2004 data from the National Health and Nutrition Examination Survey, looking for low-risk factors for heart disease: not smoking, low blood cholesterol (without drugs), normal blood pressure (without drugs), normal weight and normal blood sugar levels. This is a regression in the numbers of Americans with all five healthy elements to avoid heart disease. In 1994, 10.5 percent of the U.S.

population had no risk factors. An article, "Everybody in the (risk) pool!" describes National Health and Nutrition Examination Survey results in this [Cardiobrief](#).

[Preventing Second Stroke May Help Reduce Chance of Developing Dementia](#)

A *Lancet* study suggests that preventing a second stroke by focusing on major stroke risk factors may reduce the possibility of developing dementia. The authors conclude that there is a relationship between having multiple strokes and the risk of developing dementia. In an accompanying editorial, one major risk factor — hypertension — is viewed as the most treatable risk factor for dementia and stroke, along with reduced salt intake and exercise.

[Women with Atrial Fibrillation More Likely To Suffer a Stroke and Have Lower Quality of Life](#)

A literature review done by researchers at the Heart Center for Women at Rush University Medical Center found that women with atrial fibrillation are more likely to have a stroke or die than men with the condition. The study in the September issue of *Gender Medicine* notes that women with atrial fibrillation receive less medical care than men, and recommends specific treatment approaches for women, emphasizing prevention as well.

[Reducing Salt Intake Could Save the U.S. Billions in Health Care Costs](#)

An analysis appearing in the September/October issue of the *American Journal of Health Promotion* finds that if the average American intake of salt went down to 2,300 mg per day, there would be 11 million fewer cases of hypertension each year, cutting the costs of treating hypertension and concomitant heart disease and stroke by \$18 billion. Further, if salt consumption went down to 1,500 mg, \$26 billion could be saved. The study mentions that it is hard for individuals to reduce sodium intake, since the majority of salt consumed comes from processed foods and restaurant meals.

[Seasonal and H1N1 Flu May Raise Risk of Heart Attack](#)

A report published in the October issue of the *Lancet Infectious Diseases* found that people with heart disease and diabetes may be at higher risk for having a heart attack after getting the flu. This study showed an increase in deaths from heart disease and heart attacks during flu season, and that getting a flu shot reduced the risk of dying from heart disease or having a heart attack.

[Importance of Compression-Only Cardiopulmonary Resuscitation \(CPR\)](#)

Dr. Sanjay Gupta, chief medical correspondent for CNN, presents an overview of the importance of bystander CPR to help save lives during cardiac arrest. Gupta highlights research findings and provides an anecdote regarding how compression-only CPR may be just as effective, if not more effective, than traditional CPR involving mouth-to-mouth resuscitation and chest compressions.

[A Profile of American Indians and Alaska Natives and Their Health Coverage](#)

Kaiser Family Foundation released an issue brief that provides data on and implications of insurance status and type of health insurance coverage among American Indians and Alaska Natives.

News content is selected solely on the basis of newsworthiness and potential interest to readers. The Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services (DHHS) assume no responsibility for the factual accuracy of the items presented. The selection, omission or content of items does not imply any endorsement or other position taken by CDC or DHHS. Opinions expressed by the original authors of items included in the *News*, or people quoted therein, are strictly their own and are in no way meant to represent the official position of CDC or DHHS. References to products, trade names, publications, news sources and non-CDC Web sites are provided solely for informational purposes and do not imply endorsement by CDC or DHHS.

Institute of Medicine Report Links Secondhand Smoke and Heart Disease

A new report released by the Institute of Medicine clearly links secondhand smoke exposure and heart disease. The findings reinforce the work of the State Tobacco Education and Prevention Partnership in reducing secondhand smoke exposure.

The Institute of Medicine committee was charged with assessing scientific studies to address ongoing questions about secondhand smoke exposure and effects on the heart. The results of the report substantiate previous studies that smoke-free laws reduce the risk of heart disease and heart attacks. The report supports Colorado's smoke-free law and continued work toward reducing exposure in homes, apartments and cars, as well as educating residents about their risk for heart disease, the leading cause of death in Colorado. To order the report, [click here](#). To learn more about smoking and heart disease and stroke, [click here](#).

[Secondhand Smoke Fact Sheet](#)

[Press Release for the Institute of Medicine Report on Secondhand Smoke Exposure and Cardiovascular Effects](#)

Heart and Stroke Healthy Community Progress Report

There has been a great deal of activity in recent months around the Heart and Stroke Healthy Community initiative. We have had the privilege of having Craig Simms with us as an intern for six months. Craig has led the effort on refining and defining the community criteria and ensuring the criteria is evidence-based. We now are at a point where we can begin to pilot the criteria in one or two communities in Colorado.

In addition to developing the criteria, we have been working on the various forms and processes involved in the infrastructure of the program. We have a draft of an implementation guide well underway. Included in the guide is a community description form, a registration form and a community assessment form that is designed to assist in strategic planning. We also will have information on strategic planning guidelines and community capacity-building guides.

As we move forward, this information will be available on our Web site:

<http://www.cdphe.state.co.us/pp/cvd/heartandhealth.html>. An e-mail message will be sent to all coalition members as the information is placed on the Web site.

Please welcome our new Project Coordinator, [Michelle Hubbard-Pitts](#). Many of you know Michelle through her work with the American Heart Association. Michelle will be working on the implementation of the Heart and Stroke Healthy Community initiative for the next six months. Michelle has been involved with the initiative since its inception (as a co-creator), and we are so glad she will be involved in the launch of the initiative.

Please join us in welcoming Michelle to the program.

The information provided in this document is meant to inform and should not be construed as medical advice; always consult your doctor.