

LET'S GET A **DEPENDABLE** READING

| ARE YOU or DO YOU HAVE? | If so, YOUR BLOOD PRESSURE WILL INCREASE |
|---|---|
| | SYSTOLIC (TOP)# / DIASTOLIC (BOTTOM) # |
| Talking or Listening | +10-15 / 10 |
| Full Bladder | +15 / 10 |
| Cuff Over Clothing | +5-50 / |
| Cuff Too Small | +10-40 / 2-8 |
| Caffeine, Exercise or Smoking Within 30 Minutes | +6-20 / |
| Arm, Feet or Back Unsupported | +1-10 / 5-11 |

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WHAT CAN I DO TO IMPROVE MY BLOOD PRESSURE?

| BEHAVIOR CHANGE | PLAN | EXPECTED DECREASE IN SYSTOLIC (TOP #) BLOOD PRESSURE |
|---------------------|---|--|
| Lose Weight | Maintain normal weight (BMI=18.5-25) | 5-20 points/ 10kg weight loss |
| DASH* Eating Plan | Diet rich in fruits, vegetables, low fat dairy and reduced in fat | 8-14 points |
| Lower Sodium Intake | Less than 2,400 mg (1 teaspoon) of sodium a day | 2-8 points |
| Physical Activity | Regular aerobic exercise, brisk walking at least 30 minutes most days of the week | 4-10 points |
| Moderate Alcohol | 2 drinks/day for men, 1 drink/day for women (24oz. beer, 10oz. wine or 3oz. 80-proof whiskey) | 2-4 points |

*DASH, Dietary Approaches to Stop Hypertension; Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7), (2003).



FREQUENTLY ASKED QUESTIONS (FAQs)

What is the Million Hearts™ initiative?

Million Hearts™ is a national initiative designed to prevent 1 million heart attacks and strokes in the United States by the end of 2016.

Why does Million Hearts™ exist?

Heart disease and stroke are two of the leading causes of death in the United States and responsible for one of every three deaths in the country. Million Hearts™ brings together a wide range of heart disease and stroke prevention programs, policies, and activities to raise awareness among health care professionals, health care systems, private-sector organizations, policymakers, and consumers about what can be done to prevent heart disease and stroke in our nation.

What is new about Million Hearts™?

The Million Hearts™ initiative focuses, coordinates, and enhances cardiovascular disease prevention activities across the public and private sectors in an unparalleled effort to prevent 1 million heart attacks and strokes by the end of 2016 and demonstrate to the American people that improving the health system can save lives. Million Hearts™ will advance proven clinical and community strategies to prevent heart disease and stroke across the nation.

What are some examples of Million Hearts™ activities?

Some of Million Hearts™ wide-ranging activities include:

- Educational campaigns to increase awareness about heart disease prevention and empower patients to take control of their heart health.
- Use of health information technology and quality improvement initiatives to standardize and improve the delivery of care for high blood pressure and high cholesterol.
- Community efforts to promote smoke-free air policies and reduce sodium in the food supply.

When did Million Hearts™ begin?

The Million Hearts™ initiative was launched in September 2011.

How long will Million Hearts™ last?

Million Hearts™ will last for five years, but the impact of the program is expected to continue far into the future.

Who leads Million Hearts™?

Forging strong partnerships is key to the success of Million Hearts™. The Centers for Disease Control and Prevention and Centers for Medicare & Medicaid Services co-lead Million Hearts™ within the federal government, working alongside key private sector organizations such as the American Heart Association and YMCA.

Who is involved in Million Hearts™?

Million Hearts™ has a role for everyone, from consumers and health care professionals to employers and communities. Multiple agencies with the U.S. Department of Health and Human Services (HHS) are involved in Million Hearts™, including the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the HHS Office of the Secretary, the Indian Health Service, the National Institutes of Health, the Office of the National Coordinator for Health IT, and the Substance Abuse and Mental Health Services Administration.

Private-sector organizations with significant participation in the initiative include the American Heart Association and YMCA. Please see the list of partners available at millionhearts.hhs.gov for more information about the many organizations that have pledged to support Million Hearts™.

How will Million Hearts™ achieve its goal?

Million Hearts™ will achieve its goal by emphasizing cardiovascular health across patients, providers, communities, and other stakeholders. Million Hearts™ is bringing together a number of programs, policies, and campaigns designed to make a positive impact across the spectrum of prevention and care, promoting the “ABCS” of clinical prevention (appropriate Aspirin therapy, Blood pressure control, Cholesterol management, and Smoking cessation), as well as healthier lifestyles and communities.



Be one in a MILLION HEARTS™

Preventing 1 million heart attacks and strokes over 5 years



Cardiovascular Disease in the U.S.

Cardiovascular disease, a broad term for all diseases that affect the heart or blood vessels, includes heart attack and stroke as well as conditions such as high blood pressure, coronary artery disease, and aortic aneurism.

- Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$444 billion in health care expenditures and lost productivity in 2010 alone.
- Many major risk factors—including blood pressure, cholesterol, smoking, and obesity—are controllable, and there are many important ways to lower risk of cardiovascular disease.

About

Million Hearts™ is a national initiative to prevent 1 million heart attacks and strokes in the U.S. over the next 5 years. Launched by the Department of Health and Human Services (HHS) in September 2011, it aligns existing efforts, as well as creates new programs, to improve health across communities and help Americans live longer, more productive lives. The Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS), co-leaders of Million Hearts™ within HHS, are working alongside other federal agencies and private-sector organizations to make a long-lasting impact against cardiovascular disease.

The Issue

Heart disease and stroke are the first and fourth leading causes of death in the United States, making cardiovascular disease responsible for 1 of every 3 deaths in the country. Americans suffer more than 2 million heart attacks and strokes each year, and everyday, 2,200 people die from cardiovascular disease. Further, heart disease and stroke are among the leading causes of disability in our country, with more than 3 million people reporting serious illness and decreased quality of life.

Our Goals

Preventing 1 million heart attacks and strokes by 2017:

- **Empowering Americans to make healthy choices** such as preventing tobacco use and reducing sodium and trans fat consumption. This can help reduce the number of people who need medical treatment such as blood pressure or cholesterol medications to prevent heart attacks and strokes.
- **Improving care** for people who do need treatment by encouraging a targeted focus on the “**ABCS**”—**A**spirin for people at risk, **B**lood pressure

control, **C**holesterol management and **S**moking cessation—which address the major risk factors for cardiovascular disease and can help to prevent heart attacks and strokes.

Our Support

Million Hearts™ is a public-private initiative that involves multiple federal agencies and key private organizations. Collectively, these partnerships will help Million Hearts™ leverage and further existing investments in cardiovascular disease prevention.

Examples of Million Hearts™ activities will include:

- Educational campaigns to increase awareness about heart disease prevention and empower patients to take control of their heart health.
- Use of health information technology and quality improvement initiatives to standardize and improve the delivery of care for high blood pressure and high cholesterol.
- Community efforts to promote smoke-free air policies and reduce sodium in the food supply.

How To Be One in a Million Hearts™ Partner

To strengthen existing support for the initiative, HHS is seeking commitments and participation from many more organizations to target improvements in both clinical preventive practice and community prevention. We all have a role to play in achieving the Million Hearts™ goal.

First, sign the pledge at <http://millionhearts.hhs.gov>. Second, find yourself in the table below and start to take these steps to help us save a million hearts.

| | |
|--|---|
| Pharmacies and Pharmacists | <ul style="list-style-type: none"> • Monitor refill patterns for hypertension and cholesterol medications • Discuss medications with patients, and actively engage in counseling to improve medication adherence • Offer blood pressure monitoring and educational resources to consumers |
| Physicians and Healthcare Providers | <ul style="list-style-type: none"> • Measure your performance on the ABCS • Use Health IT to provide clinical decision support, registries, and patient reminders to encourage proper use of meds, blood pressure and cholesterol monitoring, and healthy nutrition and physical activity habits • Develop team skills in med adherence and behavior change • Focus on the ABCS with patients and their families • Emphasize the power of controlling high blood pressure and cholesterol to prevent heart attack and stroke • Ask about smoking habits; offer counseling and tools to help smokers quit • Prescribe aspirin for those who would benefit and confirm at each visit that your patients remain on it |
| Retailers | <ul style="list-style-type: none"> • Offer blood pressure monitoring and educational resources to consumers • Post ABCS in retail clinics • Link medical data to consumer prompts at points of purchase |
| Healthcare Delivery | <ul style="list-style-type: none"> • Support active dialogue between clinicians and patients about appropriate use of aspirin therapy, blood pressure, and cholesterol monitoring control • Use health IT to drive quality improvement through reminders, decision support and registries |
| Insurers | <ul style="list-style-type: none"> • Rework new models of care to pay for cholesterol and high blood pressure medications • Collect and share data for quality improvement • Improve public awareness through education |
| Government | <ul style="list-style-type: none"> • Educate the public and policymakers • Support community transformation through grants • Expand coverage for the uninsured • Deliver model preventive health services through community health centers • Test new models of care and payment • Strengthen effective care of the ABCS |
| Advocacy Groups | <ul style="list-style-type: none"> • Monitor whether progress is being made and sustained • Drive awareness of and support for Million Hearts™ and its goal |
| Foundations | <ul style="list-style-type: none"> • Support consumer and provider outreach and education • Offer project-based resources • Convene partner coalitions |
| The Public | <ul style="list-style-type: none"> • Talk to your doctor/pharmacist if you have questions or concerns about your medications, and follow their instructions |

Among the growing number of partners are the following:

Agency for Healthcare Research and Quality • Alliance for Patient Medication Safety • American Association of Colleges of Pharmacy • American College of Cardiology • America's Health Insurance Plans - including Aetna, Cigna, WellPoint • American Heart Association • American Medical Association • American Nurses Association • American Pharmacists Association • American Pharmacists Association Foundation • Association of Black Cardiologists • Centers for Disease Control and Prevention (co-leading agency) • Centers for Medicare and Medicaid Services (co-leading agency) • Health Resources and Services Administration • HHS Office of the Secretary • Indian Health Service • Kaiser Permanente • National Alliance of State Pharmacy Associations • National Committee of Quality Assurance • National Community Pharmacists Association • National Consumers League • National Institutes of Health • Office of the National Coordinator for Health IT • Substance Abuse and Mental Health Services Administration • UnitedHealthcare • YMCA • Walgreens

Stay connected



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ABCS

Heart Disease, Stroke, and Diabetes

A = Appropriate Aspirin Therapy/ A1c.

