



“Getting to the Heart of It: Preventing Heart Disease and Promoting Heart Health” Webinar

4 March 2015



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE

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Presenters

- Ms. Amber Stolp, Public Health Analyst (Contractor), Department of Health and Human Services' Million Hearts® Initiative, Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC)
- Commander Daniel Seidensticker, USN, MD, FACC, FACP, Internal Medicine Specialty Leader, Staff Cardiologist, Naval Medical Center Portsmouth
- Ms. Kelly Williams, MPH, CHES, Health Promotion Program Manager, Air Force Medical Support Agency (AFMSA)



Webinar Courtesy

- Good afternoon and thank you for joining us!
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Objectives

- Describe the burden of cardiovascular disease in the United States and action steps to prevent heart attacks and strokes (CDC)
- Identify the key components of Million Hearts® resources and tools to help improve the heart health of your population (CDC)
- Promote early recognition of the signs and symptoms of heart disease (Navy Medicine)
- Discuss the differences in symptoms between men and women (Navy Medicine)
- Identify the critical importance of exercise in the prevention AND recognition of heart disease (Navy Medicine)
- Identify appropriate candidates for Group Lifestyle Balance participation
- Describe the interaction of physical activity, nutrition, and behavioral components in reducing risk factors for Metabolic Syndrome. (AFMSA)





Heart Disease and Stroke Prevention and Million Hearts[®]

February 18, 2015

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Centers for Disease Control and Prevention

The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control.



Objectives

- ❑ Describe the key components of Million Hearts® and action steps to prevent heart attacks and strokes
- ❑ Identify Million Hearts® resources and tools to help improve the heart health of your population



Overview of Presentation

- Burden of cardiovascular disease
- Key components of Million Hearts®
- Action steps to prevent heart attacks and strokes
- Million Hearts® resources and tools



The Burden of Cardiovascular Disease

- ❑ Each year, nearly 800,000 people in the United States die from cardiovascular disease (CVD).¹
 - **That's 1 in every 3 deaths.** ²
- ❑ About 155,000 Americans who died from CVD in 2013 were younger than age 65. ²
- ❑ About 1 in every 6 health care dollars is spent on CVD. ³
 - **Total costs each year: over \$320 billion.**⁴
 - \$195.6 billion in direct medical expenses
 - \$124.5 billion in lost productivity costs



¹ Deaths: Final data for 2012. National Vital Statistics Report. 2014;63(9). Detailed Tables released ahead of full report. http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm

² Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program: <http://wonder.cdc.gov/ucd-icd10.html#3>

³ Heidenreich PA, Trogdon JG, Khavjou OA, Butler J, Dracup K, Ezekowitz MD, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123(8):933-44.

⁴ Mozaffarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics – 2015 Update: a report from the American Heart Association. *Circulation*. 2015;131:e29-e322.



Heart Disease and Heart Attack

- ❑ Of the 800,000 Americans who die from CVD each year, 610,000 die from heart disease.^{1,2}
 - **That's 1 in every 4 deaths.**²
- ❑ About 735,000 people have a heart attack each year in the United States.¹
 - Heart attacks are the primary cause of **117,000 deaths** each year.²
 - **1 in 5 are silent**—the damage is done, but the person isn't aware³

¹ Mozaffarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics – 2015 Update: a report from the American Heart Association. *Circulation*. 2015;131:e29-e322.

² Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program: <http://wonder.cdc.gov/ucd-icd10.html>

³ Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2012:e2–241.



Stroke

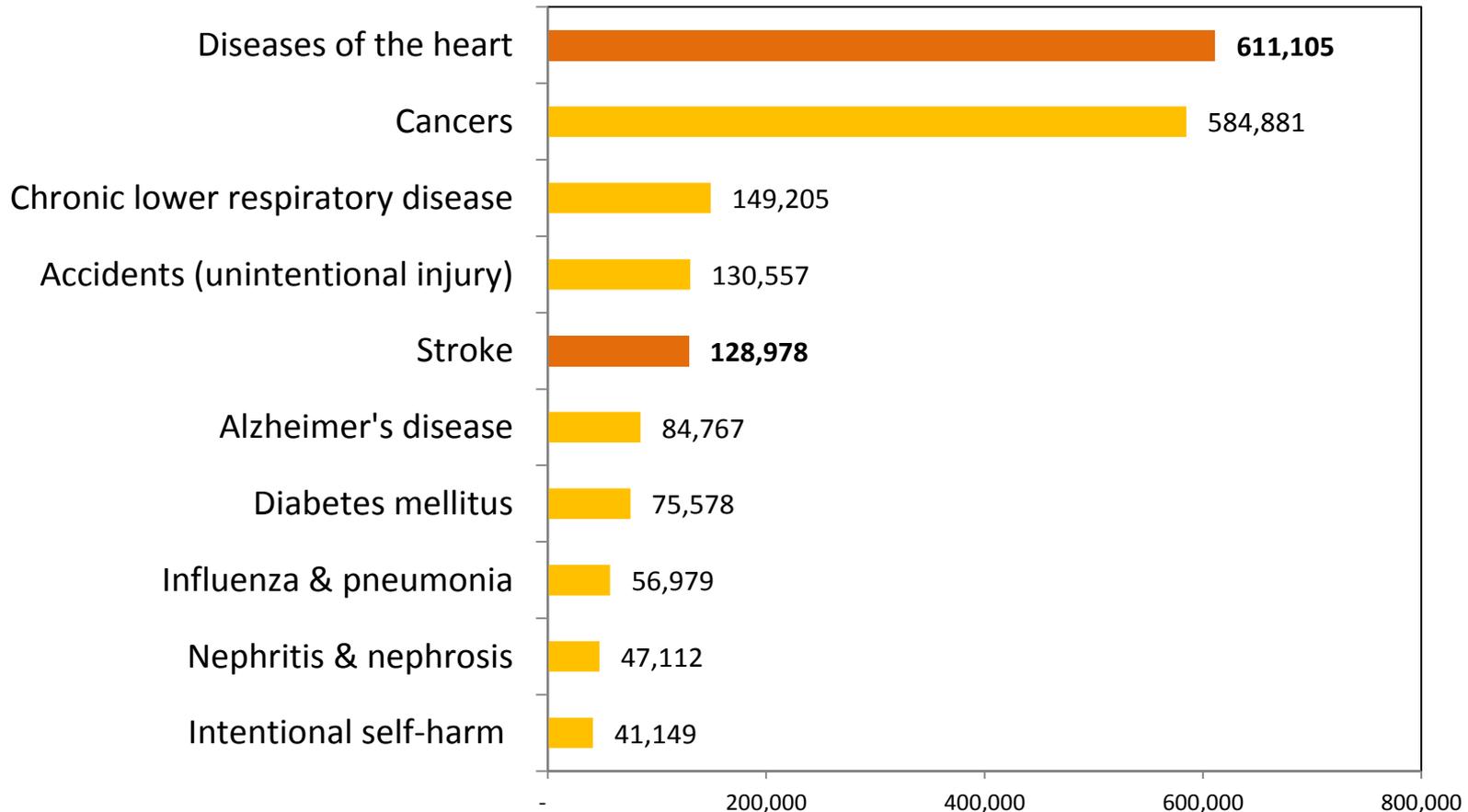
- ❑ Stroke kills almost 130,000 Americans each year.¹
 - **That's 1 in every 19 deaths.**
 - On average, one American dies from stroke every **4 minutes.**²
- ❑ More than 795,000 people have a stroke each year.²
 - About **three-quarters** are first or new strokes.²
- ❑ Lifetime stroke risk is higher in women.²
- ❑ Stroke rates substantially increase with age.²

