



# Leaving a Legacy of Health

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The Jackson Heart Study (JHS) is a landmark federally funded partnership among Jackson State University, Tougaloo College and the University of Mississippi Medical Center to study cardiovascular disease in African-Americans.

Participation in the study will assist researchers in finding out why African Americans, particularly those who live in Mississippi have a higher rate of death from cardiovascular disease than any other group.

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## Project Health - An Innovative Approach to Improve Health

By: *Brenda W. Campbell, MPH*

What is Project Health? - Project HEALTH (Health Education and Awareness for A Life That's Healthy) is a unique venture in prevention and intervention. It is designed to develop positive self-concepts and to emphasize the nutritional and physical activity needs of middle and high school aged children in the African American community. The initiation of this venture was motivated by the facts and emerging knowledge of the devastating effects of cardiovascular disease, obesity, and diabetes, as well as the enormous economic burdens that these diseases create. Project HEALTH proposes to help promote a curriculum in schools to ensure success in life for students by helping them to make healthy life choices. Providing avenues for children to participate in healthy activities is great, but the key to ensuring lasting change is to change the thought process of children - change the way they think about life and their well being.

The development of Project HEALTH started in October, 2000 with a conversation regarding concerns for children who were interviewed at one of the local high schools in Jackson, Mississippi by Dr. Clifton Addison, Ms. Brenda Campbell and Ms. Lavon Young. These children exemplified the problems that are already occurring in the adult population and the recently discovered epidemic of obesity

and Type II diabetes that are prevalent among youth around the world and especially our youth in Mississippi.



The project was initiated in Canton, Mississippi at Canton High School. At that time the name was The Canton Obesity and Disease Control Project (CODCP). Once we realized that this was not just a Canton or Jackson problem but a problem for the State of Mississippi, the decision was made to intensify our efforts, and subsequently the name was changed to Project HEALTH (Health Education and Awareness for A Life That's Healthy) encompasses strategies to improve the health of all children.

Project HEALTH began with two schools and is now endorsed by several of the schools in the Jackson area as an academic approach to facilitating a more responsible thought process that would lead to a change in the health status of children as they grow into adulthood. The administrators for these schools recognize that a concerted effort must be made on the part of everyone concerned to effectively manage a prevention/intervention program designed to reduce the prevalence of risk behaviors that exist among the students at area schools. They agree that their environment must be changed to one that is conducive to good health and successful student

performance.

Presentations to students at Project HEALTH schools were recently made by Jackson Heart Study scientists, Dr. Herman Taylor and Dr. Evelyn Walker and the response by both students and staff was overwhelming. The students also participated in an essay contest based on the information provided during the presentations by Dr. Taylor and Dr. Walker. They indicated that the information they received was helpful in guiding them to make positive choices regarding nutrition and physical activity.

The curriculum utilized by the Project HEALTH program is one that was developed by Dr. Clifton Addison and Ms. Brenda Campbell of the Jackson Heart Study who are Principal Investigator, and co-Principal Investigator of PROJECT HEALTH. The curriculum was presented to the Health and P.E. teachers in the respective schools. In preparation for curriculum and activity development, both Addison and Campbell attended the SPARK (Sports, Play and Active Recreation for Kids) training program in Memphis, TN and were certified.

PROJECT HEALTH encourages everyone to support the efforts to reduce the risk factors for cardiovascular disease, obesity and Type II diabetes that have become synonymous with Mississippi. It is our hope that we can continue to influence the youth of Mississippi to become more aware of the benefits of adapting positive lifestyles and convince them to change their way of thinking in order to improve the quality of their lives.

# Launching a Full-scale Attack on Cardiovascular Disease

By Clifton Addison, Ph.D.

As is very well documented, the Jackson Heart Study (JHS) began in September 2000 with the very ambitious objective of investigating cardiovascular disease among the African-American population and examining possible new and emerging risk factors for cardiovascular disease (CVD). The results of the efforts of the investigating scientists are expected to lead to new strategies in evaluation, diagnosis and treatment of people who develop CVD problems. In short, the significance of this study lies in the optimism that this research could revolutionize medical practices in the future, which, in turn, should lead to an improved quality of life.

It is also well documented that the state of Mississippi has occupied the top position among the leaders in the prevalence of cardiovascular disease, a fact that justifies the institution of such a remarkable study in

Jackson, Mississippi. However, while the study of risk factors and the progression of disease in adults is plausible and valuable to diagnosis and treatment of disease, the reduction of these staggering statistics presents a very real challenge and should also be a major goal for all communities. Reducing the prevalence of disease in any culture would never occur without a concerted effort to limit the development of disease in the first place. The big question then is "how do we prevent disease from happening in the first place?"