- Aspirin may help: ask your healthcare provider
- Most diabetics should have an A1c < 7%

B = Blood Pressure Treatment and Control. BP < 120/80

- Consume less than 2300 mg sodium daily
- BP < 140/90 if diabetic *

C = Cholesterol. Ask your provider about how often to check your cholesterol.

- Total cholesterol < 200
- LDL (bad cholesterol) < 100
- Read the nutrition label: select food with 0 grams of trans fat
- Read the nutrition label: choose foods lowest in saturated fat and cholesterol

S = Smoking Cessation. Research shows using a quitline with medication increase abstinence rates.

- Call 1-800-QUITNOW for more details or ask your provider.
(1-800-784-8669)

CONTROLLING HIGH BLOOD PRESSURE



HIGH BLOOD PRESSURE

Since 1995, high blood pressure in Alabamians has increased from 25% to 40% of the population.¹ High blood pressure, also called hypertension, is "the silent killer" because of no warning signs. Untreated high blood pressure can lead to coronary heart disease, heart failure, heart attack, stroke, kidney damage, angina (chest pain related to heart disease), peripheral artery disease, and blindness.²

RISK FACTORS FOR HIGH BLOOD PRESSURE ²

RISK FACTORS OUTSIDE YOUR CONTROL

- ▶ **Family History**
- ▶ **Age**
- ▶ **Gender**
- ▶ **Race**

RISK FACTORS YOU CAN CONTROL

- ▶ **Lack of Physical Activity**
- ▶ **Unhealthy Diet, High in Salt and Cholesterol**
- ▶ **Overweight and Obesity**
- ▶ **Drinking Too Much Alcohol**
- ▶ **Cigarette Smoking**
- ▶ **Stress**
- ▶ **Sleep Apnea**

WHAT DO THE NUMBERS MEAN?

120 The top number represents the pressure while the heart is beating.


80 The bottom number represents the pressure when the heart is resting between beats.

| BLOOD PRESSURE CATEGORY | TOP NUMBER SYSTOLIC mm Hg | BOTTOM NUMBER DIASTOLIC mm Hg |
|--|---------------------------|-------------------------------|
| Normal | Less than 120 | Less than 80 |
| Prehypertension | 120 - 139 | 80 - 89 |
| High Blood Pressure (Hypertension) Stage 1 | 140 - 159 | 90 - 99 |
| High Blood Pressure (Hypertension) Stage 2 | 160 or higher | 100 or higher |
| Hypertensive Crisis (EMERGENCY CARE NEEDED) | Higher than 180 | Higher than 110 |

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4. National Stroke Association, (2012). Warning signs of stroke, Act F.A.S.T. Retrieved from <http://www.stroke.org/site/PageServer?pagename=SYMP>.
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MAKE CONTROL YOUR GOAL EVERY DAY




CHECK YOUR BLOOD PRESSURE regularly – at home, at a doctor’s office, or at a pharmacy



QUIT SMOKING – or don’t start
1-800-Quit-Now or 1-800-784-8669

Eat a more **HEALTHY DIET** with:

- More fruits, vegetables, potassium and whole grain
- Less salt, saturated fat, trans fat, and cholesterol



Adults should **LIMIT ALCOHOL** to no more than:




One drink per day for women



Two drinks per day for men



Read nutrition labels and **LOWER YOUR SALT** intake



These people need to keep salt less than 1500 mg/day:

- Older than 51 years
- Have High Blood Pressure
- Have Diabetes
- Have Chronic Kidney Disease
- African Americans

GET ACTIVE and maintain a healthy weight



Aim for 30 minutes 5x a week or 50 minutes 3x a week of moderate physical activity every week



SPOT A STROKE "F.A.S.T."⁴

F
A
S
T

FACE DROOPING – Does one side of the face droop? Ask the person to smile. Is the person’s smile uneven?

ARM WEAKNESS – Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

SPEECH DIFFICULTY – Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like “The sky is blue.” Is the sentence repeated correctly?

TIME TO CALL 9-1-1 – If someone shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get the person to the hospital immediately. Check the time so you’ll know when the first symptoms appeared.

PEOPLE WITH UNCONTROLLED HIGH BLOOD PRESSURE ARE ⁵

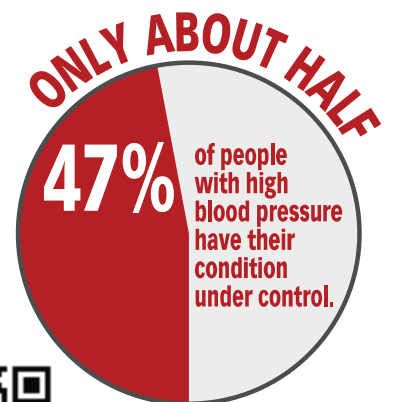
7 ← times more likely to have a stroke

3 ← times more likely to develop coronary heart disease

6 ← times more likely to develop congestive heart failure

1 IN 3
ADULTS HAVE HIGH BLOOD PRESSURE IN THE U.S.

High blood pressure causes **1,000** deaths a day











DASH Eating Plan



Dietary Approaches to Stop Hypertension

Eating nutritious foods will help you control your blood pressure. The DASH diet emphasizes fruits and vegetables, low fat milk products, and whole grains. It is a Mediterranean diet full of nutrients that are good for your heart and good for your health. This eating plan is for 1,800 calories per day. The sample menu on the following page is based on this plan.

| Food Group | Servings | Serving Size | Examples |
|---|--------------------|--|--|
|  Vegetables | 4-5 per Day | 1 cup raw leafy greens 1/2 cup chopped raw or cooked vegetables 1/2 cup vegetable juice | Lettuce, kale, spinach, broccoli, carrots, green beans, squash, sweet potatoes, tomatoes, asparagus, green peppers, low sodium tomato juice |
|  Fruits | 4 per Day | 1 medium fruit 1/2 cup cut fresh, frozen or canned fruit 1/4 cup dried fruit 1/2 cup 100% fruit juice | Apples, bananas, berries, oranges, pineapple, peaches, pears, grapes, melons, raisins, dried apricots <i>Limit juice to one serving a day</i> |
|  Grains | 6-7 per Day | 1 slice of bread 1/2 - 1 cup dry cereal 1/2 cup cooked rice, pasta or grain | Whole wheat bread and rolls, whole wheat pasta, English muffin, brown rice, pita bread, popcorn, oatmeal, quinoa, unsalted pretzels |
|  1% Fat or Non-Fat Milk and Dairy Products | 2-3 per Day | 1 cup milk or yogurt 1 1/2 ounce cheese | 1% fat or non-fat milk, reduced fat cheese, fat free or low fat regular or frozen yogurt |
|  Poultry, Fish, Lean Meats | 4-6 ounces per Day | 1 ounce cooked meat, poultry or fish 1 egg = 1 ounce serving | Choose lean meat and trim visible fat, remove skin from poultry. Bake, broil or poach |
|  Beans, Nuts, Seeds | 4 per Week | 1/3 cup or 1 1/2 ounce nuts 2 tablespoons peanut butter 2 tablespoons or 1/2 ounce seeds 1/2 cup cooked beans or dry peas | Almonds, walnuts, sunflower seeds, peanuts, peanut butter, kidney beans, pinto beans, lentils, split peas |
|  Oils, Fats | 2 per Day | 1 teaspoon soft margarine 1 teaspoon vegetable oil | Soft margarine, vegetable oils (canola, corn, olive or safflower), low fat mayonnaise, light salad dressing |
|  Desserts, Sweets, Added Sugars | 4 or less per Week | 1 tablespoon jelly 1/2 cup sorbet 1 small cookie | Jams and jellies, fruit punch, hard candy, maple syrup, sorbet and ices, sugar |

Sample DASH Menu

This menu follows the DASH eating plan outlined on the previous page.

| Serving guideline | Sample menu |
|--|--|
| Breakfast | |
| 2 grains 1 fruit | 1 cup cooked oatmeal 1/2 cup canned pears, packed in juice |
| Morning Snack | |
| 1 fruit 1 dairy | 1 small banana 1 cup yogurt |
| Lunch | |
| 2 grains 2 vegetables 1 dairy 2 ounces protein 1 vegetable | Turkey Sandwich: 2 slices whole grain bread 2 slices of tomato & 2 large romaine lettuce leaves 1 slice low sodium Swiss cheese 2 ounces sliced turkey 1 tablespoon mustard 1/2 cup low sodium vegetable juice |
| Afternoon Snack | |
| 1 fruit 1/3 cup nuts | 1 apple 1/3 cup almonds |
| Dinner | |
| 2 grains 3 ounces protein 2 fats or oils 2 vegetables 1 dairy 1 fruit | Baked Fish with Rice and Vegetables 1/2 cup cooked brown rice 3 ounces baked fish with 1 tablespoon oil 1/2 medium sweet potato 1/2 cup cooked green beans 1 cup non-fat milk 1/2 cup sliced strawberries |





Where do I start?