¹ Kochanek KD, Xu JQ, Murphy SL, Miniño AM, Kung HC. Deaths: final data for 2009. Natl Vital Stat Rep. 2011;60(3).

² Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. Circulation. 2012:e2–241.



Leading Causes of Death, United States 2013

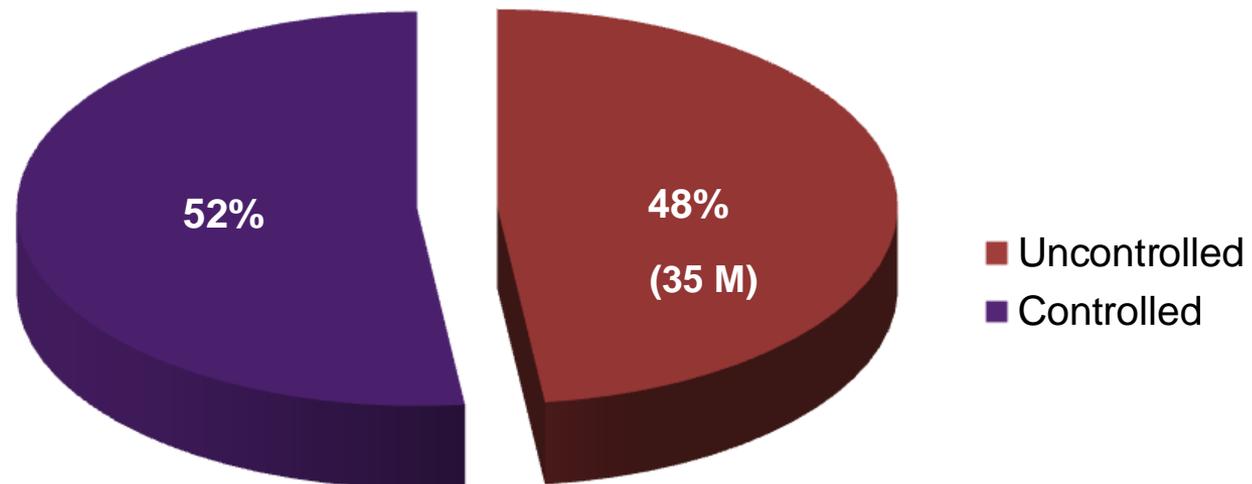


Source: Kochanek KD, Murphy SL, Xu JQ, Arias E. Mortality in the United States, 2013. NCHS data brief, no 178. Hyattsville, MD: National Center for Health Statistics. 2014.



Only Half of Americans with Hypertension Have It Under Control

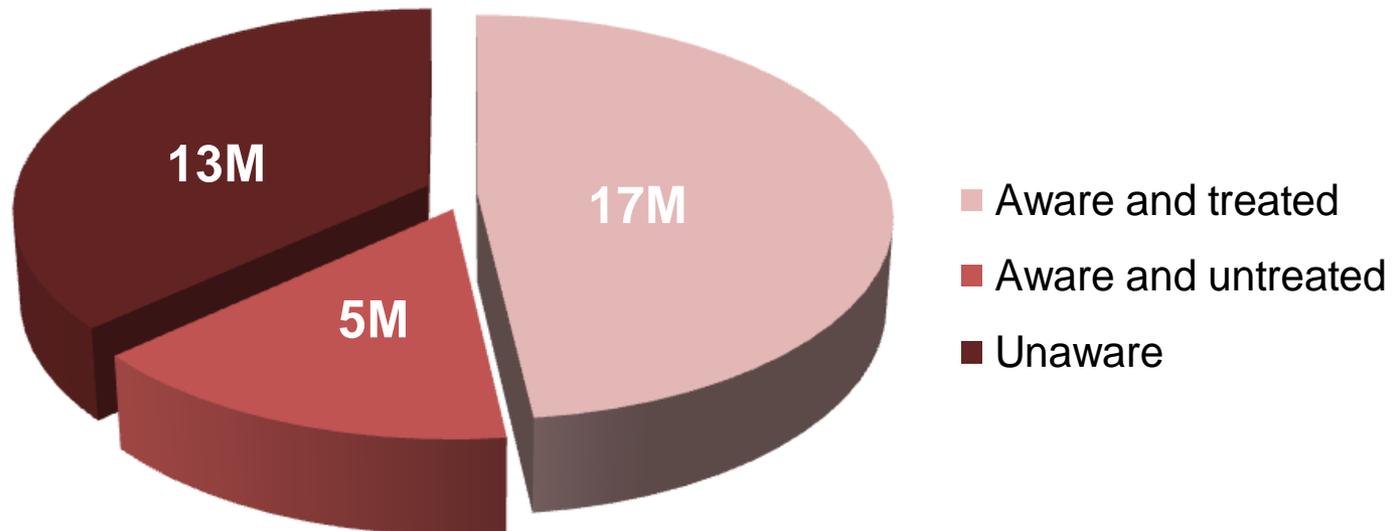
**~70 MILLION
ADULTS WITH HYPERTENSION (31%)**



