

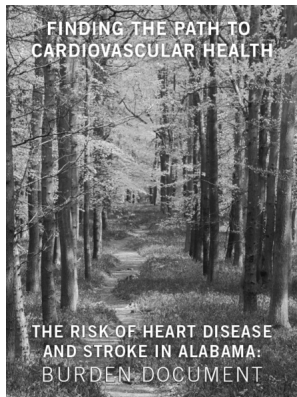
The Highs and Lows of Hypertension and the Home Health Patient Connection

**Satellite Conference and Live Webcast
Wednesday, June 9, 2010
2:00 - 4:00pm Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Myth or Fact?

- 1. Cancer is the leading cause of death in women.**
- 2. Women are less likely to die from heart disease than men.**
- 3. Women are more likely to seek early treatment for symptoms of a MI heart attack.**

Myth or Fact?

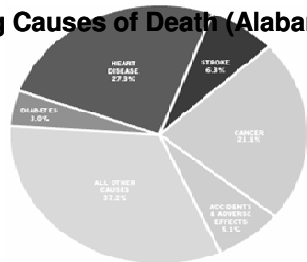
- 4. Women and men exhibit similar symptoms of a MI, heart attack.**
- 5. Within the first two weeks after a MI women are less likely to die than men.**
- 6. Women receive less aggressive care for the prevention and treatment of heart disease.**
- 7. All hospitals in Alabama are staffed to be able to administer tPA.**

Myth or Fact?

All are myths except # 6

- 6. Women receive less aggressive care for the prevention and treatment of heart disease.**

Leading Causes of Death (Alabama '05)



Source: CDC Wonder

- Cardiovascular disease is the leading cause of death and disability in Alabama.
- Heart disease is the primary cause of deaths in Alabama and kills over 12,000 residents each year.
- 27.2 percent of the deaths in Alabama were due to heart disease and 5.3 percent were due to stroke in 2005.
- Stroke is the third leading cause of death, killing nearly 5,000 people each year.

Cardiovascular Diseases Are Alabama's No. 1 Killer

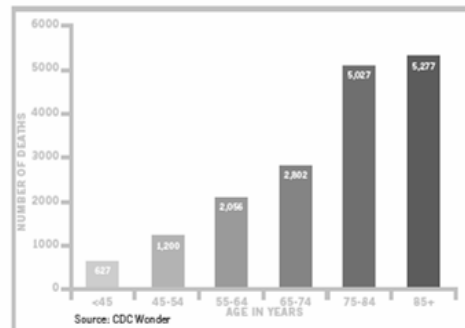
- As well as in the nation



Women and Cardiovascular Disease

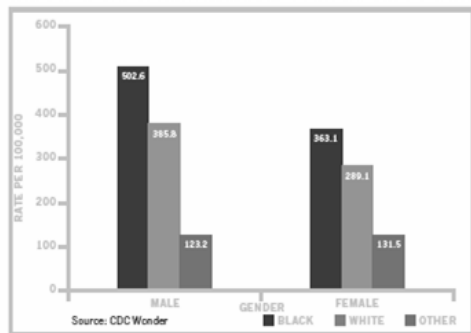
- Every minute one woman dies from a cardiovascular related event
- 480 women during a day at work

FIGURE 4: CARDIOVASCULAR DEATHS BY AGE GROUP IN ALABAMA 2005



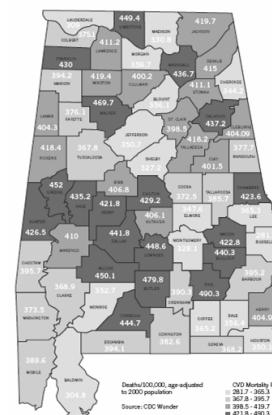
- Age is a non-modifiable risk factor for CVD. The number of CVD deaths increases with age.
- Deaths from CVD occurred more often in those over the age of 75 years.
- Nearly one out of four deaths from CVD occurred in those below the age of 65 in 2005. (Figure 4)

FIGURE 5: AGE-ADJUSTED DEATH RATES FOR CVD BY GENDER AND RACE IN ALABAMA 2005



- In 2005, the age-adjusted death rate was highest among black males (502.6/100,000 population).
- Males were at a higher risk of dying due to CVD than females in 2005. (Figure 5)

Cardiovascular Disease Mortality Rate in Alabama by County 1999-2005 (Combined)



Incidence of Heart Disease

- More women than men die from heart disease
- 43% of deaths in American women each year are caused by MI and stroke
- Heart disease is still commonly believed to be a man's disease

Incidence of Heart Disease

- 63% of deaths have no signs or symptoms
- 80% are preventable!