1. First write down everything you eat in a day.
2. Compare your meals to the DASH eating plan.
3. Online tools to track your foods and physical activity are also available. Try supertracker.usda.gov.

Tips for using a DASH eating plan:

- Choose fruit for an easy to grab snack. Try fruit that is ready to eat like apples, bananas or canned cut fruit. Pick canned fruit that is canned in juice.
- Try casseroles, pasta and stir-fry dishes. They are great ways to use less meat and more vegetables, beans and grains.
- Add an extra vegetable serving to your lunch and dinner.
- Wash and cut up fresh vegetables and keep them in a clear container in the fridge. This will save you time when you want to use them.
- Keep frozen vegetables handy to add to stir-frys, casseroles, homemade soups and sauces.
- Choose whole grain products whenever you can. They will help fill you up and add fiber to your diet.
- Include low-fat milk with meals. Replace sweetened drinks with low-fat milk. Add low-fat milk to cooked cereals and homemade soups.
- Slowly reduce your portion size of meat, poultry, or fish. Fill your plate with more vegetables instead.
- Snack on low-fat yogurt or a small piece of low-fat cheese.
- Take the saltshaker off the table. Do not add salt when cooking, or cut the amount in half.
- Avoid processed foods.



Divide your plate as a guide.

Fill 1/2 of your plate with vegetables.

Fill 1/4 with a whole grain.

Fill the other 1/4 with lean meat, poultry, fish or beans.

Have a salad and milk on the side.

Add fruit for a sweet treat.

What's your serving size?

Compare the size of your food portions to the serving sizes listed in the DASH eating plan and sample menu. Use these common objects to help you estimate the amounts of food to eat, especially when you are not able to weigh or measure the food.



Baseball
= 1 cup



Deck of cards
= 3 oz meat



Golf ball
= 1 oz or 2 tbsp



CD/DVD
= 1 oz sliced meat



9 volt battery
= 1 oz cheese

Where is the salt?

Most of the salt we eat comes from processed packaged and restaurant foods, rather than a saltshaker at the table. Check Nutrition Facts labels to compare sodium content.



77%
is from packaged
and restaurant food.



11%
is from salt added
to food while
cooking and eating.



12%
is naturally occurring
in foods.

Nutrition Facts

Serving Size 1/2 cup (130 g)
Servings per container: About 3.5

Amount Per Serving
Calories 130 **Calories From Fat** 0

% Daily Value*

| | |
|-------------------------------|------------|
| Total Fat 0g | 0% |
| Saturated Fat 0g | 0% |
| Trans Fat 0g | |
| Cholesterol 0 mg | 0% |
| Sodium 530mg | 23% |
| Total Carbohydrate 29g | 10% |
| Dietary Fiber 5g | 20% |
| Sugars 12g | |
| Protein 6g | |

Vitamin A 0% • Vitamin C 0%

Calcium 4% • Iron 10%

*Percent daily values are based on a 2,000 calorie diet.

The amount of salt in food is listed as "Sodium" on the Nutrition Facts label. In general, adults should eat less than 2,300 mg of sodium per day (about a teaspoon of table salt). People with high blood pressure should limit intake to 1,500 mg per day. On Nutrition Facts labels a % Daily Value above 20% for sodium is considered high. Try to select foods that provide 5% or less per serving.

healthvermont.gov

This guide is not a substitute for the advice of trained health professionals. 5/30/14



CHECK FOOD LABELS

Check the amount of sodium per serving, and don't forget to check the number of servings per container! Use the 10-10-5 rule to choose a healthy snack.

Nutrition Facts

| | | | |
|---|----------------------|--|-----------|
| Serving Size 1 bar (35g) | | Only one serving | |
| Servings Per Container 1 | | 10% or less Daily Value of total fat | |
| Amount Per Serving | | 360mg or less sodium | |
| Calories 140 | Calories from Fat 25 | 10% or less Daily Value of total carbohydrate | |
| % Daily Value* | | 5% or more Daily Value of at least one: fiber, Vitamin A, Vitamin C, calcium or iron | |
| Total Fat 3g | 5% | | |
| Saturated Fat 0.5g | 3% | | |
| Cholesterol 0mg | 0% | | |
| Sodium 110mg | 5% | | |
| Total Carbohydrate 27g | 9% | | |
| Dietary Fiber 1g | 4% | | |
| Sugars 9g | | | |
| Protein 2g | | | |
| Vitamin A 15% | Vitamin C 0% | | |
| Calcium 20% | Iron 10% | | |
| * Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs: | | | |
| | Calories | 2,000 | 2,500 |
| Total Fat | Less Than | 65g | 80g |
| Sat Fat | Less Than | 20g | 25g |
| Cholesterol | Less Than | 300mg | 300mg |
| Sodium | Less Than | 2,400mg | 2,400mg |
| Total Carbohydrate | | 300g | 375g |
| Fiber | | 25g | 30g |
| Calories per gram: | Carbohydrate | 4 | Protein 4 |
| Fat | 9 | | |

Ingredients: Rolled whole oats, crisp rice, rice, sugar, salt, high fructose corn syrup, malt flavoring, high fructose corn syrup, brown sugar, rolled whole wheat, raisins, cottonseed oil, corn syrup, high fructose corn syrup, sugar, fructose, corn syrup solids, glycerin, dextrose, natural and artificial flavor, soy lecithin, salt, citramon, niacinamide, nonfat dry milk, reduced iron, vitamin A palmitate, pyridoxine hydrochloride (vitamin B6), riboflavin (vitamin B2), calcium pantothenate, thiamin hydrochloride (vitamin B1), and folic acid.

TERMS TO LOOK FOR:

- Sodium Free** - less than 5mg/serving
- Very Low Sodium** - 35mg or less/serving
- Low Sodium** - 140mg or less/serving
- Reduced Sodium** - 25% reduction in normal amount of sodium
- Sodium or Na (symbol for sodium)** - in list of ingredients

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ADPH.ORG/CVH



Too much salt can raise blood pressure and lead to heart attack and stroke, Alabama's 1st and 4th leading causes of death.²



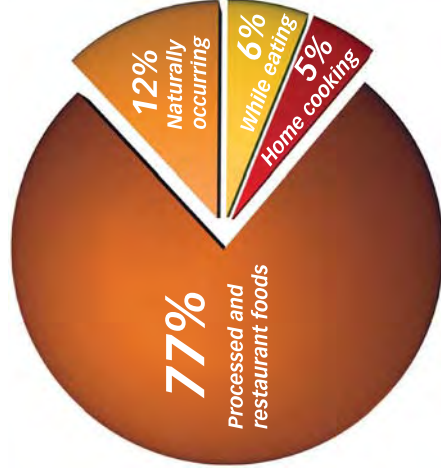
ADPH.ORG/CVH

WHAT IS SODIUM?

QUICK FACTS...

- Sodium is a building block of salt; table salt is 40% sodium and 60% chloride.
- Our bodies need a small amount of sodium.¹
- The highest suggested amount of sodium intake is 2,300 milligrams (mg) per day. This is about 1 teaspoon of salt.³
- Sodium is found naturally in most foods.
- Most of the sodium we eat comes from packaged, processed, store-bought, and restaurant foods.⁴
- Salty foods don't always taste salty.

Most sodium comes from processed and restaurant foods



SODIUM AND HIGH BLOOD PRESSURE

- Eating too much salt can raise blood pressure.
- When less salt is eaten, blood pressure may decrease in weeks.⁵
- Lower sodium intake could help to reduce the amount of blood pressure medicines needed.



WHO SHOULD LIMIT SALT?

Most Americans should limit sodium to 2,300 mg per day. Some people need to reduce sodium even more.

Limit sodium intake to 1,500 mg for ³

- People ages 51 and older
- African Americans
- Someone with –
 - High blood pressure
 - Diabetes
 - Chronic kidney disease

SALT BY ANY OTHER NAME

- Sea salt has about the same amount of sodium as table salt.⁶
- Seasonings with the word salt, like garlic salt or onion salt, have sodium.
- Salt substitutes may have potassium. Check with your doctor before using a salt substitute.

WHAT CAN YOU DO?

- Try cutting salt in recipes by half.
- When eating out, ask for no salt or low sodium foods.
- Choose fresh or frozen fruits and vegetables, or no salt-added canned vegetables.
- Substitute seasonings like oregano, basil, celery seed, curry powder, cayenne pepper, garlic cloves, and rosemary for salt.
- Limit sauces, mixes, and “instant” foods including flavored rice and ready-made pasta.
- Watch out for condiments and foods that might not taste salty.
- Watch for hidden salt in frozen dinners, canned foods and deli meats.

| FOOD ITEM | SODIUM (in milligrams) |
|--|------------------------|
| 3 oz turkey breast, deli or pre-packaged luncheon meat | 450 – 1,050 |
| 4 oz slice restaurant pizza, plain cheese, regular crust | 510 – 760 |
| 3 oz chicken strips, restaurant, breaded | 430 – 900 |
| 1 cup chicken noodle soup, canned prepared | 100 – 940 |
| 1 cheeseburger, fast food restaurant | 710 – 1,690 |
| 1 oz slice American cheese, processed (packaged or deli) | 330 – 460 |
| 1 cup canned pasta with meat sauce (packaged) | 530 – 980 |

THE
SALTY
SIX

DID YOU KNOW?