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

Awareness and Treatment among Adults with Uncontrolled Hypertension

**35 MILLION
ADULTS WITH UNCONTROLLED
HYPERTENSION**



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

High Cholesterol

- ❑ 71 million American adults have high LDL (or “bad”) cholesterol.
 - **That’s 1 in 3 adults.**
- ❑ Only one-third (33.5%) of adults with high cholesterol have the condition under control.
- ❑ Less than half of adults with high cholesterol get treatment.



CDC. Vital signs: prevalence, treatment, and control of high levels of low-density lipoprotein cholesterol. United States, 1999–2002 and 2005–2008. MMWR. 2011;60(4):109–14.

Health Disparities

- African-Americans develop high blood pressure more often, and at an earlier age, than whites and Hispanics do.
- African-Americans are nearly twice as likely as whites to die early from heart disease and stroke.
- American Indians and Alaska Natives die from heart diseases at younger ages than other racial and ethnic groups in the United States. 36% of those who die of heart disease die before age 65.

Source:

Go AS, Mozaffarian D, Roger VL, et al. [Heart disease and stroke statistics—2013 update: a report from the American Heart Association](#). *Circulation*. 2013;127:e6–245.

Morbidity and Mortality Weekly Report (MMWR): Vital Signs: Avoidable Deaths from Heart Disease, Stroke, and Hypertensive Disease — United States, 2001–2010

SS Oh, JB Croft, KJ Greenlund, C Ayala, ZJ Zheng, GA Mensah, WH Giles. Disparities in Premature Deaths from Heart Disease—50 States and the District of Columbia. *MMWR* 2004;53:121–25. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5306a2.htm>



Million Hearts®

**Goal: Prevent 1 million heart attacks
and strokes by 2017**

- US Department of Health and Human Services initiative, co-led by:
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare & Medicaid Services (CMS)
- Partners across federal and state agencies and private organizations



Key Components of Million Hearts®

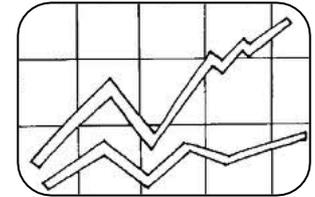
Keeping Us Healthy
Changing the environment

Health
Disparities

Excelling in the ABCS
Optimizing care



Focus on
the ABCS



Health tools
and technology



Innovations in
care delivery



The ABCS to Prevent Heart Attacks and Strokes

Aspirin

People who have had a heart attack and stroke who are taking aspirin

Blood pressure

People with hypertension who have adequately controlled blood pressure

Cholesterol

People with high cholesterol who are effectively managed

Smoking

People trying to quit smoking who get help



Targets for the Environment

Intervention	Pre-Initiative Estimate (2009-10)	2017 Target
Smoking prevalence	26%	10% reduction (~24%)
Sodium reduction	3594 mg/day	20% reduction (~2900 mg/day)
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)



Source: CDC. Million Hearts: Prevalence of Leading Cardiovascular Disease Risk Factors – United States, 2005-2012. MMWR. 2014;63(21):462-67.

Keeping Us Healthy

Changing the Environment: Tobacco

Comprehensive tobacco control programs work

- Graphic mass media campaign
- Smoke-free public places and workplace policies
- Free or low-cost counseling and medications
- www.cdc.gov/tobacco/campaign/tips



A TIP FROM A FORMER SMOKER

DO YOUR HEART A FAVOR. QUIT SMOKING.

Roosevelt, Heart attack at age 45
Virginia

Smoking causes immediate damage to your body. For Roosevelt, it caused his heart attack. Your heart attack risk drops as soon as you quit smoking. For free help, call 1-800-QUIT-NOW.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.smokefree.gov

Keeping Us Healthy

Changing the Environment : Sodium

About 90% of Americans exceed recommended daily sodium intake

- Increase consumer choice – make more lower sodium options available
 - Implement strategies to lower sodium content of meals and snacks (lower sodium products and recipe modifications)
 - Food purchasing guidelines to increase access to lower sodium foods
- Increase public and professional education about the impact of excess sodium
- Monitor sources of sodium, sodium intake and related health outcomes



U.S. Dietary Guidelines for Americans

Recommendations for Sodium Intake

- ❑ **Current average intake in adults is ~ 3,400mg/day**
- ❑ **2,300 mg/day for general population**
- ❑ **1,500 mg/day for specific populations**
 - ❑ ≥ 51 years
 - ❑ African Americans
 - ❑ High blood pressure
 - ❑ Diabetes
 - ❑ Chronic kidney disease



44% of U.S. Sodium Intake Comes from Ten Types of Foods

Rank	Food Types	%
1	Bread and rolls	7.4
2	Cold cuts and cured meats	5.1
3	Pizza	4.9
4	...	4.5
7	...	3.8
8	Mixed dishes	3.5
9	Meat mixed dishes	3.2
10	Savory snacks	3.1

More than 75% of the sodium in our food is already there and mostly invisible in processed and restaurant foods.