Rural Alabama

- When Alabama is said to have RURAL areas...
 - Tell me...
 - Is rural Alabama the same as other rural areas in America?

The Stroke Belt

- The Stroke Belt is called the Southeastern United States
- If you live in the Southeastern U.S. you have a 15% increased risk of having a stroke
 - 30-40% increased risk of death

The Home Health Connection

- Skilled assessments by the home health nurse can mean the difference between a patient receiving appropriate, fast intervention and the patient dying from a stroke caused from hypertension

Risk Factors You Can Change

- Tobacco smoke
- High blood pressure
- High cholesterol
- Physical inactivity
- Obesity
- Diabetes

Uphill Battle?



Know Your Numbers!

- Smoking numbers to know
 - The number of cigarettes you can safely smoke per day is . . .



Know Your Numbers!

0

- Don't breathe second hand smoke
- 1-800-QUIT NOW!
 - ADPH Quitline

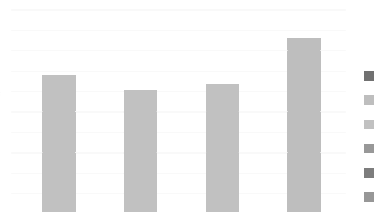
Women Smokers (As Home Health Workers)

- Female smokers may have an MI 19 years before nonsmokers
- More than half of MIs in women under 50 are related to smoking
- Women who smoke and use oral contraceptives increase risk even more
- Substantially increases effects of other risk factors

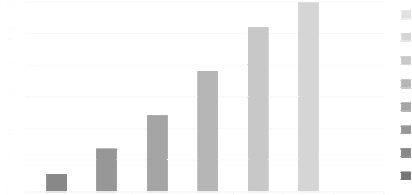
Women Smokers

- Premenopausal women who smoke are at 3 times greater risk of heart disease than non-smoking women
- Women who stop smoking can lower their risk of an MI by 1/3 within 2 years

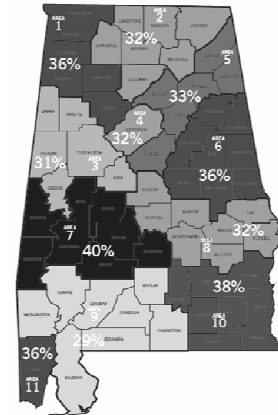
Diagnosed Hypertension in Alabama by Race and Gender



Diagnosed Hypertension in Alabama by Age Groups in 2007



Percentage of Adults with High Blood Pressure in Alabama by Public Health Area (2007)



Know Your Numbers!

- Blood pressure numbers
 - Normal blood pressure is less than 120/80 mmHg
 - Pre-hypertension is 120-139/80-89 mmHg
 - High blood pressure is 140/90 or higher JNC7 Guidelines
- JNC8 Guidelines coming soon

Types of Hypertension

- Unspecified hypertension
- Benign hypertension
- Essential hypertension
- Malignant hypertension

Legalities of Charting

- IF IT WASN'T WRITTEN IT WASN'T DONE
- Occupational Health Nursing Days in Court for Workman's Compensation cases

Home Health Patients

- We loved our home health nurse, aides, social workers.
- We still keep in touch! You made a difference in our lives.
- You want to provide good care for your patient, but I know it can also be a CHALLENGE

Legalities of Charting

- Chart as if someone who has never met this patient before is going to be taking care of them next
- PAINT A PICTURE
- What are you able to do for this patient, why does this patient need you?

Halt the Salt! The Salt's at Fault

- Sodium intake
 - If you are one of these 3 groups - African-American, greater than 40 years old, hypertensive patient...
 - How much sodium do you think these groups are permitted to consume?

Halt the Salt! The Salt's at Fault

- 1500 mg/ day
- How much sodium do you think this group of people or any of us for that matter consumes?

Halt the Salt! The Salt's at Fault

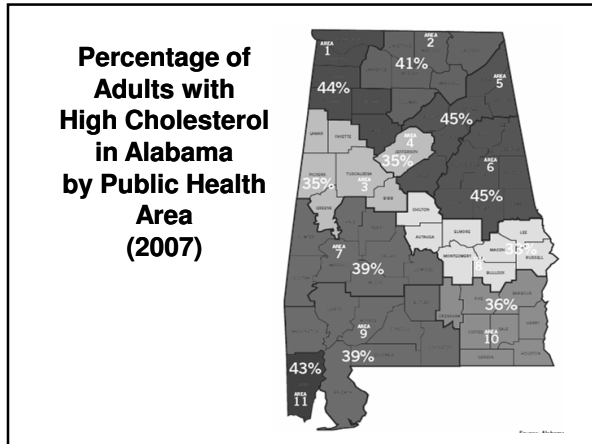
- 2900 mg or more!
- How can the home health connection help?
- Educate . . . Educate . . . Educate . . . teach how to read labels, how to decrease table salt

Bad Hair Day! Don't It Make Your Brown Eyes BLUE!