THESE SIX POPULAR FOODS CAN ADD HIGH LEVELS OF SODIUM TO YOUR DIET¹

The American Heart Association recommends that you aim to eat less than 1,500 mg of sodium per day.



Look for the Heart-Check mark to find products that can help you make smarter choices about the foods you eat.



BREADS & ROLLS

Some foods that you eat several times a day, such as bread, add up to a lot of sodium even though each serving may not seem high in sodium. Check the labels to find lower-sodium varieties.

1



COLD CUTS & CURED MEATS

One 2 oz. serving, or 6 thin slices, of deli meat can contain as much as half of your daily recommended dietary sodium. Look for lower-sodium varieties of your favorite lunch meats.

2



PIZZA

A slice of pizza with several toppings can contain more than half of your daily recommended dietary sodium. Limit the cheese and add more veggies to your next slice.

3



POULTRY

Sodium levels in poultry can vary based on preparation methods.

You will find a wide range of sodium in poultry products, so it is important to choose wisely.

4



SOUP

Sodium in one cup of canned soup can range from 100 to as much as 940 milligrams—more than half of your daily recommended intake. Check the labels to find lower sodium varieties.

5

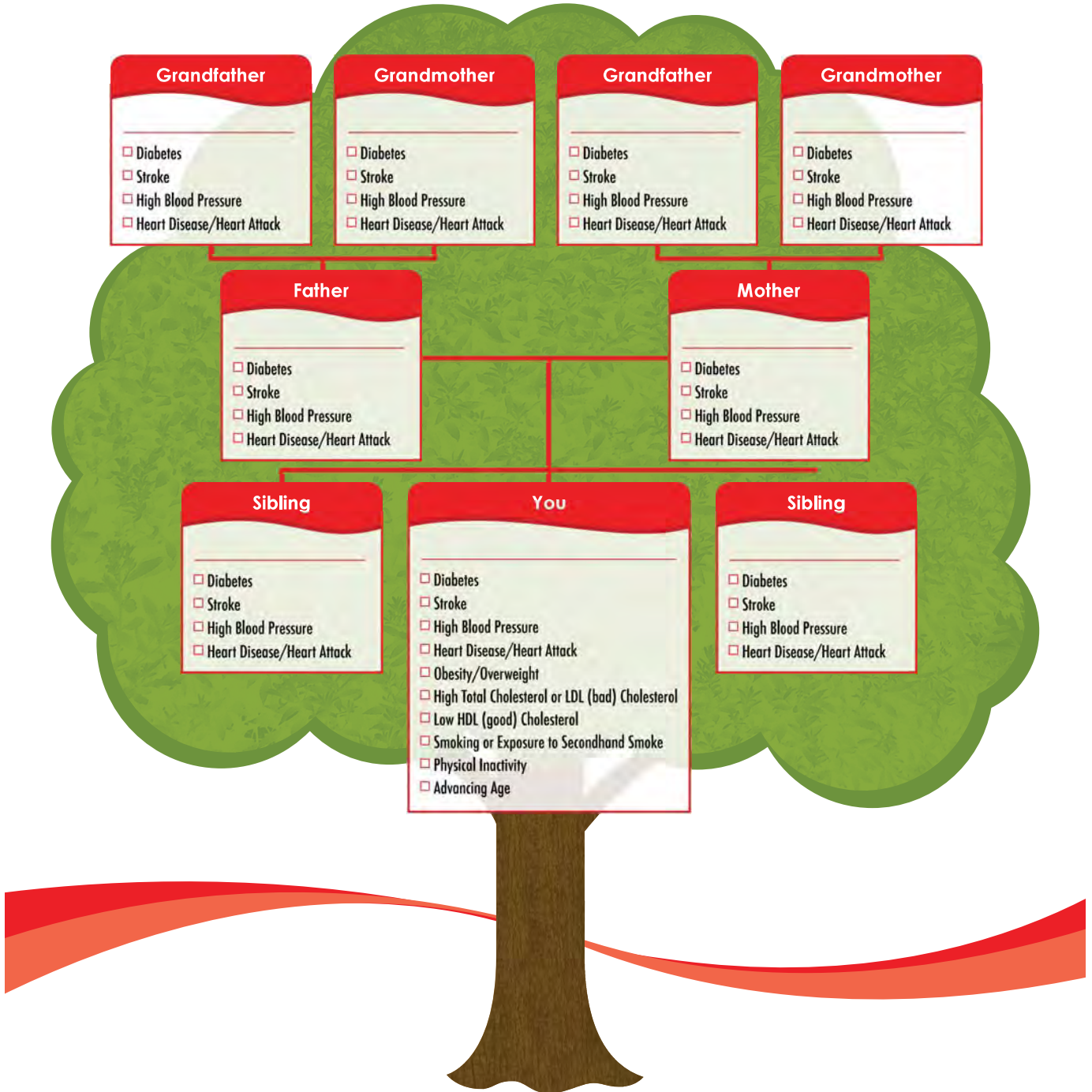


SANDWICHES

A sandwich or burger from a fast food restaurant can contain more than 100 percent of your daily suggested dietary sodium. Try half a sandwich with a side salad instead.

6

Choose to Know Your Family History — A Risk Factor for Heart Disease



Like the color of your eyes, tendencies for many health conditions are genetically passed from one family member to another.

If you have a blood relative with heart disease, your risk for developing it significantly increases. Heart disease can be passed along to younger generations, but so can healthy habits that will help you and others avoid health risks.

The more you know about your family's health history, the more you can do to reduce your risk of heart disease. Get started today with these easy steps:

1. Map out your family's health history. Use this diagram to make a record of your blood relatives who live or have lived with heart disease.
2. Talk with your doctor or healthcare professional about what this means to you and others in your family.
3. Take the [Go Red Heart CheckUp](#) to learn your risks and get a personal action plan for a heart-healthy life.

Choosing to know your family heart history can be life changing — for you and for other family members. Visit [GoRedForWomen.org](#) and learn how to make heart-healthy choices every day.

Ask your doctor about getting vaccinated against pneumococcal disease, the cause of the most common form of pneumonia. It is safe to have along with a flu vaccine and for most people one dose provides lasting protection.

Where Do I Get A Flu Shot?

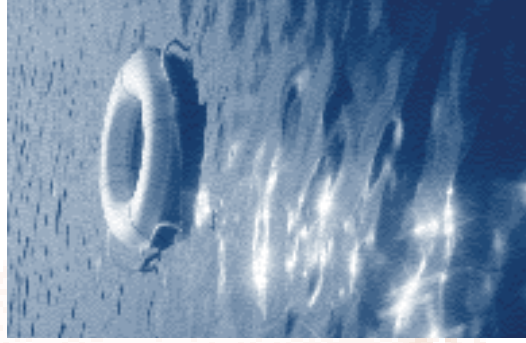
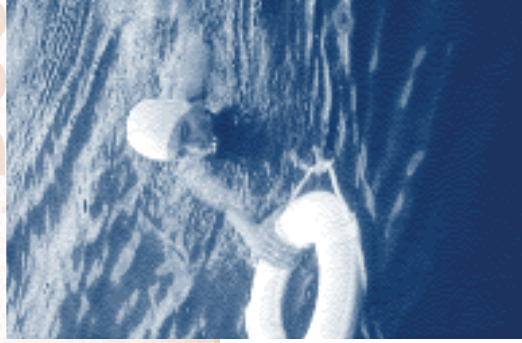
- o Contact your doctor, healthcare provider or local health department for dates, times and places where flu vaccines are given.
- o Both flu and pneumococcal vaccines are covered by Medicare, Part B.
- o Make sure to talk to your doctor before getting vaccinated.

Ask your doctor today

Ask Your Doctor

about vaccines to prevent the flu and pneumococcal disease.

Because with diabetes, prevention is control, and control is your life line.



If You Have
Diabetes,
A **Flu** shot
Could Save
Your Life.
If you live with diabetes, you are more likely

to die with
the flu. Talk
to your doctor.

Prevention
is
Control.

This information brought to you by



and your health department.

Preserve Your Life

For people with diabetes, the flu can be more than aches and pains. It can mean longer illness, hospitalization, even death. Because diabetes can make the immune system more vulnerable to severe cases of the flu. In fact, people with diabetes are almost 3 times more likely to die with influenza ("the flu") or pneumonia.

Flu vaccines are available at little or no cost—in fact, they're covered by Medicare, Part B—at doctors' offices, clinics, pharmacies and grocery stores before flu season starts in the fall. But talk to your doctor first. Some people shouldn't get vaccinated.

Take Control



Consider the odds:

- o During flu epidemics, deaths among people with diabetes increase 5-15%.
- o People with diabetes are 6 times more likely to be hospitalized with flu complications.

- o Each year, 10-30,000 deaths among people with diabetes are associated with influenza and pneumonia.

When you live with diabetes, you watch your diet, exercise and see your doctor regularly.



Now you can add an annual flu vaccine to your routine. It's one more way to stay in control of your diabetes.

Can A Flu Shot Give Me the FLU?

No. Flu vaccines do not contain a live virus, so they cannot infect you.