Scientists have detailed the causes of many of these diseases. In addition to certain genetic and hereditary factors, it has been established that there are practices that each individual undertakes every day that lead to premature disease and eventual death. So how do we answer the question: "How do we prevent disease from happening?" The answer is obvious. Changing negative behavior

practices before the development of disease begins, is the only answer. It is clear that the occurrence of disease is the result of a progression of events that begin before symptoms are even recognized. This harmful progression continues for a long time before an individual is even aware that the body's organs are malfunctioning. Stifling the origin of some of these symptoms, therefore, should be a primary goal of any prevention effort and must begin early in life-with our children. We should all accept the responsibility to guide them in a manner that will enable them to make positive choices that can help them achieve their goals and live a long, healthy life in the process.

With that in mind, the Jackson Heart Study can boast about being a leader in the field of disease prevention by virtue of the fact that it has encouraged and actively supported the re-education of children to include direction on new practices to eliminate risk factors for cardiovascular diseases. The JHS is blessed to have leadership that unanimously understands the value of removing the risks as a potential resolution to the current epidemic that places our population at the highest risk for developing disease, and more importantly, as an antidote for reducing the pain, suffering and burdens that usually accompany disease. Jackson Heart Study staff, Dr. Clifton Addison, Brenda Campbell, MPH, and Lavon Young, were instrumental in collaborating with area schools to incorporate a health promotion/disease prevention module in their Health and Physical Education curricula. PROJECT HEALTH, as it is called, began with full support and endorsement from the director of the JHS Coordinating Center, Dr. Robert Garrison, with the major objective of designing educational curricula and instruction for students that will enable them to expand their learning experience by incorporating techniques for ensuring a longer, healthier life. The current director of the Coordinating Center, Dr. Daniel Sarpong, is also a proponent of the

early prevention strategy and has continued Dr. Garrison's leadership in that regard.

A very important feature of PROJECT HEALTH's operations has been presentations made to students by the JHS director, Dr. Herman Taylor, whose leadership and presentation expertise have been instrumental in guaranteeing an enlightening, learning experience for the children and school's staff. PROJECT HEALTH was also fortunate to be able to schedule another prominent scientist, Dr. Evelyn Walker, (NHLBI Field Office) as part of its instructive presentation series to the students and staff of the schools. The leadership and involvement of these scientists, not only demonstrate their concern and support for reaching children early enough to prevent the development of disease, it also provides an opportunity for children to communicate with real live scientists, who normally remain in the annals of medical literature, and who they would otherwise only be able to read about in newspapers and magazines. The contributions of the JHS scientists have served to help children recognize that the daily choices they make play an important role in determining their own quality of life and their health status.

The beginning of a new year is usually a time for reflection. New Year's resolutions have become a tradition for families all over the world, and as we begin a new year, we would like to suggest a resolution that is simple for everyone to make: "Let us always be aware that we can make changes in our daily practices that would ensure improvement in the quality of our lives, and let us all resolve to do all we can to ensure that everyone we know is afforded the resources and opportunity to make the necessary adjustments so they, too, can benefit from the facts and information that people in medical research and public health have known for years". We have to become our brother's keepers for the good of all mankind.

## Jackson Heart Study Final Count Down!!!

**Recruitment for the Jackson Heart Study will end March 31, 2004. You can still call and make an appointment if:**

- you missed a scheduled clinic appointment
- completed your home induction interview and have not completed a clinic examination
- are a member of the ARIC study but have not joined the Jackson Heart Study
- received a letter or call during the last 3 1/2 years inviting you to participate in the Jackson Heart Study.

**Recruitment Ends March 2004**

**Call 368-4610 or  
948-9181 (after 5:00 p.m.)**

# The Relationship Between Mental Health and CVD

By: *Debra Douglas, LMSW*

Studies suggest that African Americans who suffer from chronic psychosocial stress have higher rates of hypertension and cardiovascular disease(CVD). These stressors increase the risk of engaging in unhealthy lifestyles that may lead to higher clinical CVD. High levels of anger and suppressed hostility have also been associated with elevated blood pressure. The National Health and Nutrition Epidemiologic Follow-Up Survey found associations between anxiety and the development of hypertension. Researchers have established a relationship between mental health and physical health.