Keeping Us Healthy *Changing the Context: trans fat*

Eliminating artificial *trans* fat in the American diet could prevent 20,000 heart attacks, 7,000 deaths—every year

- Citing new scientific evidence and findings from expert scientific panels, FDA takes first step to eliminate artificial trans fat from processed foods*
- *Federal Register* comment period ended Jan. 2014

Dietz WH, Scanlon, KS. 2012. Eliminating the Use of Partially Hydrogenated Oil in Food Production and Preparation. *JAMA*. 2012;308(2):143-144.

*FDA. Tentative Determination Regarding Partially Hydrogenated Oils; Request for Comments and for Scientific Data and Information. *Federal Register* Volume 78, Issue 217 (November 8, 2013)



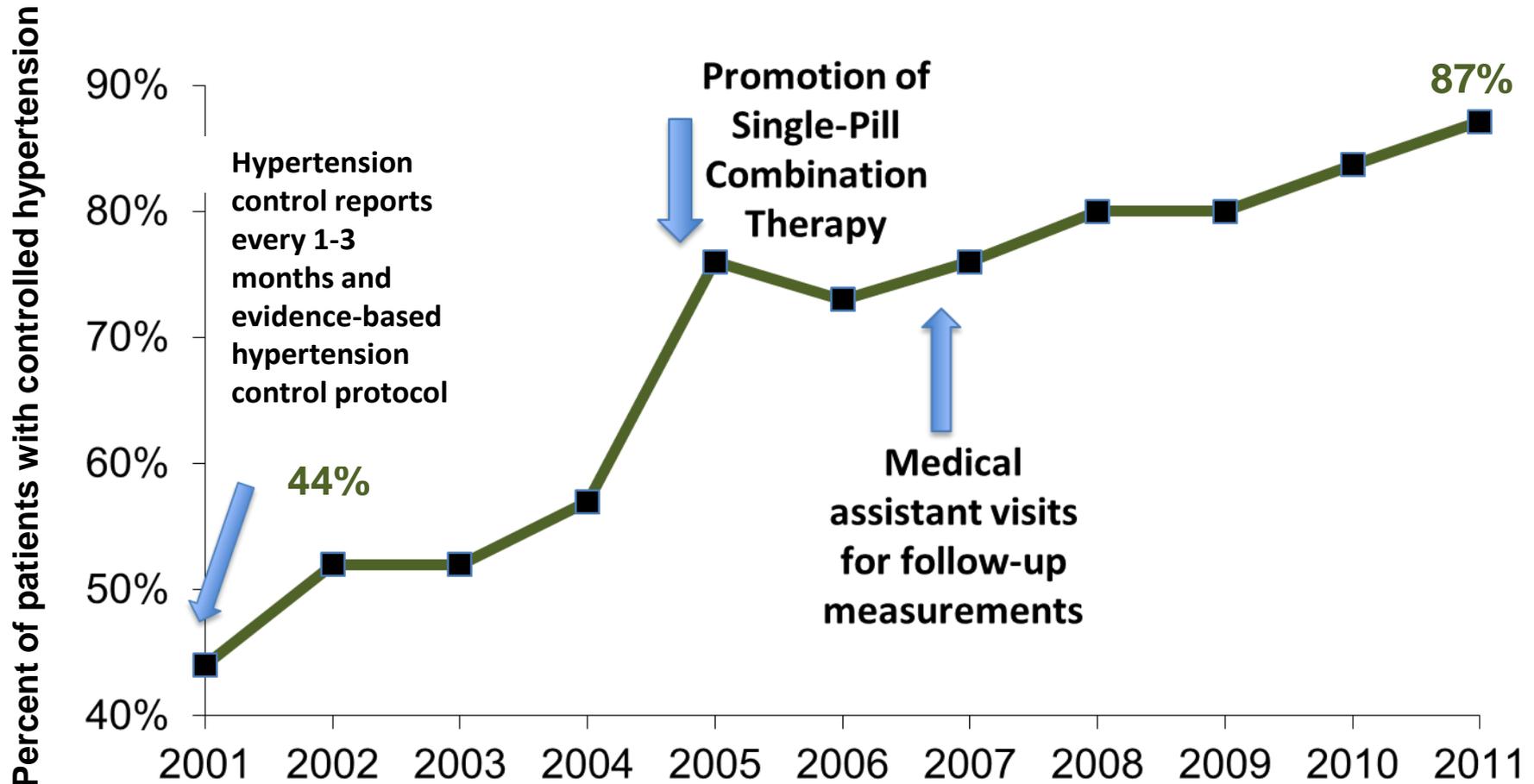
Targets for the ABCS

Intervention	Pre-Initiative Estimate (2009-2010)	2017 Population-wide Goal	2017 Clinical Target
A spirin when appropriate	54%	65%	70%
B lood pressure control	53%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	22%	65%	70%



Increase in Percent of Patients with Controlled Hypertension

Kaiser Permanente Northern California hypertension control rates*



*NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; KPNC: Kaiser Permanente Northern California
 Source: Jaffe MG, et al. Improved blood pressure control associated with a large-scale hypertension program. JAMA August 21, 2013, Vol 310, No. 7



Excelling in the ABCS

Optimizing care: Health Info Technology

- Goal: Full deployment of health information technology
 - Electronic Health Records (EHRs)
 - Patient registries
 - Clinical decision support tools
 - E-prescribing
 - Medication adherence and other patient reminders
 - Patient portals