Some people coincidentally catch a cold a week or two following immunization. This is not a result of their flu vaccine—the flu is not a cold.

If you do develop the flu despite vaccination, the vaccine will still help prevent lower respiratory tract involvement or other secondary complications, reducing the risk of hospitalization and death.

Do I Need A Flu Shot Every Year?

Yes. Flu viruses vary from year to year, so it's important to get a shot every year to be sure you're protected.

Does My Family Need Flu Shots Too?

Yes. The flu is highly contagious, so immunizing your family not only keeps them healthy, it decreases your chances of catching the flu from your loved ones.

Pneumonia: More Rough

Just as people with diabetes are more susceptible to the flu, they are also at high risk of developing pneumonia.

Water

GUIDE TO LOWERING YOUR CHOLESTEROL

Approximately one in every six adults in the United States has high blood cholesterol. A person's risk of heart disease and stroke rises as blood cholesterol levels increase. Too much cholesterol in the blood can lead to cardiovascular disease which is the No. 1 cause of death. The good news is, you can lower your cholesterol and reduce your risk of heart disease and stroke by making lifestyle changes such as:

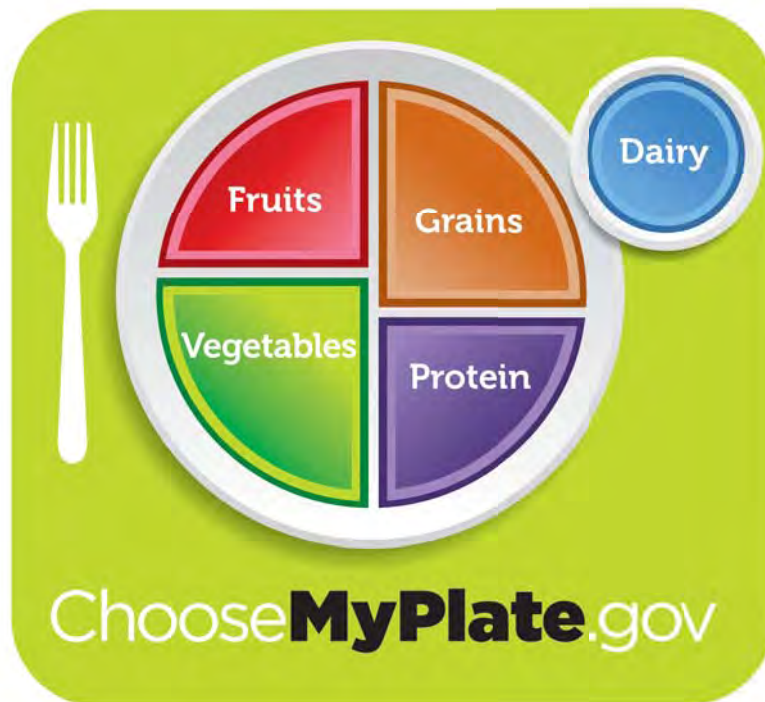
- 1)** eat a heart healthy diet, **2)** lose weight if you need to, **3)** exercise 30 – 60 minutes per day five days a week,
- 4)** control blood sugar, and **5)** stop smoking.

Your ideal total blood cholesterol level should be 200 mg/dl or less and your LDL cholesterol level should be 100 mg/dl or less. A diet to lower your cholesterol includes foods from MyPlate that are low in total fat, saturated fat, transfat, and cholesterol. For a quick estimate of what and how much you need to eat and exercise, please visit

www.ChooseMyPlate.gov

CARDIOVASCULAR
HEALTH PROGRAM
Alabama Department of Public Health

ADPH.ORG/cvH



1 BALANCE CALORIES

Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2 ENJOY YOUR FOOD, BUT EAT LESS

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.

3 AVOID OVERSIZED PORTIONS

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4 FOODS TO EAT MORE OFTEN

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health – including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5 MAKE HALF YOUR PLATE FRUITS AND VEGETABLES

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6 SWITCH TO FAT-FREE OR LOW-FAT (1%) MILK

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7 MAKE HALF YOUR GRAINS WHOLE GRAINS

To eat more whole grains, substitute a whole-grain product for a refined product such as eating whole wheat bread instead of white bread or brown rice instead of white rice.

8 FOODS TO EAT LESS OFTEN

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9 COMPARE SODIUM IN FOODS

Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."






10 DRINK WATER INSTEAD OF SUGARY DRINKS

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

LEMON VELVET SUPREME

Serving Size: 1/6 of recipe

Yield: 6 servings

| FOOD GROUP AMOUNTS: | | |
|---|------------|--------|
| Color | Food Group | Amount |
|  | Grains | ½ oz |
|  | Vegetables | -- |
|  | Fruit | 0 |
|  | Dairy | ¼ c |
|  | Protein | -- |

NUTRIENT TOTALS PER SERVING:

| | |
|---------------|------|
| Calories | 150 |
| Total Fat | 1g |
| Saturated Fat | 0g |
| Sodium | 21mg |
| Protein | 5g |

Source: SNAP-Ed Connection

Ingredients: 2 cups vanilla yogurt, fat-free
3 tablespoons instant, lemon pudding mix
8 squares graham crackers, crushed
1 can (4 ounces) mandarin orange slices drained (or your favorite fruit)

Preparation: 1. Combine vanilla yogurt and pudding mix; gently stir together.
2. Layer bottom of serving dish with crushed graham crackers.
3. Pour pudding mixture over cracker crumbs.
4. Top with mandarin orange slices or your favorite fruit.






CORN CHOWDER

Serving Size: 1 cup

Yield: 4 servings

Ingredients: 1 tablespoon vegetable oil
2 tablespoons finely diced celery
2 tablespoons onion, finely diced
2 tablespoons finely diced green pepper
1 package (10 ounces) frozen whole kernel corn
1 cup raw diced potatoes, peeled
1 cup water
¼ teaspoon salt
Black pepper to taste
¼ teaspoon paprika;
2 cups milk, non-fat, divided
2 tablespoons flour
2 tablespoons chopped fresh parsley

Source: "A Healthier You." U.S. Department of Health and Human Services.

| FOOD GROUP AMOUNTS: | | |
|---|------------|--------|
| Color | Food Group | Amount |
|  | Grains | -- |
|  | Vegetables | ¾ c |
|  | Fruit | -- |
|  | Dairy | ½ c |
|  | Protein | -- |

NUTRIENT TOTALS PER SERVING:

| | |
|---------------|-------|
| Calories | 186 |
| Total Fat | 5g |
| Saturated Fat | 1g |
| Sodium | 205mg |
| Protein | 7g |

Preparation: 1. In medium saucepan, heat oil over medium high heat.
2. Add celery, onion, and green pepper; sauté for 2 minutes.
3. Add corn, potatoes, water, salt, pepper, and paprika. Bring to a boil; reduce heat to medium; and cook, covered, about 10 minutes or until potatoes are tender.
4. Pour ½ cup milk into a jar with a tight-fitting lid. Add flour and shake vigorously.
5. Add gradually to cooked vegetables; stir well.
6. Add remaining milk.
7. Cook, stirring constantly, until mixture comes to a boil and thickens.
8. Serve garnished with chopped fresh parsley.






20-MINUTE CHICKEN CREOLE

Serving Size: 1 cup

Yield: 8 servings

Ingredients: 1 tablespoon vegetable oil
2 whole chicken breasts, skinless, boneless, cut into ½-inch strips
1 can (14.5 ounce) diced tomatoes with juice
1 cup chili sauce, low sodium
1 large green pepper, chopped
2 celery stalks, chopped
1 small onion, chopped
2 garlic cloves, minced
1 teaspoon dried basil
1 teaspoon dried parsley
¼ teaspoon cayenne pepper
¼ teaspoon salt

Preparation: 1. In a large pan, heat oil over medium-high heat.
2. Add chicken and cook 5 minutes, stirring occasionally.
3. Reduce heat to medium and add remaining ingredients.
4. Bring to a boil then reduce heat to low. Simmer, covered for 15 minutes.
5. Serve over hot, cooked rice or whole-wheat pasta.

| FOOD GROUP AMOUNTS: | | |
|---|------------|--------|
| Color | Food Group | Amount |
|  | Grains | -- |
|  | Vegetables | ½ c |
|  | Fruit | 0 |
|  | Dairy | ¼ c |
|  | Protein | -- |