Studies have shown that, although mental illness affects people from all races, cultures, religions, social and economic classes, the African American population in the United States is less likely to receive treatment for mental illness. According to the U.S. Department of Health and Human Services' Office of the Surgeon General, 60% of older African American adults do not utilize mental health services due to several factors including:

- A mistrust of health professionals and medical establishments.
- Socioeconomic factors that may limit access to medical and mental health care.
- Cultural barriers between many doctors and their patients.
- Dependence on family, religious and social communities in time of emotional stress rather than a mental health professional.
- Stigmatization of psychotherapy in the African American community.

There are high-need populations within the African American community that are particularly at risk for mental illnesses:

- People who are homeless.
- People who are incarcerated.
- Children in foster care and the child welfare system.
- People exposed to violence.

Safety net or public sector mental health services are available at hospitals; community health centers and health departments, yet only one-third of African Americans with a mental illness or mental health problem get care. African Americans are more likely to seek treatment

from a primary care provider or emergency services than from a mental health specialist. African Americans only account for 2% of psychiatrists, 2% of psychologists, and 4% of social workers in the United States. African Americans who would prefer an African American mental health provider might have difficulty finding such a provider, especially in some rural areas.

The Office of Minority Health suggests that the way to help resolve mental health disparities is to tailor treatments to age, gender, race and culture. We can improve parity in the way we provide services by:

- Training culturally competent caregivers.
- Using community-based approaches.
- Reducing financial barriers to

treatment.

- Facilitating entry into treatment.

In order to resolve the paradox of ethnic and racial mental health disparities, we must also increase public awareness of effective treatments. If you or someone you know could benefit from seeing a mental health professional, these resources, provided by the National Mental Health Information Center can help you find the right care:

- Your primary care physician or health care provider.
- Community mental health center.
- Family service, or Social Service agency.
- Professional counselor, who works in a mental health center, outpatient clinic, private or group practice, general or psychiatric hospital or

nursing home.

- Pastoral counselor or member of the clergy.
- Self help or support group.
- Mental health or crisis hotline, drug hotline or suicide prevention center.
- Hospital emergency room.

Now that we have a better understanding of the relationship between mental health and physical health, it is imperative that health care providers make a concerted effort to address the mental health needs of the African American community. According to the Centers for Disease Control, overall quality of life improves tremendously when a mental disorder is diagnosed early and treated appropriately.

## JHS participates in "Angel Tree" project



The staff of the Jackson Heart Study (JHS) participated in the Salvation Army's Angel Tree Project during the Christmas season. Toys and clothing were donated to more than 150 children and families in the tri-county community. JHS staff is honored to provide quality health care and social support to friends, families and neighbors whenever it is needed.

# Young Adult Fitness Protects Heart Health in Middle Age

## *National Heart, Lung and Blood Institute Press Release*

Cardiorespiratory fitness in early adulthood significantly decreases the chance of developing high blood pressure and diabetes -- both major risk factors for heart disease and stroke -- in middle age, according to a new study supported by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health. Fitness also reduces the risk for the metabolic syndrome, a constellation of factors that includes excess abdominal fat, elevated blood pressure and triglycerides, and low levels of the high-density lipoprotein, the "good" cholesterol.

Further, improving fitness in healthy young adults can cut by as

much as 50 percent the risk for diabetes and the metabolic syndrome.

The research is the first, large observational study to look at the role of fitness on healthy young adults' development of risk factors for heart disease. Prior studies had examined the relationship between fitness and death from heart disease and stroke.

Its findings appear in the December 17, 2003, issue of *The Journal of the American Medical Association*. The study was done by researchers at Northwestern University in Chicago, Nemours Cardiac Center in Wilmington, DE, the Kaiser Permanente Division of Research in Oakland, CA, the University of Minnesota School of Public Health in Minneapolis, MN,

and the University of Alabama at Birmingham.

"This study underscores the importance of both fitness and maintaining a healthy weight in the fight against heart disease and stroke and their risk factors," said NHLBI Acting Director Dr. Barbara Alving. "Americans need to become physically active early in life and continue to be active as they age in order to remain as healthy as possible."

"Given the epidemic of obesity in the United States and the decline in people's physical activity, it's important that Americans take steps to improve their physical fitness," cautioned Dr. Mercedes Carnethon, Department of Preventive Medicine at Northwestern University in Chicago. "If all the young adults in our study had been fit, there would have been nearly a third fewer cases of high blood pressure, diabetes, and metabolic syndrome."