Excelling in the ABCS

Optimizing care: Care Innovations

- Team-based care
 - Utilizing full scope of practice
 - Collaborative Drug Therapy Management
- Self-measured BP monitoring with clinical support
- Payment for improved health outcomes from innovative models of care

Three Things that Must Happen to Prevent a Million Heart Attacks and Strokes

- 6.3 million smokers quit
- 10 million more people control their hypertension
- 20% reduction in sodium intake

Focus on populations

with greatest burden

and at greatest risk





Action steps to prevent heart attacks and strokes

Action Steps for Individuals

- Have a conversation with their health care providers about the ABCS of heart health:
 - Ask health care professionals about whether taking aspirin is appropriate for you
 - Make control your goal: if you have high blood pressure, work with your health care professional to get it under control.
 - Manage high cholesterol.
 - Stop Smoking—or don't start.
- Get active by exercising for 30 minutes on most days of the week.
- Eat a heart-healthy diet that is high in fresh fruits and vegetables and low in sodium, saturated and trans fat, and cholesterol.
- Read the Nutrition Facts label while shopping to find the lowest-sodium options
- Talk to their family to understand risks for heart disease and stroke that might be passed down from generation to generation.
- Follow health care professional's instructions when it comes to self-measured blood pressure monitoring and taking medications



Action Steps: Public Health Achieving Excellence In The ABCS

- Increase awareness of preventability of heart disease and stroke and their risk factors
- Promote adoption and reporting of the Million Hearts® Clinical Quality Measures
- Convene and collaborate with stakeholders across public health and healthcare in order to enhance effectiveness and efficiency of efforts to prevent heart attack and stroke
- Help smokers quit and keep nonsmokers tobacco-free.
- Increase public awareness about the amount of sodium added to processed and packaged foods.
- Encourage clinicians, healthcare systems, and pharmacists to take action to support Million Hearts®



Action Steps: Pharmacists/Pharmacies Achieving Excellence In The ABCS

- Develop systems to allow for 90-day prescription refills
- Provide medication therapy management (MTM) that supports the ABCS
- Track prescription refills and alert prescribers when necessary
- As state laws permit, implement collaborative drug therapy management agreements with clinicians
- Encourage policies that expand the use of generic medications when clinically appropriate.
- Provide blood pressure screening with clinician referrals for follow up
- Sell validated home blood pressure monitors



Public Partners

- Centers for Disease Control and Prevention (co-lead)
- Centers for Medicare & Medicaid Services (co-lead)
- Administration for Children and Families
- Administration for Community Living
- Agency for Healthcare Research and Quality
- Environmental Protection Agency
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes for Health
- Offices of Minority Health
- Office of the National Coordinator for Health Information Technology
- Office of Personnel Management
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Veteran's Affairs
- State and Local governments

Private Support

- Health care systems
- Clinicians
- Professional organizations
- Faith-based organizations
- Commercial payers
- Pharmacies
- Employers
- Health advocacy groups



Million Hearts® Resources



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[The Initiative](#)

[About Heart Disease & Stroke](#)

[Be One in a Million Hearts®](#)

[Resources](#)

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Help us prevent 1 million heart attacks and strokes by 2017.

Share your commitment as:

Individual

Get Started

February is American Heart Month

One in 3 American adults has high blood pressure. Million Hearts® offers new resources to help **Make Control Your Goal.**

Learn More



What's New

- A new report [\[PDF-4M\]](#) issued in support of Million Hearts® highlights health plans and physician practices nationwide that have achieved excellent results in cardiovascular care, including high rates of hypertension control, cholesterol management and smoking cessation.
- More than 90 percent of school-aged children nationwide eat more sodium than recommended, putting them at risk for developing high blood pressure and heart disease in adulthood, according to the new CDC Vital Signs report released September 9, 2014.
- Million Hearts® Messages to Millions is designed to provide consistent, science-based Million Hearts® messages. Message maps provide key and supporting messages that stress the steps that can be taken by consumers, health care providers, and other audiences to help prevent heart attacks and strokes. The messages can be adapted for other audiences.



The Initiative

Million Hearts® is a national initiative to prevent 1 million heart attacks and strokes by 2017. 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.

[Learn More](#)

Join the Conversation

- [Become a fan of Million Hearts®](#)
- [Follow @MillionHeartsUS](#)
- [Subscribe to CDCStreamingHealth](#)



Million Hearts® Resources: Individuals

- [Make Control Your Goal Blood Pressure Toolkit](#)
- [Eating Well](#)
- [Team up. Pressure down. program](#)
 - Videos: [High Blood Pressure Basics](#) and [Treating High Blood Pressure](#)
 - [My Blood Pressure Journal](#)
 - [Medication Tracker Wallet Card](#)
- [American Heart Association's Heart 360](#)
- [Facebook](#)
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Million Hearts® Resources: Public Health and Healthcare Professionals

- Action Step Guides
 - [Self-Measured Blood Pressure Monitoring Guide](#): Public Health Practitioners and Clinicians
 - [Hypertension Control: Action Steps for Clinicians](#)
 - [Cardiovascular Health: Action Steps for Employers](#)
- [Hypertension Treatment Protocols](#)
- [Hypertension Control Champions](#)
- [Achieving Goals: Logic Model and Clinical Quality Measures](#)
- [Preventing A Million Heart Attacks and Strokes: A Turning Point for Impact](#)
 - Grand Rounds Presentation
 - 10-page report
- [Million Hearts® E-Update](#)
- [Team up. Pressure down. program](#)
- Visit <http://millionhearts.hhs.gov/> to find other useful Million Hearts® resources.