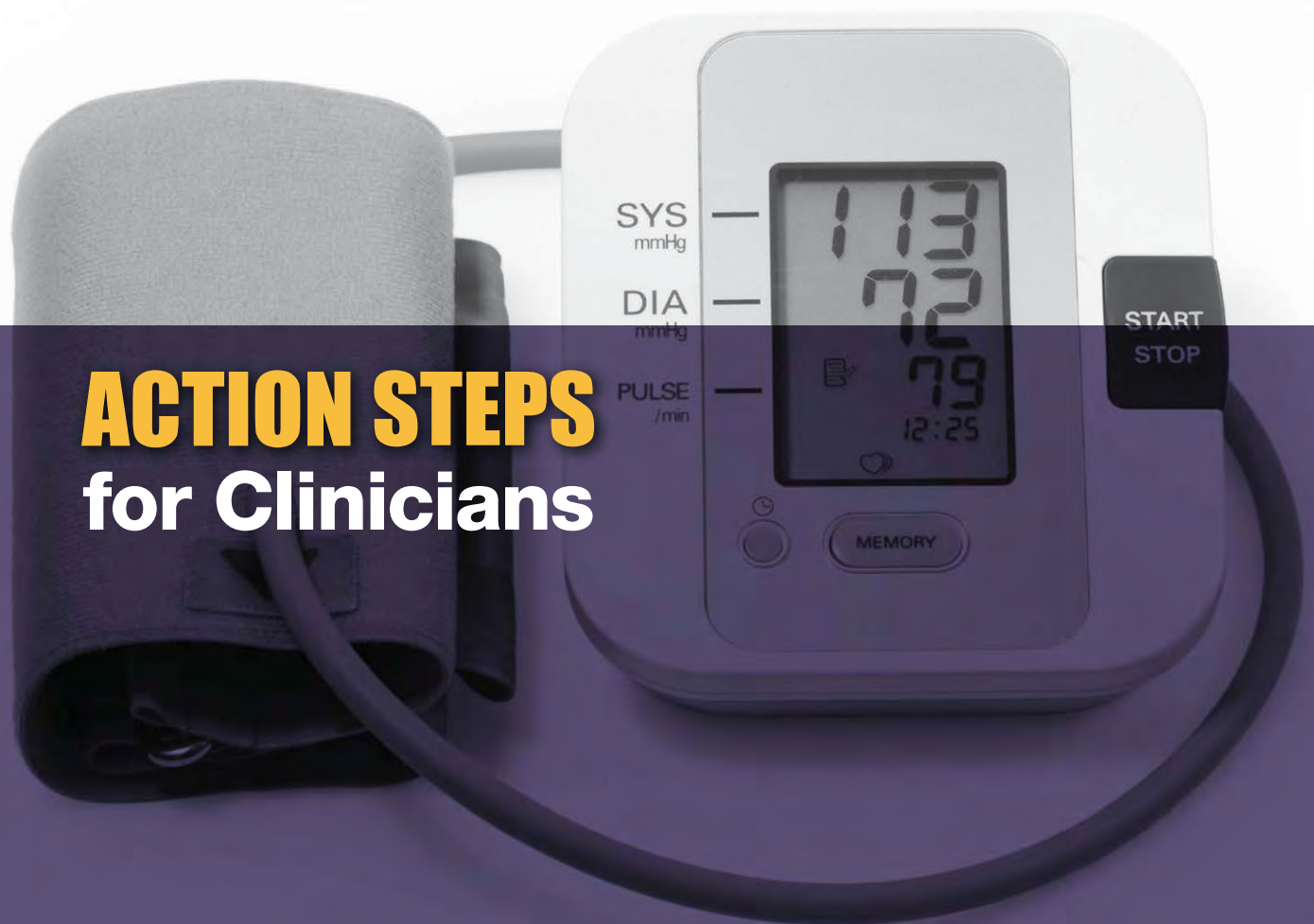
NUTRIENT TOTALS PER SERVING:

| | |
|---------------|-------|
| Calories | 130 |
| Total Fat | 3g |
| Saturated Fat | 0g |
| Sodium | 260mg |
| Protein | 9g |

Source: SNAP-Ed Connection



Hypertension Control



ACTION STEPS
for Clinicians

Acknowledgments

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| | |
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To reduce the burden of heart attack and stroke in the United States, the Department of Health and Human Services launched Million Hearts®. The goal of this initiative is to prevent one million heart attacks and strokes by 2017 by implementing proven and effective interventions in clinical settings and communities. Million Hearts® brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke.

High blood pressure is one of the leading causes of heart disease and stroke.¹ One in every three U.S. adults (67 million) has high blood pressure, and only about half of these individuals have their condition under control.² Of the 36 million

Americans who have uncontrolled hypertension, most have a usual source of care (89.4%), received medical care in the previous year (87.7%), and have health insurance (85.2%).³

The purpose of this document is to deliver tested strategies for busy clinicians to aid in efforts related to hypertension control. These strategies were gathered from the published scientific literature (evidence-based) or found to be effective in clinical settings (practice-based). The strategies are organized into three categories of actions to improve delivery system design (Table 1), improve medication adherence (Table 2), and optimize patient reminders and supports (Table 3). This document contains additional resources and references where more information can be found for each action step.

Strategies for Hypertension Control

| Table 1. Actions to Improve Delivery System Design |
|---|
| Implement a standardized hypertension treatment protocol. ⁴ ▶ Support titration of hypertension medications by clinical team members via a physician-approved protocol. ^{5,6} |
| Designate hypertension champions within your practice or organization. ⁷ |
| Proactively track and contact patients whose blood pressure is uncontrolled using an electronic health record (EHR)-generated list, patient registry, or other data source. ⁷⁻⁹ |
| Create a blood pressure measurement station where all patients can rest quietly for 5 minutes before measurement and that is designed to support proper measurement techniques (e.g., feet on floor, proper arm position, multiple cuff sizes conveniently located). ⁹ |
| Have care team members review a patient's record before the office visit to identify ways to improve blood pressure control. ⁷ |
| Proactively provide ongoing support for patients with hypertension through office visits or other means of contact until blood pressure is controlled. ¹⁰ |
| Implement systems to alert physicians about patterns of high blood pressure readings taken by support staff. ^{11,12} ▶ Place a sign or magnet on the outside of the examination room. ▶ Build clinical decision supports into the EHR. |
| Provide feedback to individual clinicians and clinic sites on their hypertension control rates. Provide incentives for high performance, and recognize high performers. ⁴ |
| Provide blood pressure checks without a copayment or appointment. Train clerical personnel in proper blood pressure measurement technique so they are capable of obtaining drop-in blood pressure readings. ^{4,13} |
| Encourage clinicians to take continuing education on hypertension management and care of resistant hypertension. ^{4,14} |

Table 2. Actions to Improve Medication Adherence

Encourage patients to use medication reminders.^{15–18}

- ▶ Promote pill boxes, alarms, vibrating watches, and smartphone applications.

Provide all prescription instructions clearly in writing and verbally.¹⁹

- ▶ Limit instruction to 3–4 major points.
- ▶ Use plain, culturally sensitive language.
- ▶ Use written information or pamphlets and verbal education at all encounters.

Ensure patients understand their risks if they do not take medications as directed. Ask patients about these risks, and have patients restate the positive benefits of taking their medications.¹⁹

Discuss with patients potential side effects of any medications when initially prescribed and at every office visit thereafter.²⁰

Provide rewards for medication adherence.²¹

- ▶ Praise adherence.
- ▶ Arrange incentives, such as coupons, certificates, and reduced frequency of office visits.

Prescribe medications included in the patient's insurance coverage formulary, when possible.²²

Prescribe once-daily regimens or fixed-dose combination pills.^{23–26}

Assign one staff person the responsibility of managing medication refill requests.²⁷

- ▶ Create a refill protocol.

Implement frequent follow-ups (e.g., e-mail, phone calls, text messages) to ensure patients adhere to their medication regimen.^{15,28–30}

- ▶ Set up an automated telephone system for patient monitoring and counseling.

Table 3. Actions to Optimize Patient Reminders and Supports

Provide patients who have hypertension with a written self-management plan at the end of each office visit.^{12,31}

- ▶ Encourage or provide patient support groups.
- ▶ Use all staff interactions with patients as opportunities to assist in self-management goal-setting and practices.
- ▶ Print visit summaries and follow-up guidance for patients.

Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.¹³

Contact patients to confirm upcoming appointments, and instruct them to bring medications, a medication list, and home blood pressure readings with them to the visit.⁷

Send a postcard to or call patients who have not had their blood pressure checked recently. Invite them to drop in to have their blood pressure checked by a medical assistant, nurse, or other trained personnel without an appointment and at no charge.¹²

Send patients text messages about taking medications, home blood pressure monitoring, or scheduled office visits.³⁰

Encourage patients to use smartphone or Web-based applications to track and share home blood pressure measurements.^{32,33}

Encourage home blood pressure monitoring plus clinical support using automated devices with a properly sized arm cuff.^{7,34,35}

- ▶ Advise patients on choosing the best device and cuff size.
- ▶ Check patients' home monitoring devices for accuracy.
- ▶ Train patients on proper use of home blood pressure monitors.

Implement clinical support systems that incorporate regular transmission of patients' home blood pressure readings and customized clinician feedback into patient care.³⁵

- ▶ Train staff to administer specific clinical support interventions (e.g., telemonitoring, patient portals, counseling, Web sites).
- ▶ Incorporate regular transmission of patient home blood pressure readings through patient portals, telemonitoring, log books, etc., to clinicians and EHR systems.
- ▶ Provide regular customized support and advice (e.g., medication titration, lifestyle modifications) based on patient blood pressure readings.

Resources

Resources for Delivery System Design

[American Academy of Family Physicians](#). Using a Simple Patient Registry to Improve Your Chronic Disease Care.

[American Medical Group Foundation](#). Provider Toolkit to Improve Hypertension Control.

[Centers for Disease Control and Prevention](#). Protocol for Controlling Hypertension in Adults.

[Washington State Department of Health](#). Improving the Screening, Prevention, and Management of Hypertension—An Implementation Tool for Clinical Practice Teams.

Resources for Medication Adherence

[American Academy of Family Physicians](#). Improving Patient Care: Rethinking Refills.

[American College of Preventive Medicine](#). Medication Adherence Time Tool: Improving Health Outcomes.

[Centers for Disease Control and Prevention](#). Medication Adherence Educational Module.

[Script Your Future](#). Adherence Tools.

[Surescripts](#). Clinician's Guide to e-Prescribing: 2011 Update.

