



# STRONG HEART STUDY

Cardiovascular Disease in American Indians

## PARTICIPANT NEWSLETTER

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### 3,000 EXAMINATION MARK SURPASSED

By the end of February two of the three field centers had crossed the 1,000 examination level and the total for the Strong Heart Study has risen to 3055 for the three centers combined. More specifically, Oklahoma leads the group with a total of 1087. The Arizona center has put on a torrid pace in 1991 with 81 examinations completed in January and 65 in February to reach a total of 1032. The South Dakota center has been trying very hard to catch up but still remains below 1,000 with a total of 936.

The field centers continue to deal with day-to-day successes and failures with a positive attitude and great resourcefulness. Saturday examinations are being scheduled in Anadarko and Lawton, Oklahoma to accommodate working participants. In Arizona, discussions between NIDDK staff and Strong Heart Study staff revealed the community of Ak-Chin belonged in the study population. The community has proven to be incredibly cooperative and an inspiration in the effort to achieve record monthly examinations. In South Dakota, difficult recruiting, the loss of a nurse who has not yet been replaced in Eagle Butte, and a call to active duty of Pauletta Red Willow in Pine Ridge, has slowed the process. Dr. Welty has responded by identifying several medical students for the summer and fall to work in Pine Ridge and other clinics to make up the gap.

Among the most satisfying experiences of staff are the many positive responses from community members, from those who have participated in the study as well as those who are not eligible but can see the positive effects from the outside. The new President of the Salt River Indian Community, Mr. Ivan Makil, is just one example. He noted that although he was not eligible for the study, he could see the value of it in the community. It has increased health awareness among community members and created a desire to improve the quality of life in SRIC. Strong Heart Study staff can be proud of their accomplishments to date in knowing that, even at this early time in the process, the efforts are being recognized.

### NHLBI SEEKS EXPANSION OF THE STRONG HEART STUDY

The National Heart, Lung and Blood Institute (NHLBI) has proposed an expansion of the Strong Heart Study for a second examination. Following approval from the NHLBI Advisory Council and approval for release by the Director, NHLBI requested proposals from the currently funded centers for a five year extension. NHLBI requested that the extension include ongoing surveillance of the incidence of heart disease in the Indian communities, and the addition of a second examination that will also include pulmonary function tests and echocardiography.

A second examination after a four year period will provide a measure of the change in risk factors over time. In addition, ongoing surveillance of heart disease will allow investigators to more easily document the occurrence of heart disease and relate it back to the examination data collected prior to disease occurrence. This approach provides a more powerful assessment of what factors are related to heart disease in Indian people.

Pulmonary function tests require the subject to blow into a hose connected to air collection equipment and a computer. This procedure assesses lung function by measurements of how much air can be taken into the lungs with a deep breath and how quickly it can be blown out. Echocardiography is a painless way to view the structure and functioning of the heart using sound waves. Like an electrocardiogram there is no discomfort to the subject. Unlike an electrocardiogram, echocardiography provides a picture

of the heart that can be seen by the subject as well as evaluated by a cardiologist. Both pulmonary function testing and echocardiography will represent additional measures of the health of Strong Heart Study participants that are not readily available in general clinical care. The advantage of including the results of these tests as part of future medical care reemphasizes the value of participating in the current study.

Richard Fabsitz, Strong Heart Study Project Manager for NHLBI, indicated that "this extension is a vote of confidence for the current project, the investigators and staff, and the Indian people. NHLBI has recognized the potential contributions of the Strong Heart Study to heart disease research and to the health of the Indian people as well as the general public. I hope that the initial success we have established will grow bigger and better with time."

### EAT SMART TO TAKE CARE OF YOUR HEART

The Strong Heart Study Staff at all clinic sites is trying to provide information on a healthy lifestyle to the people who volunteer for the exam. One of the ways that this is done is by talking to people about their diet. A low fat diet is advised. Eating a low fat diet helps prevent heart disease. It is also good for people who have diabetes, because it can help weight loss. Here is a quick and easy recipe which starts with a commonly available canned food. It has very low fat, because lowfat mayonnaise and water packed tuna are used.

#### TUNA SALAD

1	2-ounce can of Tuna-Water Packed	1	tablespoon chopped fresh onions
1	tablespoon chopped raw celery	1	tablespoon chopped dill pickle
1	tablespoon low calorie mayonnaise	1/2	cup shredded lettuce

Place tuna, onion, celery, and pickle in bowl. Measure mayonnaise into bowl and mix well. Arrange shredded lettuce on a plate. Add tuna salad, arranged attractively. Serve with rye krisps or melba toast. Makes 1 serving.

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If any of your relatives or friends are eligible and interested in participating in the Strong Heart Study, please let us know. You may call us at the following telephone numbers:

Phoenix  
(602)263-1628  
Call Collect

South & North Dakota  
(605)348-1900 ext 401

Oklahoma  
(405)271-3090  
Call Collect

Please write short story about your Strong Heart Study exam. Contact your Strong Heart Study office.

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