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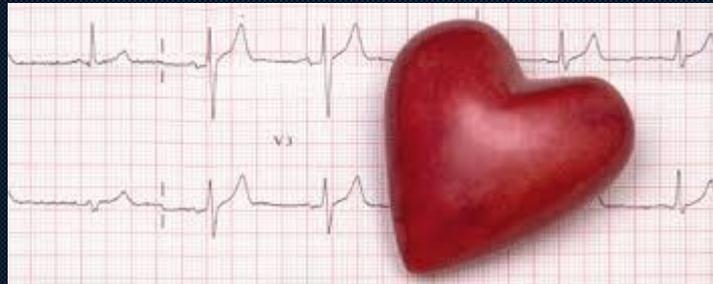




Thank You!

For more information visit us at www.millionhearts.hhs.gov or
email us at millionhearts@cdc.gov

Cardiovascular Disease: Awareness and Prevention



CDR Daniel Seidensticker
Cardiology
Naval Medical Center Portsmouth

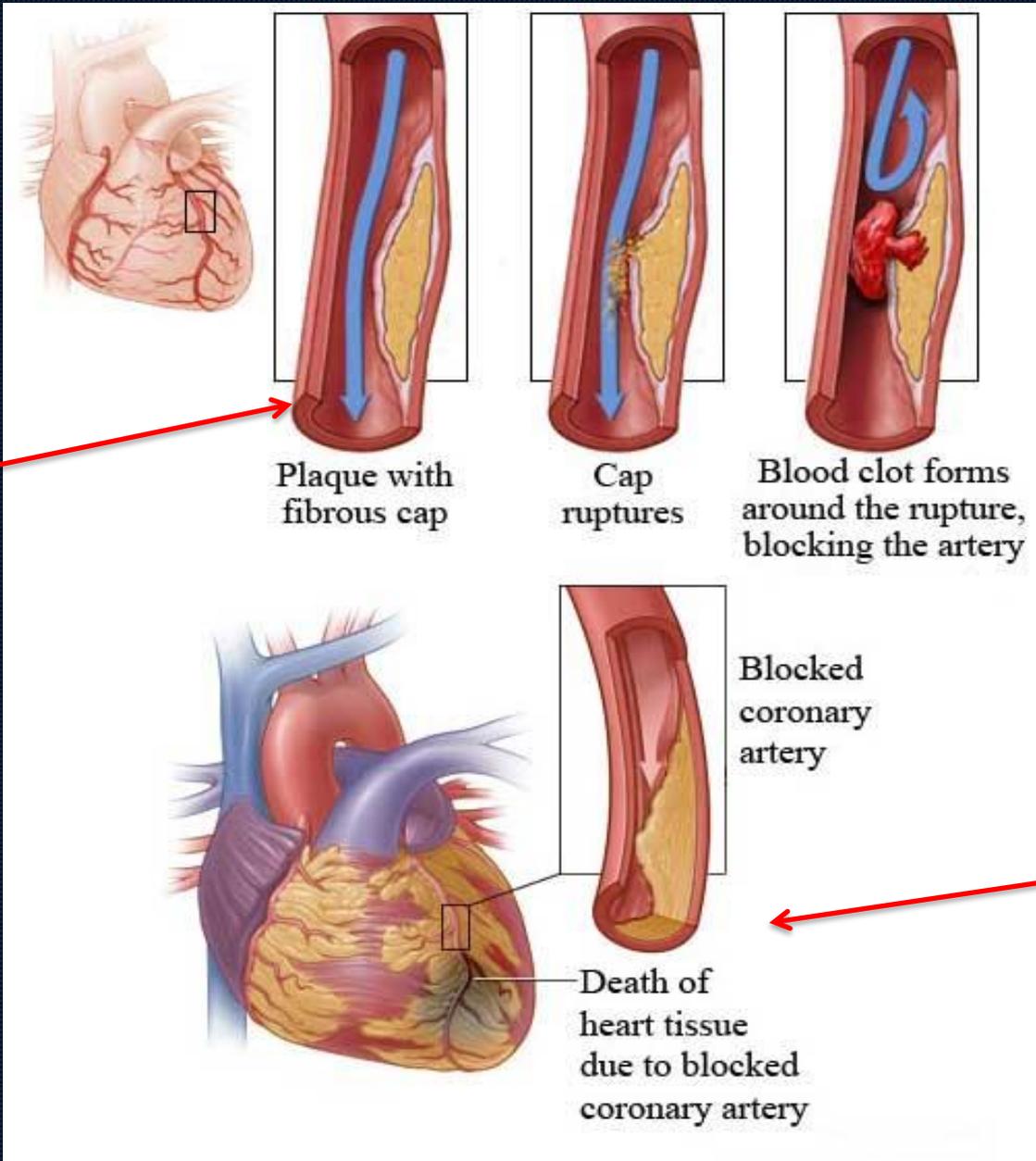
Objectives

- Understand what a heart attack really is
- Understand the symptoms
- Review difference between men and women's symptoms
- What you can do to prevent these and monitor for their occurrence

Heart Attack: What is it?

- When a severe blockage or total occlusion occurs in the arteries around the heart
- Heart muscle gets decreased oxygen
→ Ischemia → causes pain (“angina”)
- If ischemia persists, the heart muscle dies (infarction)
- The dead cells release ‘enzymes’ which we measure with labs