Resources for Patient Reminders and Supports

[Agency for Healthcare Research and Quality](#). Electronic Preventive Services Selector (ePSS).

[American Heart Association](#). Heart360. An Online Tool for Patients to Track and Manage Their Heart Health and Share Information with Healthcare Providers.

[Institute for Healthcare Improvement](#). Partnering in Self-Management Support: A Toolkit for Clinicians.

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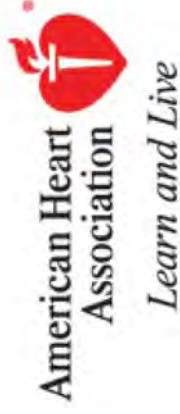
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Million Hearts® is a U.S. Department of Health and Human Services initiative that is co-led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services, with the goal of preventing one million heart attacks and strokes by 2017.

TIPS FOR CHOOSING A HOME BLOOD PRESSURE MONITOR



The American Heart Association recommends an automatic, cuff-style, bicep (upper-arm) monitor. **Wrist and finger monitors are not recommended because they yield less reliable readings.**

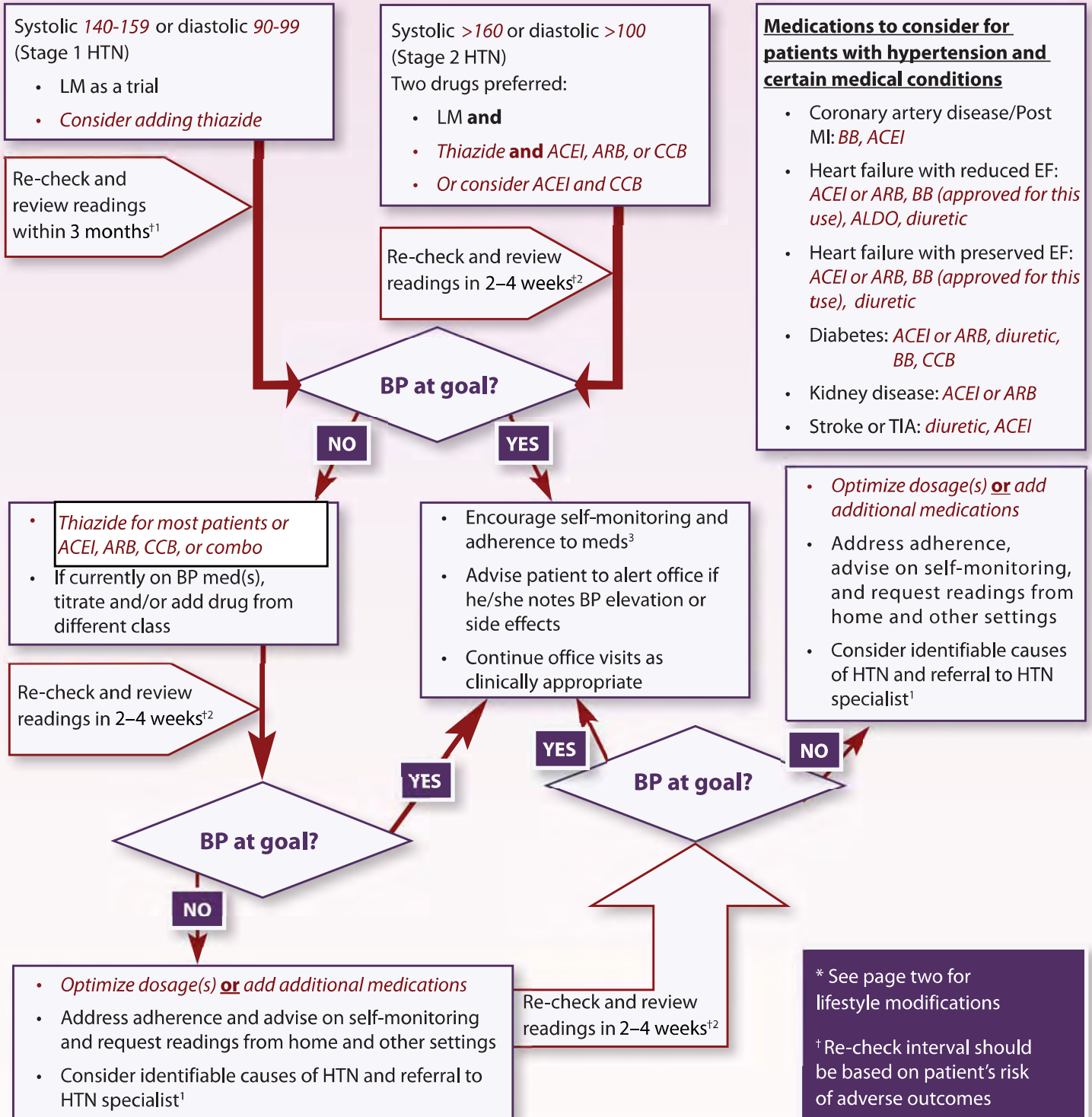
Here are some other tips to follow when shopping for a blood pressure monitor:

- **Choose a validated monitor.**
Make sure the monitor has been tested, validated, and approved by the Association for the Advancement of Medical Instrumentation, the British Hypertension Society and the International Protocol for the Validation of Automated BP Measuring Devices. A list of validated monitors is available on the Dabl Educational Trust website <http://www.dableducational.org>
- **Ensure the monitor is suitable for your special needs.**
When selecting a blood pressure monitor for the elderly, pregnant women, or children, make sure it is validated for these conditions.
- **Make sure the cuff fits.**
Children and adults with smaller or larger than average-sized arms may need special-sized cuffs. They are available from medical supply companies, by direct order from companies that sell blood pressure cuffs, and in some pharmacies. The problem of “miscuffing” constitutes the most frequent error in the measurement of blood pressure. The proper cuff has a bladder length of 80% and width of at least 40% of arm circumference. Recommended cuff sizes are:
 - For arm circumference of 22 – 26 cm, the cuff should be “small adult” size – 12 x 22 cm
 - For arm circumference of 27 – 34 cm, the cuff should be “adult” size – 16 x 30 cm
 - For arm circumference of 35 – 44 cm, the cuff should be “large adult” size – 16 x 36 cm
 - For arm circumference of 45 – 52 cm, the cuff should be “adult thigh” size – 16 x 42 cm

Name of Practice

Protocol for Controlling Hypertension in Adults¹

The blood pressure (BP) goal is set by a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is <140 and <90; however some individuals may be better served by other BP goals. Lifestyle modifications (LM)* should be initiated in all patients with hypertension (HTN) and patients should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring is encouraged for most patients throughout their care and requesting and reviewing readings from home and community settings can help in achieving and maintaining good control. For patients with hypertension and certain medical conditions, specific medications should be considered, as listed in the box on the right below.



Instructions for use of the template

1. Gather clinical staff to make consensus decisions about:

- Specific medications to be prescribed for most patients with hypertension
- Medications to consider for patients with hypertension and certain medical conditions
- Starting dosages and dosage increases with each titration
- Time intervals for follow-up and titration

2. Customize the template by accepting the variables in red or modifying them with other drug names, dosages, and titration

- As needed, develop separate protocols for subpopulations with different treatment goals

3. Adopt the protocol across the practice or system and revise it over time to meet the needs of patients and staff

| *Lifestyle Modifications¹ (LM) | | |
|--|---|---|
| Modification | Recommendation | Approximate SBP** Reduction (Range)^{††} |
| Weight reduction | Maintain normal body weight (body mass index 18.5–24.9 kg/m ²) | 5–20 mm Hg/10kg |
| Adopt DASH^{†††} eating plan | Consume a diet rich in fruits, vegetables, and lowfat dairy products with a reduced content of saturated and total fat | 8–14 mm Hg |
| Dietary sodium reduction | Reduce dietary sodium intake to no more than 100 mmol per day (2.4 g sodium or 6 g sodium chloride) | 2–8 mm Hg |
| Physical activity | Engage in regular aerobic physical activity such as brisk walking (at least 30 min per day, most days of the week which may be broken into shorter time intervals such as 10 minutes each of moderate or vigorous effort) | 4–9 mm Hg |
| Moderation of alcohol consumption | Limit consumption to no more than 2 drinks (e.g. 24 oz. beer, 10 oz. wine, or 3 oz. 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons | 2–4 mm Hg |

**SBP – systolic blood pressure
 †† The effects of implementing these modifications are dose and time dependent, and could be greater for some individuals
 †††DASH – Dietary Approaches to Stop Hypertension

Abbreviations

- ACEI – Angiotensin-Converting Enzyme Inhibitor
- ALDO – Aldosterone Antagonist
- ARB – Angiotensin II Receptor Blocker
- BB – Beta Blocker
- CCB – Calcium Channel Blocker
- EF – Ejection Fraction
- MI – Myocardial Infarction
- TIA – Transient Ischemic Attack

References

- ¹ National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report*. National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004.
- ² Jaffe MG, Lee GA, Young JD, Sidney S, Go AS. Improved Blood Pressure Control Associated with a Large-Scale Hypertension Program. *JAMA*. 2013;310(7):699-705.
- ³ Centers for Disease Control and Prevention. *Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.

Other Resources

Sacks FM, Svetkey LP, Vollmer WM, et al. Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet. DASH-Sodium Collaborative Research Group. *N Engl J Med*. 2001;344:3-10.

US Department of Health and Human Services. 2008 physical activity guidelines for Americans. 2008. <http://www.health.gov/PAGuidelines>. Accessed November 4, 2013.