Know Your Numbers!

- Cholesterol numbers
 - Goal
 - Total: less than 200 mg/dL
 - HDL (Healthy): More than 40 mg/dL
 - LDL (Lousy or Lethal): less than 70-100 mg/dL
 - Triglycerides: <150mg/dL



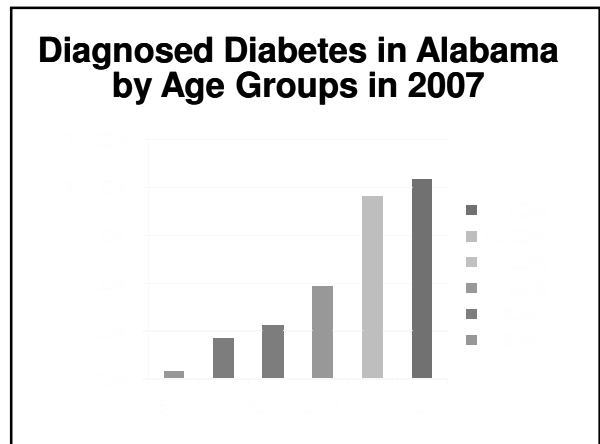
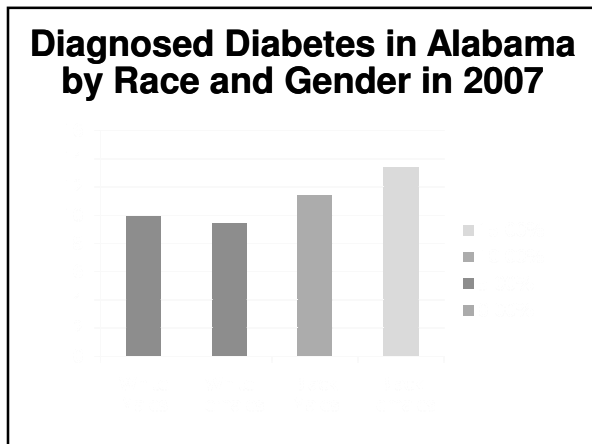
Know Your Numbers!

- Obesity numbers to know
 - A high-risk waistline is
 - 35 inches or more for women
 - 40 inches or more for men
 - WHAT DOES THE WAISTLINE MEAN?

Exercise Numbers to Know

- Get 30 minutes of moderately intense physical activity each day
- 60 minutes of exercise daily is even better

Oops!!!! What Did 'Ya Go and Do That For?



DIABETES and DEATH from Heart Disease

- At least 65% of people with diabetes mellitus die of some form of heart disease or stroke

Know Your Numbers!

- Diabetes numbers to know
 - Diabetes increases your risk of heart disease
 - “Pre-diabetes” is a blood glucose level of 100-125 mg/dL
 - Diabetes is a blood glucose level of 126 mg/dL or higher
 - A1C should be 3.5-4.5

Specific Risk Differences in Women

- Race
 - African-American women ages 55-64 are twice as likely to have an MI (heart attack) as white women
 - African-American women are at the highest risk for death from heart disease among all racial, ethnic, and gender groups

Specific Risk Differences in Women

- Heredity
 - A woman is at more risk than a man if she has a father or brother who developed heart disease before age 55 and/or a mother or sister who developed heart disease before age 65

– Johnson & Manson (2005)

For the Diabetic Stroke Means . . .

- Diabetics have 2-4 times an increased risk for having a stroke if they smoke
- There are 200,000 people with diabetes, but they don't know they have it

No Where to Go?



