You are receiving this newsletter because you are a Million Hearts® supporter.

Million Hearts® in the Community

The Centers for Disease Control and Prevention (CDC) announces six new funding opportunities for chronic disease prevention and health promotion efforts. These opportunities address one or more of the major causes of death and disability in the United States: tobacco use, poor nutrition, and physical inactivity. Several of the opportunities also address key health system improvements and community supports to help Americans manage their chronic conditions, such as high blood pressure and prediabetes. All the opportunities involve partnerships at the national, state, or local level because public health cannot solve these problems alone. Applications are due by July 22, 2014.

The Office of Personnel Management offers smoking cessation benefit for all enrollees of Federal Employee Health Benefit plans. The benefit includes four tobacco cessation counseling sessions of at least 30 minutes for at least two quit attempts per year. The plans also incorporate any of the seven tobacco cessation medications approved by the Food and Drug Administration, with a prescription. The benefit has no copayments or coinsurance and is not subject to deductibles or annual or lifetime dollar limits.

Let us know what you’re doing to advance Million Hearts® in your community! Send us a short description with some key points, and we may feature you in a future e-Update!

The Science of Million Hearts®

New data reveals prevalence of top cardiovascular disease risk factors. Data published in the New England Journal of Medicine Weekly epidemiology report show community-level efforts that encourage reduced sodium consumption and tobacco exposure as well as the ABCS strategies of clinical care. Despite improvements in some of the risk factor data, the authors identified estimates for each ABCS measure fall short of Million Hearts® goals, undercutting the need for more clinical and community-level adoption of the initiative’s strategies.

U.K. study finds reduced salt intake is a factor in lower death rates from heart disease and stroke. A study in BMJ examined the relationship between reduced salt intake in England and blood pressure and death from stroke and ischemic heart disease (IHD). From 2003 to 2011, deaths from stroke and IHD decreased, as did blood pressure. Based on a 15% reduction of salt intake in a random sample of the study’s participants, the researchers concluded that the reduction was likely an important contributor to the decrease in blood pressure and, in turn, the decreases in stroke and IHD deaths.

Hospizations and death rates among those with pulmonary hypertension have increased during the past 10 years. In a study published online in CHEST, researchers analyzed death rates from the National Vital Statistics System and data from the National Hospital Discharge Survey between 2001 and 2010 to analyze trends in hospitalizations and death rates related to pulmonary hypertension. The study’s findings illustrate the importance of recognizing and diagnosing pulmonary hypertension so that patients can receive proper treatment.

National Institute of Neurological Disorders and Stroke deputy director stresses the importance of blood pressure control to prevent stroke. In a perspective piece for the journal Nature, Walter J. Koroshetz discusses how Americans are in a unique position of being able to prevent cardiovascular events such as stroke. Data show that the likelihood of stroke decreases as blood pressure decreases. By controlling blood pressure, we can prevent not just the death and physical disability that so often result from stroke, but also age-related cognitive impairment and dementia.