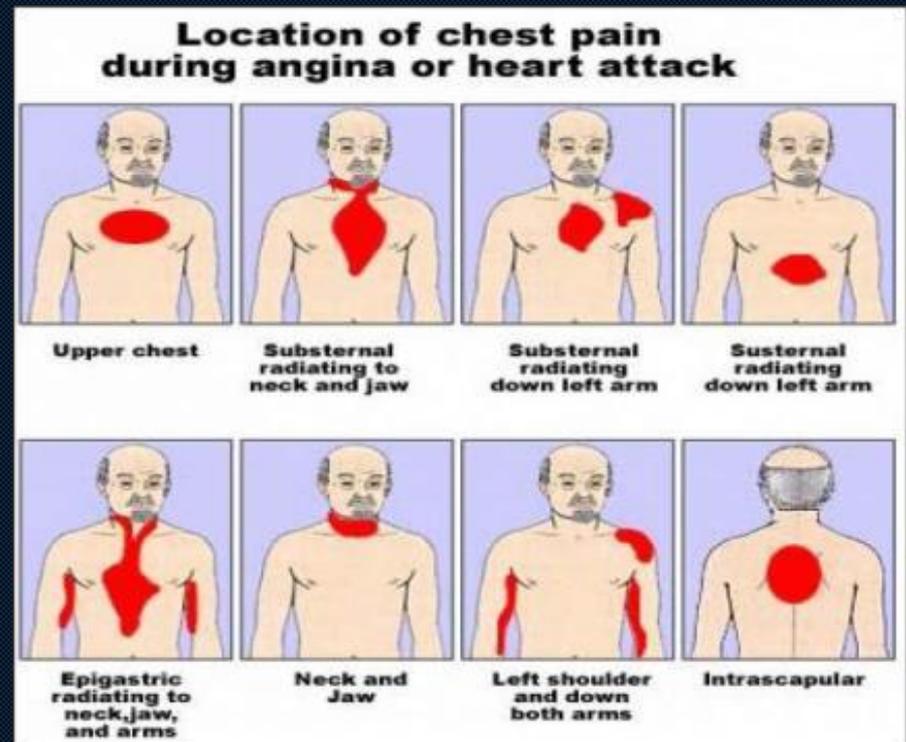
ANGINA



**Myocardial Infarction
"MI"**

“Classic Symptoms” of Heart Attack

- Chest pain/pressure/discomfort
- Can radiate to the jaw or arm
- Lasts 15-20 minutes
- Shortness of breath
- Nausea
- Sweating



Classic Symptoms of Angina

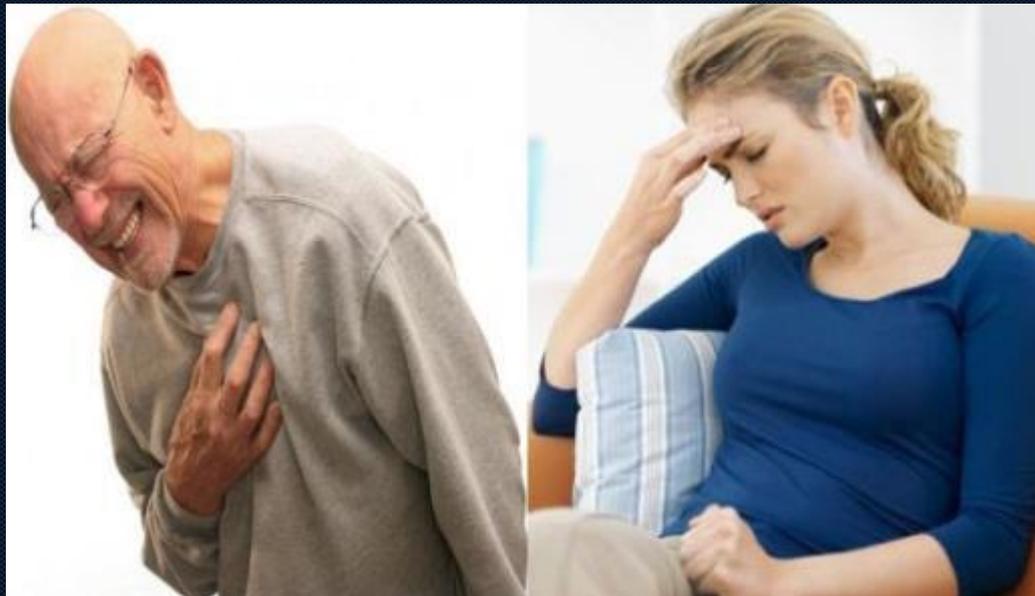
- Angina = ischemia → heart muscle isn't getting enough oxygen
- Exertional chest DISCOMFORT relieved with rest
- Exertional SHORTNESS OF BREATH relieved with rest
- CAN become progressive
 - so more discomfort or shortness of breath with less exertion

Women vs. Men: Symptoms in women with MI

- Study of 515 women with MI
 - Chest pain **ABSENT** in 43%
 - Most common symptom:
 - Shortness of breath → 58%
 - Weakness → 55%
 - Fatigue → 43%
 - Prodrome:
 - Fatigue in 71%
 - Sleep disturbance (48%), dyspnea (42%)

Women Vs. Men

- “Classic” symptoms usually associated with older white men and older women
- Ongoing areas of research



What are the symptoms?



Chest pain or discomfort



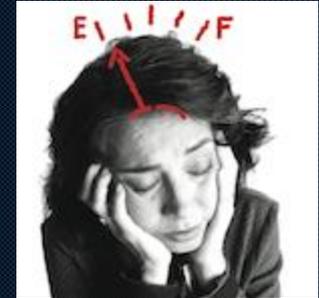
Unusual upper body discomfort



Shortness of breath



Breaking out in a cold sweat



Unusual or unexplained fatigue (tiredness)