Heart disease and stroke are the first and third leading causes of death for Americans. Nearly 13 million Americans have heart disease and nearly 5 million have had a stroke.

Data came from the Coronary Artery Risk Development in Young Adults (CARDIA) study, which began in January 1984 and ended in December 2001. The fitness study involved 4,487 black and white men and women, who were ages 18 to 30 at the time of their enrollment. They participated through four clinical centers - in Birmingham, AL, Chicago, IL, Minneapolis, MN, and Oakland, CA. Birmingham also served as the study's Coordinating Center.

All participants were followed for 15 years, but 2,478 of them had their cardiopulmonary fitness tested again after 7 years in order to measure changes in fitness.

Cardiopulmonary fitness was measured with an exercise treadmill test, which included up to nine, 2-minute stages of progressive difficulty. Women were classified as "low" in fitness if they completed less than 6 minutes of exercise and men if they completed less than 10 minutes. Women who completed 6-9 minutes of exercise were classified as "moderately" fit and men if they completed 10-12 minutes. Those who completed more exercise were classified as

"highly" fit.

Other findings include:

a. Results were the same for black and white adults, as well as men and women.

b. Those who were low or moderately fit had twice the risk of high blood pressure, diabetes, and metabolic syndrome as those who were highly fit. Moreover the risk increased directly as fitness level dropped.

c. Weight gain was inversely related to fitness over the course of the study.

d. Of those who retook the treadmill test after 7 years, the average weight gain was about 15 pounds. The average weight gain after 15 years was about 28 pounds.

e. Those who were obese tended to be less fit: Of those who were obese, 68 percent were low in fitness, 29 percent were moderately fit, and 4 percent were highly fit. Of those who were not obese, 13 percent were low in fitness, 36 percent were moderately fit, and 51 percent were highly fit.

f. Fitness did not protect those who were highly fit and obese at the start of the study from developing diabetes or the metabolic syndrome later in life.

"The key point from this study is that the development of risk factors for heart disease and stroke isn't just the natural result of aging," said Carnethon. "All Americans -- including women and minorities -- can protect themselves against those risks by maintaining their physical fitness."

"Americans don't have to run marathons to improve their physical fitness," said Cheryl Nelson, NHLBI Project Officer for the study. "They should try to engage in at least 30 minutes of a moderate-intensity physical activity such as brisk walking on most and, preferably, all days of the week. Being physically active will not only improve their fitness but also help them maintain a healthy weight, which in turn will protect their heart health."

To interview an NHLBI scientist on this study, contact the NHLBI Communications Office at (301) 496-4236 or e-mail [nhlbinews@nhlbi.nih.gov](mailto:nhlbinews@nhlbi.nih.gov).

To interview Carnethon, contact Elizabeth Crown, University Relations, Northwestern University, at (312) 503-8928.

## CHICKEN GUMBO

*Recommended for cold, wet Mississippi days*

1tsp	vegetable oil
1/4C	flour
3C	low-sodium chicken broth
1 1/2 lb	chicken breast, skinless, boneless, cut into 1-inch strips
1C	(1/2 lb) white potatoes, cubed
1C	onions, chopped
1C	(1/2 lb) carrots, coarsely chopped
1/2	medium carrot, grated
1/4C	celery, chopped
4 cloves	garlic, finely minced
2 stalks	scallion, chopped
1	whole bay leaf
1/2 tsp	thyme
1/2 tsp	black pepper, ground
2 tsp	hot (or jalapeno) pepper
1 C	(1/2 lb) okra, sliced into 1/2-inch pieces

1. Add oil to large pot and heat over medium flame.
2. Stir in flour. Cook, stirring constantly, until flour begins to turn golden brown.
3. Slowly stir in all broth using wire whisk. Cook for 2 minutes. Broth mixture should not be lumpy.
4. Add rest of ingredients except okra. Bring to boil, then reduce heat and let simmer for 20-30 minutes.
5. Add okra and let cook for 15-20 more minutes.
6. Remove bay leaf and serve hot in bowl or over rice.

Yield: 8 servings  
 Serving size: 3/4 cup  
 Each Serving Provides:  
 Calories: 165  
 Total fat: 4g  
 Saturated fat: 1g  
 Cholesterol: 51mg  
 Sodium: 81mg  
 Total fiber: 2g  
 Protein: 21g  
 Carbohydrates: 11g  
 Potassium: 349mg

Source: Keep the Beat: Heart Healthy Recipes  
 From the National Heart, Lung & Blood Institute