Stroke Warning Signs

- **Be FAST**
 - **F = Face:** sudden weakness of face
 - **A = Arm:** sudden weakness of arm especially on one side of the body
 - **S = Sight:** trouble seeing with one or both eyes; speech, trouble speaking
 - **T = Time:** time is brain lost, act fast and call balance or coordination

3 Hour WINDOW

- **tPA can help**
 - This is an IV medication that can help as a clot buster
 - This must be given within 3 hours of the onset of the first signs and symptoms of stroke
 - Only certain hospitals are equipped to give this

Home Health Connection

- As we are able to increase telemedicine in our state, we will be able to save lives from stroke due to hypertension
- The home health nurse evaluates the patient and assesses the need for ER intervention

Home Health Connection

- The rural hospital ER is a “spoke” and capable of tPA through telemedicine assistance from the “hub” hospital . . . saving lives

Delays

- Women with symptoms often delay seeking treatment, so that by the time they are diagnosed they are unstable
- Women’s risk of dying during the first two weeks after a heart attack is double that of men



Reasons for Delays? Critical Assessments Saving Lives



Reasons for Delays

- Symptoms are vague
- Women are older and may live alone with no one checking regularly on them
- Lack of insurance, afraid of health care expense
- Lack of access to care
 - Rural hospitals or no primary care physicians

Reasons for Delays

- Many think their symptoms are not severe, may feel they won't be taken seriously by health care providers
- Lack education of symptoms to watch for
- Belief that heart disease is a male problem
- Misinterpretation of symptoms
 - It's just indigestion

Reasons for Delays

- They treat themselves first at home – take something for pain or indigestion
 - Sometimes taking 1-2 hours away from the 3 hour window
- Desire to maintain control, concerns for loved ones, and competing social roles

– Ashton (1999) and Higginson (2008)

Home Health Connection

- You can make a difference
- Developing the relationship and bonds where patient is trustworthy
- Patient advocate and communicator between patient and physician
- Blood pressure logs a vital connection, simple yet so important
- Educate, educate, educate

Home Health Connection and Physician Relationships

- Reporting updates to those PCP
- Simple suggestions to communication
 - Be concise
 - Log may provide insight to any trends
 - Top 3

Home Health Connection and Physician Relationships

- Dr. Rightmyer Wednesdays at 1:00 p.m. standing appointment
- Find out what the PCP's interests are
- Christmas, holiday recognition

Take PART

- Prepare
 - Keep track
 - Report
 - List
- Ask
- Repeat
- Take action

Educate Your Patient and CG

- What about literacy?
- Are we assessing how this patient or family learns best?
- With the stroke patient considerations
- "Teach back" methodology



Join "You're the Cure" Network

Heart Disease and Stroke
You're the Cure!

www.americanheart.org/yourethecure

Our Vision

By 2020 increase collaboration among the public and private sector partners in order to increase control of high blood pressure, high cholesterol, increase awareness of signs and symptoms of heart attack and stroke, increase awareness to call 9-1-1 and improve emergency response, improve quality of care and reduce disparities.



Our Mission

The Alabama CVH Coalition coordinates efforts to implement the state plan to reduce the burden of CVD through prevention, early detection, treatment, and the elimination of health disparities.



GOAL: GII. Prevent and Treat Risk Factors			
STRATEGY: S2. Disseminate cardiovascular health information through various channels throughout the state			
KEY RESPONSIBLE PARTY: ADPH Cardiovascular Health Branch, CVH Advisory Council			
Tactics/Action Plans	Target Groups	Partners	Objectives/Measures
Continually update and coordinate the cardiovascular health information listed on the Alabama Department of Public Health Website	1. Public 2. Seniors 3. Health care providers 4. Survivors	1. ADPH Internal partners 2. CDC 3. CVH Coalition	By August 30, 2010, work with the ADPH webmaster to reconstruct the Cardiovascular Health Branch Web Site pages promoting user friendly pages and up-to-date information
Annually sponsor and produce satellite conferences and webcasts for statewide broadcast to educate and inform various audiences on cardiovascular disease and prevention	1. Health care providers 2. Public 3. ADPH 4. Associations 5. Colleges and universities	1. ADPH Internal partners 2. Diabetes Coalition 3. ACES 4. AHA	By April 20, 2010, conduct a satellite conference/webcast with partners focusing on cardiovascular disease and prevention. (continue annually)
Co-sponsor statewide conferences with other interested organizations to promote issues related to cardiovascular disease in Alabama	1. Health care providers/hospitals 2. Colleges and universities 3. Worksites 4. ADPH	2. AHA 3. CVH Coalition	By December 31, 2010, cosponsor three conferences in different regions of the state related to cardiovascular health, increasing these events to nine by 2012
Establish a speaker's bureau of public and private healthcare professionals to inform and educate on cardiovascular disease and stroke and related conditions	1. Public 2. Minorities 3. Schools 4. Worksites 5. Health care providers	1. ADPH Internal Partners 2. AHA 3. Volunteers 4. Colleges 5. CVH Coalition	By June 30, 2011, develop a resource directory identifying speakers statewide. By December 31, 2012, train identified speakers in presentation skills.

Making A Difference, One Life at A Time



The Starfish Thrower



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