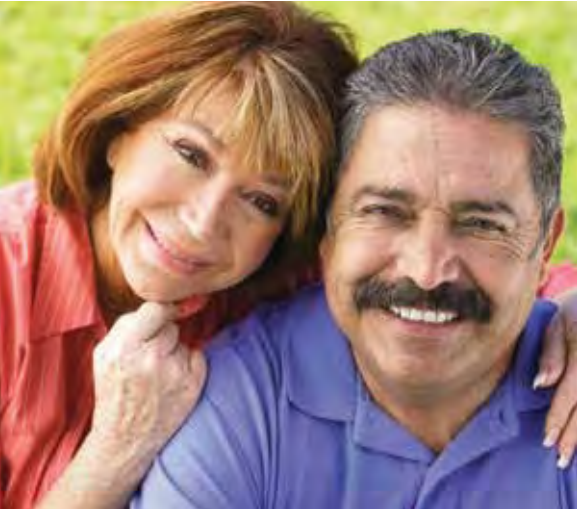
Suggested Citation

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ABCS of Heart Health

To reduce the risk of heart attack or stroke



Every year, Americans suffer more than **1.5 million heart attacks and strokes**. But following the ABCS can help reduce your risk and improve your heart health.

- A:** Take **aspirin** as directed by your health care professional.
- B:** Control your **blood pressure**.
- C:** Manage your **cholesterol**.
- S:** Don't **smoke**.

A Take aspirin as directed by your health care professional.

Ask your health care professional if aspirin can reduce your risk of having a heart attack or stroke. Be sure to tell your health care professional if you have a family history of heart disease or stroke, and mention your own medical history.

B Control your blood pressure.

Blood pressure measures the force of blood pushing against the walls of the arteries. If your blood pressure stays high for a long time, you may suffer from high blood pressure (also called hypertension). High blood pressure increases your risk for heart attack or stroke more than any other risk factor. Find out what your blood pressure numbers are, and ask your health care professional what those numbers mean for your health. If you have high blood pressure, work with your health care professional to lower it.

C Manage your cholesterol.

Cholesterol is a waxy substance produced by the liver and found in certain foods. Your body needs cholesterol, but when you have too much, it can build up in your arteries and cause heart disease. There are different types of cholesterol: One type is “good” and can protect you from heart disease, but another type is “bad” and can increase your risk. Talk to your health care professional about cholesterol and how to lower your bad cholesterol if it’s too high.

S Don't smoke.

Smoking raises your blood pressure, which increases your risk for heart attack and stroke. If you smoke, quit. Talk with your health care professional about ways to help you stick with your decision. It's never too late to quit smoking. Call 1-800-QUIT-NOW today.

Heart disease and stroke are the first and fourth leading causes of death in the United States. Together, these diseases cause 1 in 3 deaths.

The good news is that you can reduce your risk by following the ABCS!

Million Hearts® is a national initiative to prevent 1 million heart attacks and strokes by 2017. It is led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services, two agencies of the Department of Health and Human Services.

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Rosa was caring for her granddaughter when she felt a sharp pain in her chest that didn't go away. At the hospital, the health care professional told her that she had high blood pressure and that it had caused a heart attack. Rosa was surprised—she didn't feel bad most of the time and didn't know she had high blood pressure. The health care professional gave Rosa medicine to help control her blood pressure and prevent another heart attack. Rosa takes her medicine every day so she can keep her blood pressure under control. It's important to Rosa to stay healthy. She wants to see her granddaughter grow up and get married one day.



What do I need to know about high blood pressure?

High blood pressure is the leading cause of heart attack and stroke in the United States. It can also damage your eyes and kidneys. **One in three American adults has high blood pressure, and only about half of them have it under control.**

How is blood pressure measured? Two numbers (for example, 140/90) help determine blood pressure. The first number measures systolic pressure, which is the pressure in the blood vessels when the heart beats. The second number measures diastolic pressure, which is the pressure in the blood vessels when the heart rests between beats.

When and how should I take my blood pressure?

Take your blood pressure regularly, even if you feel fine. Generally, people with high blood pressure have no symptoms. You can take your blood pressure at home, at many pharmacies, and at your doctor's office.

The doctor is not the only health care professional who can help you follow the ABCS. Nurses, pharmacists, community health workers, health coaches, and other professionals can work with you and your doctor to help you achieve your health goals.

Need confidential health information? Call the Su Familia Helpline at 1-866-783-2645 today.

Su Familia: The National Hispanic Family Health Helpline offers free, reliable information on a wide range of health issues in Spanish and English. The health promotion advisors can help Hispanic clients find affordable health care services in their community.

How can I control my blood pressure? Work with your health care professional to make a plan for controlling your blood pressure. Be sure to follow these guidelines:

- **Eat a healthy diet.** Choose foods low in trans fat and sodium (salt). Most people in the United States consume more sodium than recommended. Everyone age 2 and up should consume less than 2,300 milligrams (mg) of sodium per day. Adults age 51 and older; African Americans of all ages; and people with high blood pressure, diabetes, or chronic kidney disease should consume even less than that: only 1,500 mg of sodium per day.
- **Get moving.** Staying physically active will help you control your weight and strengthen your heart. Try walking for 10 minutes, 3 times a day, 5 days a week.
- **Take your medications.** If you have high blood pressure, your health care professional may give you medicine to help control it. It's important to follow your health care professional's instructions when taking the medication and to keep taking it even if you feel well. Tell your health care professional if the medicine makes you feel bad. Your health care team can suggest different ways to reduce side effects or recommend another medicine that may have fewer side effects.

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High Blood Pressure

How to Make Control Your Goal



Did you know?

Of the 67 million American adults who have high blood pressure, 16 million know they have the condition and are receiving treatment, but their blood pressure still remains too high.

It's up to you to successfully manage and control your blood pressure. But it doesn't have to be a daunting task. You can take small, manageable steps to make blood pressure control **your** goal. Here are some tips to show you how.

Engage your health care team

Blood pressure control is a team effort. Engage all of your health care professionals—not just your primary care physician or cardiologist. Your pharmacist, nurses, and other health care specialists can help you control your high blood pressure.

Next time you go in for a visit, make a list of questions you want to ask your health care professional. For example:

- ▶ What is my blood pressure goal?
- ▶ What are the best ways to reach my goal?
 - ▷ Mention what you're already doing to work toward control, including exercising, changing your diet, or taking medications as prescribed.
 - ▷ Be honest and realistic with yourself and your health care team about what lifestyle changes you're ready to make and the ones you're not quite ready for.
 - ▷ Pick one goal to start working toward. As you achieve success and build confidence, choose another goal to tackle.

Take your medications faithfully

Your health care team has put together a specific medication schedule to help control your blood pressure. You might forget to take your medicine every day, or maybe you're having trouble dealing with the side effects. Remember that your medication is important to control and maintain your blood pressure.

Here are some tips to help you stick with your medication plan:

- ▶ Talk to your doctor about any side effects you experience with your medications. If necessary, discuss other treatment options. **Never stop treatment on your own.**
- ▶ Make a schedule and set up a system to remind you to take your medications regularly—use a pillbox for every pill, every day, or use smartphone “app” reminders.
 - ▷ If your insurance provides mail order delivery, set it up and request a 90-day supply of medications.
 - ▷ If this service is not available, schedule all your refills at the same pharmacy at the same time each month so you can pick them up all at once.



Don's Story

As an avid runner, Don thought he was great shape. When he was diagnosed with high blood pressure during a routine physical exam more than 30 years ago, Don was frustrated. High blood pressure is a common condition among men in his family. Don's grandfather, father, and two younger brothers all had high blood pressure. Because he knew he couldn't control his family history, Don focused on what he could control.

Don committed to understanding his condition and working with his health care team to improve diet, exercise more, and manage stress. Because of his busy work schedule as a veterinarian and his limited cooking skills, Don's wife supports his efforts by preparing healthy meals with low sodium. No longer able to run marathons, Don walks several times a day with his 15-year-old dog, Sophie. To help relax, Don meditates every day. He also volunteers at a local hospice and shares his love for animals by instructing and evaluating animal assisted therapy volunteers and working with two animal outreach groups.

Don knows that he plays the most important role in controlling his high blood pressure; that's why he's made control his goal. He works closely with his health care team and has a strong support system in his family and colleagues.

Monitor your blood pressure

What's your blood pressure goal? Develop a plan to regularly check your blood pressure, not just at the doctor's office, but at home or at a pharmacy. Track your results in a log or diary to monitor your progress.

Make healthy choices

- ▶ Exercise can be a great way to help control your blood pressure. Find a safe place to walk or be more active. Increase the time and intensity of your physical activity as you progress.
- ▶ Shop for more fresh fruit, vegetables, and whole grains and fewer prepared foods with high sodium, cholesterol, saturated fat, and trans fat.
- ▶ Learn to read labels and choose foods lower in sodium. Lowering your sodium will lower your blood pressure.
- ▶ Quit smoking. There are many tools available to help you. Call 1-800-QUIT-NOW or visit Smokefree.gov for help.

Tools and resources

Million Hearts®, in partnership with the American Heart Association/American Stroke Association, has developed online tools to help you track and manage your heart health, including your blood pressure, and provide helpful advice and information. Check out:

- ▶ [Heart360®](#)
- ▶ [My Life Check®](#)

Find and download additional materials to help control your high blood pressure at the [Million Hearts®](#) website.

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