

May 2013



**Michigan  
Cardiovascular  
Alliance**

## Partner Update

### Michigan Department of Community Health News

#### Michigan Cardiac Alliance (MiCA) Meeting

A friendly reminder: The final MiCA meeting will be a celebratory dinner held on May 30<sup>th</sup> from 5:00pm to 7:30pm in East Lansing at the Kellogg Center in the Comiche Room. We will recognize MiCA's accomplishments in heart disease and stroke prevention over the last five years as well as discuss what role the Alliance might have in the future.

### National Partner News

#### *May is National High Blood Pressure Education Month & National Stroke Awareness Month*

#### Reduce Out-of-Pocket Expenses for Better Outcomes

The Community Preventive Services Task Force (Task Force) released their findings on [\*Reducing Out-of-Pocket Costs for Cardiovascular Disease Preventive Services for Patients with High Blood Pressure and High Cholesterol\*](#).

This release comes before publication of the scientific articles to allow use of the information to help make related decisions. The Task Force recommends reducing patient out-of-pocket costs for medications to control high blood pressure and high cholesterol when combined with additional interventions aimed at improving patient-provider interaction and patient knowledge, such as team-based care with medication counseling and patient education. This recommendation is based on strong evidence of effectiveness in improving (1) medication adherence and (2) blood pressure and cholesterol outcomes.

#### Reduced Sodium Intake Reduces Blood Pressure, New Meta-analysis and Systematic Review Finds

A [\*recent study\*](#), published in the journal *BMJ*, found evidence that reduced sodium intake can reduce blood pressure as well as reduce the risk of stroke and fatal coronary heart disease in non-acutely ill adults. The study, "Effect of lower sodium intake on health: systematic review and meta-analyses" also concluded that lower sodium intake does not have significant adverse effects on blood lipids, catecholamine levels, or renal function among adults.

#### Guide for Improving Cardiovascular Health at the Community Level, 2013 Update

This recently released American Heart Association [\*guide\*](#) includes evidence-based goals, strategies and recommendations for community-based public health interventions; 125 opportunities to optimize cardiovascular health where we live, work, play, learn, worship, and stay; and three dimensions around which community-wide approaches might be organized:

- 1) the optimal behaviors targeted for population-wide change,
- 2) the community setting targeted for intervention, and
- 3) the public health interventions required for population-wide changes to improve cardiovascular health.

The guide focuses on:

- Changing behaviors such as smoking, physical inactivity, and unhealthy eating habits.
- Increasing awareness of risk factors such as high cholesterol, high blood pressure and diabetes, and adherence to treatment.
- Identifying community settings from worksites to barbershops that best impact health.
- Specifying the types of interventions — media, organizational partnerships, and policy change — that may impact health.

In addition to the article, AHA provides four additional [\*supporting documents\*](#): Commentaries by Drs. Eileen M. Stuart-Shor and George Howard, Top 10 Things to Know, and a Slide Set to use for your own presentations on this topic.