Light-headedness or sudden dizziness

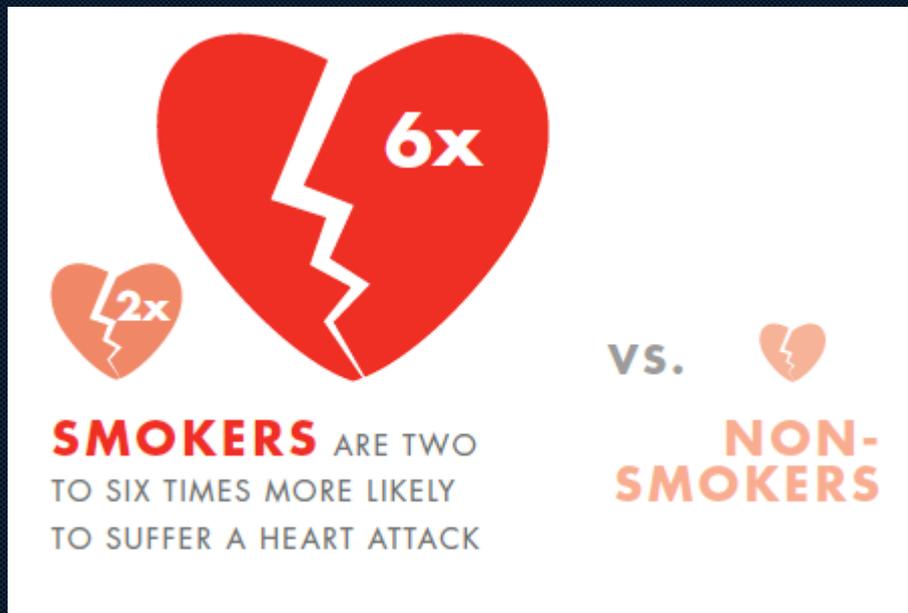


Nausea (feeling sick to the stomach)

Which risk factors are more predictive in women?

- **Diabetes:** almost double the risk of fatal CAD
- **Smoking:**
 - Associated with 50% of all coronary events in women
 - Risk elevated even with minimal use

Effect of smoking For Women



How can you recognize this early?

- Be aware of the symptoms
- Daily exercise routine
- Exercise is PART OF THE TREATMENT for my patients with CAD
 - Improves BP, cholesterol, helps maintain weight loss
 - Great stress reliever, improves sleep, mood
 - Basically a “mini-stress test” at home

Preventing Heart Disease Starts NOW!

- Lose Weight, Low Salt diet
- Daily aerobic activity 30-45 minutes in a day
- “Moderate” aerobic activity
 - Don’t underestimate the power of a walk
 - Dance to 3 songs for 10 minutes 3x/day
 - Walk around the block
 - Chair Aerobics
 - Circuit workouts with weights
 - Take a friend/co-worker



Headquarters U.S. Air Force

Integrity - Service - Excellence

Lifestyle Interventions in Preventing Metabolic Syndrome



U.S. AIR FORCE

Kelly Williams
Health Promotion Program Manager
Air Force Medical Support Agency
18 Feb 2015



U.S. AIR FORCE

Overview

- **What is Metabolic Syndrome?**
- **What is Group Lifestyle Balance?**
- **Multi-faceted approach: physical activity, nutrition and behavioral components**
- **What are the goals and roles of Group Lifestyle Balance?**



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Metabolic Syndrome

- **Root causes of Metabolic Syndrome:**
 - **Overweight/obesity**
 - **Physical inactivity**
 - **Genetic factors**
- **Closely associated with insulin resistance**
- **Coequal partner to cigarette smoking as contributor to premature CHD**
- **Two general approaches:**
 - **Modify root causes**
 - **Directly treats the metabolic risk factors**



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Metabolic Syndrome Indicators

- **Abdominal obesity**
 - **Waist circumference >102 cm in males or > 88 cm in females**
- **Triglycerides**
 - **≥ 150 mg/dl**
- **High density lipoprotein (HDL) cholesterol**
 - **< 40 mg/dl for men**
 - **< 50 mg/dl for women**
- **Blood pressure**
 - **≥ 130/85 mm/Hg**
 - **history of hypertension**
- **Fasting glucose**
 - **≥ 100 mg/dl**

NCEP ATP III definition



Group Lifestyle Balance (GLB)

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- **Based on Diabetes Prevention Program (DPP) longitudinal study and backed by the American Diabetes Association (ADA)**
- **Designed to support lifestyle changes proven to delay or prevent the onset of Type-2 Diabetes (T2D) and cardiovascular disease**
- **Delivered by trained healthcare professionals**
- **Collaborative approach within the clinic**
- **Mix of provider and self-referrals**
- **Core course: 12 weeks, one-hour class per week**
- **Follow-up:**
 - **2x a month for 3 months**
 - **1x a month for 6 months**



A Multi-Faceted Approach

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- **Behavioral lifestyle intervention can:**
 - **Decrease weight**
 - **Increase physical activity levels**
 - **Prevent or delay the development of T2D**
 - **Reduce risk factors for cardiovascular disease (CVD)**

- **Addressing root causes:**
 - **Overweight/obesity**
 - **Physical inactivity**



Goals and Roles in GLB

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- **Participants in GLB work toward achieving 2 main goals:**
 - **Increase physical activity to a minimum of 150 minutes weekly**
 - **Lose a minimum of 7% of body weight**
- **Role of participants:**
 - **Commit to a change in diet and physical activity habits**
 - **Attend classes regularly**
 - **Monitor daily food intake and physical activity**
- **Role of lifestyle coaches:**
 - **Set individual goals for participants**
 - **Provide education and lead group sessions**
 - **Monitor weekly progress**
 - **Provide encouragement for participants to achieve goals**

Discussion and Questions



Additional Questions

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Continuing Education

- NMCPHC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive 1.5 Category 1 CECH but only when viewed during the live webinar. If you are a CHES and you viewed the live webinar, E-mail your name and CHES number to: danielle.l.garfield.ctr@mail.mil.
- If you have viewed the recorded version of the webinar online and would like to request Cat. II CECH, download the certificate for this webinar from the NMCPHC Webinar website, complete it and send it to the NCHEC, Inc. for 1.5 Cat. II CECH



Closing

- The slides and audio will be archived on the NMCPHC webpage at: www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx
- Thank you for joining us and if you have any questions, please email CDR Connie Scott at connie.l.scott6.mil@mail.mil.

